LOS ANGELES COUNTY
COMMISSION ON HIV

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PUBLIC POLICY COMMITTEE
Virtual Meeting
Monday, September 12, 2022
1:00PM-3:00PM (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:

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**Link is for non-Committee members only*

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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 -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS .

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

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

PUBLIC POLICY COMMITTEE

MONDAY, September 12, 2022 | 1:00 PM – 3:00 PM

To Join by Computer:
https://tinyurl.com/2p9d2www

Link is for non-committee members only

To Join by Phone: 1-415-655-0001
Access code: 2597 591 5041

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)	Ricky Rosales	Martin Sattah, MD
Courtney Armstrong			
QUORUM: 5			

AGENDA POSTED September 7, 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 -or- submit your Public Comment electronically via 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.

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

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. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th 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

6. Co-Chair Report 1:20 PM – 1:45 PM

a. Act Now Against Meth (ANAM) Update
   The Wall Las Memorias
b. Workplan updates

V. DISCUSSION ITEMS

7. Legislative Docket 1:45 PM – 1:50 PM

8. Policies Priority – Priorities 1:50 PM – 2:20PM

9. State Policy & Budget Update 2:20 PM – 2:30 PM

10. Federal Policy Update 2:30 PM – 2:40 PM

11. County Policy Update 2:40 PM – 2:50 PM
   a. COH Response to the STD Crisis
      Thank you letter to BOS

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 September 12, 2022

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

LOS ANGELES COUNTY COMMISSION ON HIV

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VIRTUAL WEBEX MEETING

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.

Draft

PUBLIC POLICY COMMITTEE MEETING MINUTES

August 2, 2022

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	EA	Eduardo Martinez (Alternate)	A
Lee Kochems, MA, Co-Chair	P	Ricky Rosales	P
Alasdair Burton (Alternate)	P	Martin Sattah, MD	A
Felipe Findley	P	Courtney Armstrong	P
Jerry Gates, PhD	A		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, AJ King, Catherine Lapointe, Jose Rangel-Garibay			

*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.
*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-b43e949b70a2/75bddef0-0a73-43d3-802c-101287ded93d/Revised-Pkt-PPC-080122.pdf

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Lee Kochems, Co-Chair, called the meeting to order at 1:15 PM, welcomed attendees, and led introductions.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approval of the Agenda Order as presented or revised **(✓Passed by Consensus)**

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the July 11, 2022, Public Policy Committee meeting minutes as presented or revised **(✓Passed by Consensus)**

II. PUBLIC COMMENT

3. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION. *There were no public comments.*

III. COMMITTEE NEW BUSINESS ITEMS

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. *There were no committee new business items.*

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

- Cheryl Barrit notified the Public Policy Committee (PPC) that co-chair nominations for the Commission on HIV (COH) will take place at the August full-body COH meeting.
- At their July 12, 2022, meeting, the Board of Supervisors (BOS) voted to extend the continuation of virtual meetings for 30 days.

6. CO-CHAIR REPORT

a. Act Now Against Meth (ANAM) Update

- Jose Rangel-Garibay reported that Supervisors Hilda Solis and Holly Mitchell proposed a motion to have the Department of Public Health (DPH), Department of Health Services (DHS), Department of Mental Health (DMH), Alliance for Health Integration, the Medical Examiner-Coroner's Office, the Alternatives to Incarceration Initiative, the Department of Children and Family Services (DCFS), the Los Angeles County Homeless Services Authority, the Homeless Initiative, the Los Angeles County Office of Education, and the Chief Executive Office report to the BOS within 120 days with an updated plan for action to address the growing crisis of overdose deaths related to meth, fentanyl, opioids, and other substances. PPC co-chair Katja Nelson had recommended inviting Richard Zaldivar, Executive Director, The Wall Las Memorias, to a future PPC meeting to discuss how the PPC can engage in this process. L. Kochems suggested tracking the reporting to the BOS and identify gaps in funding.

V. DISCUSSION ITEMS

7. COMPREHENSIVE HIV PLAN 2022-2026 – POLICY-RELATED NEEDS

- L. Kochems suggested including the finalized Policy Priorities document into the

Comprehensive HIV Plan (CHP).

- AJ King, CHP Consultant, informed the PPC that the first draft of the CHP will be available early September.
- The CHP will follow the Ending the HIV Epidemic (EHE) framework, which includes four pillars: Diagnose, Treat, Prevent, and Respond. A. King suggested adding an additional pillar to address workforce capacity issues.
- L. Kochems suggested adding more information on syringe exchange programs as a response to the HIV epidemic.
- Felipe Findley discussed the impact of incarceration and criminalization on the HIV epidemic and how this is not included in the EHE. Following the four pillars of the EHE can potentially leave out this issue.
- L. Kochems recommended that the COH take a stance on the overturning of Roe v. Wade and potential changes with the Defense of Marriage Act.
- Alexandra Magallon inquired if future epidemics and housing will be included in the CHP policy-related needs. A. King noted that these issues, including the recent response to the monkeypox outbreak can be included in the CHP.
- A. King has conducted community listening sessions with five of the seven priority populations. The sessions for Latinx MSM and people over 50 and underway.

8. POLICIES PRIORITY – PRIORITIES

- The revised Policy Priorities can be found in the meeting packet. PPC co-chairs will meet to discuss further revisions and share with the PPC at the September meeting for approval. K. Nelson, L. Kochems, and F. Findley will work with A. King to develop the final document.

9. STATE POLICY & BUDGET UPDATE

- L. Kochems presented a fact sheet regarding housing and income in California, which can be found in the meeting packet.
- C. Barrit presented a document from the National Alliance of State and Territorial AIDS Directors (NASTAD) on FY 2023 Appropriations for Federal HIV, Hepatitis, and STD Programs. The document can be found in the meeting packet.

10. FEDERAL POLICY UPDATE – *No report provided.*

11. COUNTY POLICY UPDATE

- At their June meeting, the Executive Committee was informed that DHS will no longer bill DHSP for Ryan White services. On July 18, 2022, C. Barrit, COH co-chairs, and several commissioners met with leadership from DHS and DPH to discuss the change. Leadership assured the COH that this was solely a billing issue and will not affect access to Ryan White services for people living with HIV (PLWH).

a. COH Response to the STD Crisis

- The BOS has two agenda items for their upcoming meeting to address the STD crisis.

The motions are included in the meeting packet. C. Barrit recommended writing a thank you letter to the BOS for acting on the STD crisis.

- L. Kochems provided an overview on how to submit public comments to the BOS. The flyer can be found in the meeting packet.
- L. Kochems informed the group that information on monkeypox is included in the meeting packet.

VI. NEXT STEPS

12. TASK/ASSIGNMENTS RECAP

- C. Barrit reminded the PPC that public comment is available for the BOS meeting on August 2, 2022.
- PPC co-chairs will work on revisions to the Policy Priorities document.
- COH staff and the PPC will begin working on a "thank you" letter to the BOS.
- The PPC will track the STD crisis-related BOS motions.

13. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- C. Barrit will invite Richard Zaldivar to attend the September PPC meeting.
- The PPC will track conversations on the potential restructuring of the Ryan White Act.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

15. ADJOURNMENT FOR THE MEETING OF AUGUST 1, 2022

The meeting was adjourned by L. Kochems at 2:55 PM.

LOS ANGELES COUNTY COMMISSION ON HIV

2022 WORK PLAN – PUBLIC POLICY

Committee Name: **PUBLIC POLICY COMMITTEE (PPC)**	Co-Chairs: Katja Nelson, Lee Kochems
Committee Adoption Date: January 3, 2022	Revision Dates: 8/9/22, 8/22/22
Purpose of Work Plan: 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. Follow up with BOS motions that include recommendations from the ANAM platform and track reporting.	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~~ 09/2022	Once established policy recommendations are submitted to the Commission for approval

LOS ANGELES COUNTY COMMISSION ON HIV

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~~ 07/2022	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.
7	Develop a white paper about the need to reauthorize the Ryan White Act.		2023-Ongoing	

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PUBLIC POLICY COMMITTEE (PPC)[1]
2022-2023 POLICY PRIORITIES

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 trauma informed care and supportive services, including comprehensive harm reduction services, to ensure that all people living with HIV and communities most impacted by HIV and 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. Nevertheless, like the HIV epidemic, (globally, nationally, and locally), it is our most marginalized communities, including youth, who are disproportionately impacted with higher rates of disease and death. In addition, 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, enhance HIV prevention, and care service. This effort is to address the negative impacts of COVID-19 and restore pre-COVID service levels, preferably exceeding 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 years 2022 and 2023. (Issues are in no order.)

Systemic and Structural Racism

a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; as well as criminalization.

[1] 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.

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.

Racist Criminalization and Mass Incarceration[2]

a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration. [3]

Housing[4]

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

[2] Black/African Americans, while making up only 8% of the LA County population, represent over 30% of the jail population. In the Los Angeles County Alternatives to Incarceration Report, "Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth." As documented in the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond; "Incarceration destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. Incarceration is associated with harmful effects on viral suppression, lower CD4/T-cell counts, and accelerated disease progression."

[3] Developing a plan for closing men's central jail as Los Angeles county reduces its reliance on incarceration (item #3 July 7, 2020, board meeting)

[4] Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors which increased the risk of being unhoused, from family discrimination at home to discrimination in employment. Such discrimination contributes to higher rates of poverty; undermines their ability to thrive; and increases the risk of arrest and incarceration. Homelessness is a risk factor for HIV transmission and acquisition.

Mental Health

a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
b. By increasing services for those with underlying mental health issues, there will be less reliance on incarceration. Los Angeles County Jail has also become the largest mental health institution in the country.
c. Support the building of community-based mental health services.
d. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail. (See footnote 3)

Sexual Health

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

Consumers

a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV. Focusing on young MSM (YMSM), African American MSM, Latino MSM, transgender persons (especially of color), women of color, and the aging.

Aging

a. Create and expand medical and supportive services for PLWHA ages fifty (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.
b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

Transgender

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** disincentives contractors from referring clients to other contractors.
d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
f. Provide trauma informed care and harm reduction strategies in all HIV Disease health care settings

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.

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.

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August 26, 2022

Honorable Holly J. Mitchell, Chair
Honorable Hilda L. Solis, Supervisor
Honorable Sheila Kuehl, Supervisor
Honorable Janice Hahn, Supervisor
Honorable Kathryn Barger, Supervisor
Los Angeles County Board of Supervisors

Dear Chair Mitchell and Supervisors Solis, Kuehl, Hahn, and Barger,

The Los Angeles County Commission on HIV (COH) applauds and welcomes the motions approved by the Board on August 2 to curb the Sexually Transmitted Infections (STIs) crisis in the County of Los Angeles. These motions are steps in the right direction to bring much-needed resources to the County, sustain a coordinated countywide effort, and improve infrastructure to increase testing, treatment, education, surveillance, and disease control efforts.

The motions respond to the testimonies and appeals provided by the COH and the community-at-large to harness focus and urgency to alleviate the impact of STIs on communities across the County. The COH is committed to working with you and various County Departments to reduce the spread of STIs, bring critical health information and services to the community, and advocate for additional resources from our local, State, and Federal partners.

On September 6, 2018, the COH wrote to the Board to advocate for a multi-year investment of $30 million in funding for increased STI surveillance, disease investigation and intervention, screening, diagnosis, and treatment services, prevention, and evaluation as well as adopt and implement an accelerated contracting process to respond to the urgency of the crisis. The Board responded by approving a motion that directed the Chief Executive Officer (CEO) to allocate $5 million from tobacco settlement funds to support the delivery of STD screening and treatment services specifically targeting underserved geographic areas and sub-populations of the County. Closing the gap between the enormity of the STI epidemic and available resources must continue to be a priority for the County.

Your motions will address what the COH has learned. There is much involved in the STI crisis, and we need solid, accurate, and consistent data. We have also learned that how residents are treated matters. In every area of life, how well or poorly one is received can cause exponential growth or produce what we see daily, desperation, failure(s) to thrive, and rampant incivility.

Often, healthy relationship(s), *at least one*, can produce healthy human beings, families, and communities. We must open the door to discussions and deeper more accurate conversations about healthy relationships in homes, among friends, within families on an age-appropriate basis, and in the streets. In addition to the education laid out in the motion, there is much more involved in the STI crisis, and we need this solid data discussed with everyday residents to

make an impact. A simple and easy place to start is a constant long-standing (5 years) campaign laid out locally, statewide and across the country helping Americans understand how to live within healthy human relationships. This is the door that opens deeper conversations and discussions across communities regarding healthy sexuality and STI education.

Finally, we are living in traumatic times, many in the HIV community have lived a lifetime experiencing relentless trauma. Trauma often precedes the acquisition of an STI (or alcoholism, drug abuse, or addictions), so the last key factor, often ignored in reducing STIs, is tackling the ways trauma impacts human beings and their relationships. Trauma is a byproduct of every epidemic we deal with today. This matters if we want to stop the rampant and long-standing STI epidemic that continues to devastate women, men, adolescents, and children in America and Los Angeles County.

We appreciate and recognize your leadership in tackling the STI epidemic in the County.

Sincerely,

Danielle Campbell, MPH, Co-Chair	*Bridget Gordon, Co-Chair*	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton (Alternate)	Michael Cao, MD
Mikhaela Cielo, MD	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Jerry D. Gates, PhD	Joseph Green	Thomas Green
Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS	Lee Kochems, MA
Jose Magaña (*Alternate)	Eduardo Martinez (Alternate)	Anthony Mills, MD	Carlos Moreno
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus “Chuy” Orozco
Mario J. Pérez, MPH	Mallery Robinson (Alternate)	Ricky Rosales	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter	Justin Valero, MPA

OFFICE OF THE GOVERNOR

AUG 22 2022

To the Members of the California State Senate:

I am returning Senate Bill 57 without my signature.

This bill authorizes certain jurisdictions to approve any number of "overdose prevention programs," often referred to as safe injection or consumption sites, where individuals may use illegal controlled substances at supervised facilities.

I have long supported the cutting edge of harm reduction strategies. However, I am acutely concerned about the operations of safe injection sites without strong, engaged local leadership and well-documented, vetted, and thoughtful operational and sustainability plans.

The unlimited number of safe injection sites that this bill would authorize – facilities which could exist well into the later part of this decade – could induce a world of unintended consequences. It is possible that these sites would help improve the safety and health of our urban areas, but if done without a strong plan, they could work against this purpose. These unintended consequences in cities like Los Angeles, San Francisco, and Oakland cannot be taken lightly. Worsening drug consumption challenges in these areas is not a risk we can take.

We should strive to ensure our innovative efforts are well planned, even when they start as pilots, to help mitigate the potential for unintended impacts. Therefore, I am instructing the Secretary of Health and Human Services to convene city and county officials to discuss minimum standards and best practices for safe and sustainable overdose prevention programs. I remain open to this discussion when those local officials come back to the Legislature with recommendations for a truly limited pilot program – with comprehensive plans for siting, operations, community partnerships, and fiscal sustainability that demonstrate how these programs will be run safely and effectively.

Sincerely,

Gavin Newsom

August 18, 2022

The Honorable Gavin Newsom
1020 O Street, Suite 9000
Sacramento, CA 95814

Senate President pro Tempore Toni Atkins
1021 O Street, Suite 8518
Sacramento, CA 95814

Assembly Speaker Anthony Rendon
1021 O Street, Suite 8330
Sacramento, CA 95814

Re: Monkeypox Virus (MPV) Outbreak Funding and Resources

Dear Governor Newsom, President pro Tempore Atkins, and Speaker Rendon:

We, the undersigned, are writing to request additional funding and resources for local public health departments, healthcare providers, community-based organizations, and affected individuals during the growing monkeypox virus (MPV) outbreak in California. We applaud Governor Newsom's decisive leadership in declaring a State of Emergency on August 1, 2022.[1] The emergency proclamation was a critical step toward accelerating the state's efforts to address the current public health crisis and ensuring a coordinated response across the administration. We express our deep gratitude and appreciation to the individuals working across the government at all levels and all departments to respond to the MPV outbreak with the urgency and attention it deserves. However, with only two weeks left in the legislative session, we believe further action is urgently needed to stem the tide of the current outbreak and prevent MPV from becoming further entrenched in the LGBTQ+ community and other vulnerable communities across California. Specifically, we urge the administration and legislature to support the following key priorities:

- **$38.5 million in FY 2022-23 to support MPV response activities at the California Department of Public Health (CDPH) and local public health departments:** The ongoing efforts of CDPH and local public health departments to expand access to testing, vaccines, and treatment are the pillars of an effective response to the current outbreak. On August 1, 2022, a group of 11 lawmakers led by Senator Scott Wiener requested a supplemental appropriation of $38.5 million in FY 2022-23 to support these vital services, including providing culturally responsive education and outreach, standing up vaccination clinics, supporting emergency staffing, improving data collection and analysis, and accelerating access to treatment.[2] We fully support this supplemental funding request and

[1] Governor Newsom Proclaims State of Emergency to Support State's Response to Monkeypox. Available at: https://www.gov.ca.gov/2022/08/01/74502/.

[2] Tweet by Senator Scott Wiener. Available at: https://twitter.com/Scott_Wiener/status/1554240386947637249?s=20&t=UFSktS-j71vwQ_zoXh5DNg.

recognize that additional resources may be needed if the outbreak continues for an extended period of time.

- **Reimbursement for MPV vaccine administration:** While MPV vaccines are being distributed by the federal government from the Strategic National Stockpile, there is currently no dedicated funding for vaccine administration at Federally Qualified Health Centers (FQHCs) and similarly situated clinics as well as non-clinic providers – particularly the enormous amount of staffing required to quickly vaccinate significant numbers of vulnerable Californians. We appreciate the California Department of Health Care Services (DHCS) indicating that it plans to seek federal approval to reimburse MPV vaccine administration and applicable laboratory testing at 100 percent of the Medicare rate and reimburse FQHCs and other partners consistent with how the department is reimbursing for COVID-19 vaccines.[3] But without a Presidential declaration under either the Stafford Act or the National Emergencies Act, DHCS may not receive federal approval for these reimbursements.[4] We call on the administration and legislature to ensure that healthcare providers and other organizations on the frontlines of the MPV outbreak are adequately reimbursed for the critical services they have and will continue to provide.

- **Paid leave and financial support for those in need of MPV testing and treatment, vaccination, and recovery:** As cases continue to rise, hundreds of thousands of Californians will need to be vaccinated to protect themselves from acquiring MPV. Many others will require access to testing and, if symptomatic, may need to isolate for a short period of time until they receive their results. Taking time off work to be vaccinated and/or tested for MPV will be challenging for many, particularly given the limited vaccine supply and numerous obstacles reported by those attempting to access the vaccine. At the same time, people diagnosed with MPV may need to isolate for 2-4 weeks until all symptoms have resolved and they have fully recovered from the disease. An MPV diagnosis can and will be financially crippling for those without adequate financial support and/or paid leave. California should consider expanding temporary eligibility for the State Disability Insurance (SDI) program to protect workers who do not currently contribute to SDI, in much the same way that eligibility for unemployment insurance was expanded during COVID-19. California should also consider providing financial relief for employers to extend paid leave to workers who need to take time off to be vaccinated, seek testing and/or treatment, isolate due to a positive diagnosis, or care for a family member or loved one affected by MPV. The involvement of extended family across multiple generations in caregiving occurs particularly in communities of color. Financial relief for employers should include individuals with disabilities who need to extend paid time off to their privately paid regular personal care assistants who must isolate because of MPV, but who must still employ additional workers to provide for their own daily personal care needs. California must also ensure that

[3] California Request for Action: Monkeypox Virus Guidance. Available at: https://www.dhcs.ca.gov/Documents/monkeypox/MPX-CA-Letter-to-CMS.pdf.

[4] See 42 U.S.C. 1320b–5(g)(1).

people diagnosed with MPV have a safe place to isolate, particularly those living in long-term care facilities, people experiencing homelessness, and incarcerated individuals.

- **Publicly available demographic data on vaccine administration and treatment access**: Above all else, we call on the administration and legislature to continue prioritizing equity at every stage of the MPV response. Concerning reports were released last week indicating that in some parts of the country, BIPOC LGBTQ+ community members are bearing a disproportionate burden of MPV, yet they are receiving a fraction of the limited vaccine supply in comparison with their white peers.[5] It is essential that CDPH and local public health departments make publicly available demographic data on vaccine administration and treatment access. Government officials and community partners must make every effort to prioritize reaching BIPOC gay and bisexual men, transgender individuals, and others who have been historically marginalized by the healthcare system and may be least likely to access services during the current outbreak, particularly given the growing stigma associated with MPV.

Finally, we urge the administration and legislature to continue using every tool available to ramp up pressure on the federal government to ensure that California receives an adequate supply of vaccines and guarantee access to MPV testing and treatment for free or at very low-cost. While the U.S. Food and Drug Administration (FDA) recently granted Emergency Use Authorization (EUA) for an alternative dosing strategy that could increase the nation's vaccine supply by five-fold, we fully expect demand for the vaccine will continue to outpace supply.[6] In addition, the federal government must take further steps to expedite access to treatment for MPV. Tecovirimat – more commonly known as TPOXX – is currently considered an "investigational drug" for treatment of MPV and the red tape required to gain access to the medication remains unduly burdensome for both patients and providers.[7] The FDA must act with greater urgency to authorize TPOXX for MPV treatment through the EUA process and streamline access to this desperately needed medication.

Thank you for your attention to these urgent priorities. We look forward to working with you to ensure that public health and community partners across California have the resources they need to end the current MPV outbreak as quickly as possible. If you have any questions, please contact Craig Pulsipher at cpulsipher@aplahealth.org.

Sincerely,

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[5] Human Rights Campaign Calls for Equitable Monkeypox Response Amidst Disturbing Reports of Vaccine Disparities. Available at: https://www.hrc.org/press-releases/human-rights-campaign-calls-for-equitable-monkeypox-mpv-response-amidst-disturbing-reports-of-vaccine-disparities.

[6] Biden Administration Announces Key Actions and Implementation Plan to Increase Vaccine Supply. Available at: https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/09/fact-sheet-biden-administration-announces-key-actions-and-implementation-plan-to-increase-vaccine-supply/.

[7] There's Just One Drug to Treat Monkeypox. Good Luck Getting It. Available at: https://www.nytimes.com/2022/08/06/health/monkeypox-treatment-tpoxx.html.

Access Support Network
American Academy of HIV Medicine California-Hawaii Chapter
APLA Health
Asian American Drug Abuse Program, Inc. (AADAP)
Being Alive – LA/People with AIDS Action Coalition
Bienestar Human Services
California Black Health Network
California LGBTQ Health and Human Services Network
Cal Voices
Christie's Place
CLARE | Matrix
Community Action Partnership of San Luis Obispo County, Inc.
Community Clinic Association of Los Angeles County
DAP Health
Disability Rights California
Disability Rights Education and Defense Fund (DREDF)
End Hep C SF
Equality California
Essential Access Health
Gender Justice LA
GLIDE
HIV+Aging Research Project-Palm Springs
Inland Empire HIV Planning Council
Justice in Aging
Kedren Health
Legal Aid Society of San Mateo County
LGBTQ Center OC
LGBTQ Community Center of the Desert
Liver Coalition of San Diego
Los Angeles LGBT Center
Lyon-Martin Community Health
Maternal and Child Health Access
NARAL Pro-Choice California
National Harm Reduction Coalition
National Health Law Program
Out4MentalHealth
Planned Parenthood Affiliates of California
Positive Women's Network-USA
PRC
ProjectQ
Queer Works
Radiant Health Centers
Rainbow Pride Youth Alliance
REACH LA
San Francisco AIDS Foundation
San Francisco Community Health Center
San Francisco Drug Users Union
Somos Familia Valle

St. John's Community Health
The Source LGBT+ Center
The Spahr Center
TransLatin@ Coalition
Watts Healthcare Corporation
Wesley Health Centers / JWCH Institute, Inc.
Western Center on Law & Poverty

cc: The Honorable Members, Senate Select Committee on Monkeypox
Richard Figueroa, Office of the Governor
Tam Ma, Office of the Governor
Dr. Mark Ghaly, California Health and Human Services Agency Secretary
Dr. Tomás Aragón, California Department of Public Health Director
Michelle Baass, California Department of Health Care Services Director


APLA Health
LOS ANGELES LGBT CENTER
BIENESTAR
ACCESS SUPPORT NETWORK
San Luis Obispo Co • Monterey Co • Santa Barbara Co.
Being Alive!
AMERICAN ACADEMY OF HIV MEDICINE
AADAP
People Need People
CALIFORNIA BLACK HEALTH NETWORK
CALIFORNIA LGBTQ HEALTH AND HUMAN SERVICES NETWORK
CAL VOICES
ADVOCACY • RECOVERY • PEER SUPPORT
Christie's Place
Transforming lives since 1996
Helping People. Changing Lives.
community Action PARTNERSHIP of SAN LUIS OBISPO COUNTY, INC.
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
GENDER JUSTICE
DAP Health
END HEP C SF
essential access health
Disability Rights California
GLIDE
UNCONDITIONALLY
wesley Health Centers
IWCH INSTITUTE
Planned Parenthood
Planned Parenthood Affiliates of California
LIVER
COALITION OF SAN DIEGO
SAN FRANCISCO DRUG USERS UNION
POSITIVE WOMEN'S NETWORK USA
HEARP
HIV + Aging Research Project | PS
SAN FRANCISCO COMMUNITY HEALTH CENTER
the SOURCE
LGBT+ CENTER
QUEERWORKS
NATIONAL HARM REDUCTION COALITION
LYON MARTIN
COMMUNITY HEALTH
DREDF
Disability Rights Education & Defense Fund
The Spahr Center
CLARE | MATRIX
Saving Lives Through Recovery
prc
Watts Healthcare
a california health+ center
KedrenVaccines
A Division of Kedren Health
RAINBOW PRIDE YOUTH ALLIANCE
INLAND EMPIRE HIV/AIDS PLANNING COUNCIL
Radiant Health Centers
LGBTQ+ Health and HIV Care
NARAL
PRO-CHOICE CALIFORNIA
SAN FRANCISCO AIDS FOUNDATION
REACH LA
TransLatin@ COALITION
THE VOICE OF TRANSLATINAS IN THE USA
WESTERN CENTER ON LAW & POVERTY
ProjectQ
St. John's Community Health
SOMOS FAMILIA VALLE
FOR ALL
EQUALITY CALIFORNIA
JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW
MATERNAL AND CHILD HEALTH ACCESS
LEGAL AID SOCIETY OF SAN MATEO COUNTY
the center
LGBTQ Community Center of the Desert
LGBTQ CENTER
#Out4MentalHealth
NATIONAL HEALTH LAW PROGRAM

OFFICE OF SCIENCE AND TECHNOLOGY POLICY

Request for Information; Federal Evidence Agenda on LGBTQI+ Equity

AGENCY: Office of Science and Technology Policy (OSTP).

ACTION: Notice of request for information.

SUMMARY: In this notice, the White House Office of Science and Technology Policy (OSTP) requests input from the public to help inform the development of the Federal Evidence Agenda on LGBTQI+ Equity. Executive Order 14075 on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals (June 15, 2022) required the co-chairs of the Interagency Working Group on Equitable Data to establish a subcommittee on sexual orientation, gender identity, and variations in sex characteristics (SOGI) data. That body, now part of the National Science and Technology Council (NSTC) Subcommittee on Equitable Data, is tasked with the development and release of a Federal Evidence Agenda on LGBTQI+ Equity, which will improve the Federal government's ability to make data-informed policy decisions that advance equity for the LGBTQI+ community.

DATES: Responses must be received by October 3 to be considered.

ADDRESSES: You may submit comments by any of the following methods:

- *Email: equitabledata@ostp.eop.gov,* include ''Federal Evidence Agenda on LGBTQI+ Equity RFI'' in the subject line of the message. Email submissions should be machine-readable [PDF, Word] and should not be copy-protected. Submissions received after the deadline may not be taken into consideration.
- *Mail:* Attn: NSTC Subcommittee on Equitable Data, Office of Science and Technology Policy, Eisenhower Executive Office Building, 1650 Pennsylvania Ave. NW, Washington, DC 20504.

Instructions: Response to this RFI is voluntary. Respondents need not reply to all questions listed. Each individual or institution is requested to submit only one response. Electronic responses must be provided as attachments to an email. It is recommended that attachments do not exceed a file size of 25MB to ensure message delivery. Please identify your answers by responding to a specific question or topic if possible. Respondents may answer as many or as few questions as they wish. Comments of seven pages or fewer (3,500 words) are strongly recommended. We encourage all members of the public who are interested in this initiative to submit their comments. OSTP and the Subcommittee on SOGI Data will consider each comment thoughtfully, whether it contains personal narrative and experience with Federal programs, or more technical legal, research, or scientific content.

OSTP will not respond to individual submissions. This RFI is not accepting applications for financial assistance or financial incentives. Comments submitted in response to this notice are subject to the Freedom of Information Act (FOIA). Responses to this RFI may be posted without change online. OSTP therefore requests that no proprietary information, copyrighted information, or personally identifiable information be submitted in response to this RFI. Please note that the United States Government will not pay for response preparation, or for the use of any information contained in a response.

In accordance with FAR 15–202(3), responses to this notice are not offers and cannot be accepted by the U.S. Government to form a binding contract. Additionally, the U.S. Government will not pay for response preparation or for the use of any information contained in the response.

FOR FURTHER INFORMATION CONTACT: Meghan Maury, Senior Advisor for Data Policy at (202–456–6121) or by email at *equitabledata@ostp.eop.gov.* Individuals who use telecommunication devices for the deaf and hard of hearing (TDD) may call the Federal Relay Service (FRS) at 1–800–877–8339, 24 hours a day, every day of the year, including holidays.

SUPPLEMENTARY INFORMATION: The Interagency Working Group on Equitable Data was established on January 20, 2021, by Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. Executive Order 14075 on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals, requires the co-chairs of the Interagency Working Group on Equitable Data to establish a subcommittee on sexual orientation, gender identity, and variations in sex characteristics (SOGI) data. That body, now part of the NSTC Subcommittee on Equitable Data, is tasked with the development and release of a Federal Evidence Agenda on LGBTQI+ Equity, which will improve the Federal government's ability to make data-informed policy decisions that advance equity for the LGBTQI+ community.

The Federal Evidence Agenda on LGBTQI+ Equity described in Executive Order 14075 must:

i. Describe disparities faced by LGBTQI+ individuals that could be better understood through Federal statistics and data collection;

ii. Identify, in coordination with agency Statistical Officials, Chief Science Officers, Chief Data Officers, and Evaluation Officers, Federal data collections where improved SOGI data collection may be important for advancing the Federal Government's ability to measure disparities facing LGBTQI+ individuals; and

iii. Identify practices for all agencies engaging in SOGI data collection to follow in order to safeguard privacy, security, and civil rights, including with regard to appropriate and robust practices of consent for the collection of this data and restrictions on its use or transfer.

We invite members of the public to share perspectives on how requirements in the Federal Evidence Agenda on LGBTQI+ Equity should be addressed by the Subcommittee on SOGI Data. OSTP seeks responses to one, some, or all of the questions that follow.

Describing Disparities

Section 11 of the Executive Order states that ''Advancing equity and full inclusion for LGBTQI+ individuals requires that the Federal Government use evidence and data to measure and address the disparities that LGBTQI+ individuals, families, and households face.'' With that charge in mind, OSTP seeks response to the following questions:

1. What disparities faced by LGBTQI+ people are not well-understood through existing Federal statistics and data collection? Are there disparities faced by LGBTQI+ people that Federal statistics and other data collections are currently not well-positioned to help the Government understand?

2. Are there community-based or non-Federal statistics or data collection that could help inform the creation of the Federal Evidence Agenda on LGBTQI+ Equity? Are there disparities that are better understood through community-based research than through Federal statistics and/or other data collection?

3. Community-based research has indicated that LGBTQI+ people experience disparities in a broad range of areas. What factors or criteria should the Subcommittee on SOGI Data consider when reflecting on policy research priorities?

Informing Data Collections

Ultimately, individual agencies decide what data to collect and publish through their forms and surveys, taking into account considerations like informed consent, privacy risk, statistical rigor, intended use of the data, budget, burden to respondents, and more. With that in mind, OSTP seeks response to the following questions about where potentially useful data is lacking:

1. In some instances, there are multiple surveys or data collections that could be used to generate evidence about a particular disparity faced by the LGBTQI+ community. In addition to factors like sample size, timeliness of the data, and geographic specificity of related data publications, what other factors should be considered when determining which survey would best generate the relevant evidence? Are there data collections that would be uniquely valuable in improving the Federal Government's ability to make data-informed decisions that advance equity for the LGBTQI+ community?

2. To protect privacy and maintain statistical rigor, sometimes publicly-released data must combine sexual and gender minority respondents into a single category. While this approach can provide valuable evidence, it can also obscure important details and differences. Please tell us about the usefulness of combined data, and under what circumstances more detailed data may be necessary.

3. Are there any Federal surveys or administrative data collections for which you would recommend the Federal Government *should not* explore collecting SOGI data due to privacy risk, the creation of barriers to participation in Federal programs, or other reasons? Which collections or type of collections are they, and why would you make this recommendation?

4. How can Federal agencies best communicate with the public about methodological constraints to collecting or publishing SOGI data? Additionally, how can agencies encourage public response to questions about sexual orientation and gender identity in order to improve sample sizes and population coverage?

5. Data collection on vulnerable populations is often incomplete, creating challenges for creating data-informed decisions to advance equity for those populations. How can statistical techniques help identify missing SOGI data, and make statistically rigorous estimates for that missing data? How should qualitative information help agencies analyze what SOGI data might be missing?

Privacy, Security, and Civil Rights

The Executive Order calls on the interagency SOGI data body to identify privacy, confidentiality, and civil rights practices agencies should follow when collecting SOGI data. Though members have expertise in how privacy, confidentiality, and civil rights practices apply to other marginalized groups, OSTP seeks input on privacy, confidentiality, and civil rights considerations that are unique to the LGBTQI+ community and/or are experienced differently by LGBTQI+ people, including in intersection with other marginalized experiences. Accordingly, OSTP seeks response to the following questions:

1. While the confidentiality of data collected by the statistical system is protected by statute, OMB and other agency policies, and experience in protecting the confidentiality of respondents through data governance, privacy-preserving technology, and disclosure limitation practices, a wide range of privacy protections apply to data collected for programmatic purposes, such as applications for Federal programs or benefits, compliance forms, human resources data, and other data used to manage and operate Federal programs. What specific privacy and confidentiality considerations should the Subcommittee on SOGI Data keep in mind when determining promising practices for the collection of this data and restrictions on its use or transfer, especially in the context of government forms and other collections of data for programmatic use?

2. Unique risks may exist when collecting SOGI data in the context of both surveys and administrative forms. Please tell us about specific risks Federal agencies should think about when considering whether to collect these data in surveys or administrative contexts.

3. Once SOGI data have been collected for administrative or statistical purposes, are there considerations that Federal agencies should be aware of concerning retention of these data? Please tell us how privacy or confidentiality protections could mitigate or change these concerns.

4. Where programmatic data is used to enforce civil rights protections, such as in employment, credit applications, or education settings, what considerations should the Subcommittee on SOGI Data keep in mind when determining promising practices for the collection of this data and restrictions on its use or transfer?

Dated: August 19, 2022.

Stacy Murphy,

Operations Manager.

[FR Doc. 2022–18219 Filed 8–23–22; 8:45 am]

BILLING CODE 3270–F2–P

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–95551; File No. SR–CboeEDGX–2022–036]

Self-Regulatory Organizations; Cboe EDGX Exchange, Inc.; Notice of Filing and Immediate Effectiveness of a Proposed Rule Change To Introduce a New Data Product To Be Known as the Short Volume Report

August 18, 2022.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (the ''Act''),[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on August 9, 2022, Cboe EDGX Exchange, Inc. (''Exchange'' or ''EDGX'') filed with the Securities and Exchange Commission (''Commission'') the proposed rule change as described in Items I and II below, which Items have been prepared by the Exchange. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

Cboe EDGX Exchange, Inc. (the ''Exchange'' or ''EDGX'') is filing with the Securities and Exchange Commission (''Commission'') a proposed rule change to Exchange Rule 13.8 to introduce a new data product to be known as the Short Volume Report. The text of the proposed rule change is provided in Exhibit 5.

The text of the proposed rule change is also available on the Exchange's website (*http://markets.cboe.com/us/options/regulation/rule_filings/edgx/*), at the Exchange's Office of the Secretary, and at the Commission's Public Reference Room.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the Exchange included statements concerning the purpose of and basis for the proposed rule change and discussed

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

NATIONAL HIV/AIDS STRATEGY

Federal Implementation Plan

for the United States | **2022–2025**

THE WHITE HOUSE
WASHINGTON

Suggested Citation: The White House. 2022. *National HIV/AIDS Strategy Federal Implementation Plan*. Washington, DC.

Neither the National HIV/AIDS Strategy nor this Federal Implementation Plan are budget documents and do not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. The Strategy and Federal Implementation Plan will inform the Federal budget and regulatory development processes within the context of the goals articulated in the President's Budget. All activities included in the Strategy and Federal Implementation Plan are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations.

VISION

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment and lives free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

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INTRODUCTION

Released by the White House Office of National AIDS Policy (ONAP) in December 2021, the *National HIV/AIDS Strategy (2022–2025)* (the Strategy or NHAS) provides stakeholders across the nation with a roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030.[1] The Strategy sets bold targets including a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030. To guide the nation toward realizing these targets, the Strategy focuses on four goals:

Prevent new HIV infections.

Improve HIV-related health outcomes of people with HIV.

Reduce HIV-related disparities and health inequities.

Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

Achieving these goals will require the engagement of stakeholders from all sectors of society in a coordinated and re-energized national response to end the HIV epidemic and support people with HIV. Utilizing a whole-of-nation approach, the Strategy assumes the active participation of not only federal agencies, but also state, tribal, local, and territorial health departments, health plans and health care providers, schools and other academic institutions, community-based and faith-based organizations, researchers, private industry, and people with and at risk for HIV.

HIV/AIDS is part of a "syndemic" that involves sexually transmitted infections (STIs), viral hepatitis, and substance use and mental health disorders, all of which intersect with stigmatization and social determinants of health.[2] To best address this complex, multifactorial environment, the Strategy was developed to complement the inaugural *STI National Strategic Plan* and the fourth iteration of the *Viral Hepatitis National Strategic Plan*—both released in December 2020.

This document, the National HIV/AIDS Strategy Federal Implementation Plan (Implementation Plan), outlines federal agencies' commitments to programs, policies, research, and activities during fiscal years 2022–2025 to meet the Strategy's goals, pursuant to their respective missions, funding, and resources. To develop the Implementation Plan, ONAP, with support from the Office of Infectious Disease and HIV/AIDS Policy (OIDP) in the Office of the Assistant Secretary for Health (OASH) at the Department of Health and Human Services (HHS), convened the National HIV/AIDS Strategy Federal Implementation Workgroup, composed of representatives of the agencies that contributed to the NHAS and who share responsibility for its implementation. Workgroup members developed agency-specific and collaborative, cross-agency actions. In addition to these discussions, the Workgroup received comments and suggestions from stakeholder groups, such as policy advocacy groups and coalitions of people with HIV.

[1] ONAP, part of the Domestic Policy Council, facilitated development of and published the Strategy, which builds on the 2021 *HIV National Strategic Plan* and the two prior *National HIV/AIDS Strategies* (2010, 2015). Learn more about the prior National Strategic Plan and Strategies.

[2] A syndemic is the clustering and interaction of two or more diseases, as a result of social and structural determinants of health, that lead to excess burden of disease in a population.

Presented in the Actions section below are federal actions, some of which are continuations of current activities and others that are innovations in practice, technology, research, policy, and/or testing, prevention, care and treatment services to address not only HIV, but also other components of the syndemic involving STIs, viral hepatitis, and substance misuse, and the social and structural determinants of health that facilitate the clustering of these conditions among different populations and places. These actions do not comprise an exhaustive inventory of actions by federal agencies in support of the NHAS during the next 4 years. Rather, ONAP and the federal agencies believe these actions will best leverage resources, capacity, and expertise to make an immediate and significant difference in the populations that bear the greatest disease burden.

The disproportionate prevalence of HIV in specific populations increases the risk for HIV transmission with each sexual or injection drug use encounter within those populations. In addition, a range of social, economic, and demographic factors—such as stigma, discrimination, socioeconomic status, income, education, age, and geographic region—affect people's risk for HIV or their ability to access or remain engaged in prevention or care services. The following factors were considered in determining the Strategy's priority populations: (1) incidence of new HIV infections and trends; (2) prevalence of HIV; (3) HIV diagnoses; (4) outcomes along the HIV care continuum; and (5) potential impact of other major public health threats (e.g., opioid epidemic). Based upon this analysis, the Strategy prioritizes efforts to reduce disparities and improve HIV outcomes among

- gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/ Alaska Native men;
- Black women;
- transgender women;
- youth aged 13–24 years; and
- people who inject drugs.

Focusing efforts on these five priority populations will reduce the HIV-related disparities they experience, which is essential if the nation is to succeed on the path toward ending the HIV epidemic by 2030.

This Implementation Plan acknowledges that the COVID-19 pandemic in the United States led to disruptions in HIV testing services and access to clinical prevention and care services throughout 2020, 2021, and even into 2022 in some areas. As we continue to navigate the COVID-19 pandemic, it is critical that we continue our work to expand and improve HIV prevention, care, and treatment for the populations and communities most impacted. We should also continue our work to improve access to prevention services for people who inject drugs, a population for whom progress remains threatened by the nation's opioid and stimulant epidemics.

Building on lessons learned and progress made during the past decades, the United States now has the opportunity to end the HIV epidemic. The federal actions detailed in this Implementation Plan outline how we get there. This opportunity has been made possible by tireless advocacy, determined research, and dedicated delivery of diagnostic, prevention, care, treatment, and supportive services. Federal agencies, state, local, and tribal governments, community-based organizations (CBOs), and other stakeholders must share in the responsibility of executing and implementing the Strategy.

KEY ROLES IN IMPLEMENTING THE NHAS

FEDERAL PARTNERS

OFFICE OF NATIONAL AIDS POLICY

ONAP, in consultation with the Office of Management and Budget, is responsible for setting the Administration's domestic HIV priorities and monitoring implementation of the NHAS. Departments will prepare and submit annual progress reports to ONAP. This information, along with data on the Strategy's indicators, will be submitted to the President as the Strategy's annual report. In this way, the Implementation Plan will be used as a framework to monitor implementation of the Strategy and the indicators will be used to chart progress. Taken together, these will be primary ways to ensure accountability across the federal government.

ONAP will convene the Federal Implementation Workgroup (see Appendix A) on a regular basis to foster collaboration across the Administration. ONAP will also continue to highlight important issues by convening meetings at the White House, virtually, and in communities across the United States, and by working with federal and nonfederal partners. Recognizing the role of substance use in HIV prevention and care strategies, ONAP will engage with the Office of National Drug Control Policy, as appropriate, to ensure broad and coordinated approaches and to support federal efforts that span the interests of both Offices.

FEDERAL DEPARTMENTS

Although the Strategy will require a government-wide effort in order to succeed fully, certain agencies have primary responsibilities and competencies in its implementation. As part of their ongoing commitment to end the HIV epidemic in the United States, 10 federal departments have committed to serve on the Federal Interagency Workgroup. The Workgroup will meet regularly to coordinate activities within and across departments and agencies, identify opportunities to better align and accelerate federal efforts, apply lessons learned from epidemiological data and research findings, monitor progress toward the indicator targets, course correct as needed, and report on national progress. As scientific, medical, and public health advances emerge or challenges arise, the Workgroup will confer and develop additional innovative actions to complement the existing Strategy and Implementation Plan.

HHS OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Implementation of the Strategy requires continued coordination and collaboration within and across agencies and among federal, state, tribal, and local governments. Central to this coordination is OASH, which will be responsible for

- coordinating operational and programmatic activities for the Strategy within HHS;
- coordinating HIV-related programs with other federal departments;
- establishing regular cross-departmental meetings to coordinate program planning and administration of HIV-related programs and activities; and
- working with health departments, nongovernmental organizations, and other stakeholders to address challenges and opportunities related to Strategy implementation.

Within OASH, OIDP will play a lead role in supporting the implementation of the Strategy by working with ONAP to forge collaborations across HHS and with other federal departments and external stakeholders. In addition, from 2022 to 2025, OIDP will regularly convene a Syndemic Steering Committee, composed of federal leadership with a stake in the intersections of HIV, STIs, viral hepatitis, substance use disorders, mental health, and the social and structural determinants of health that facilitate the clustering of these conditions, and charged with identifying opportunities for cross-departmental collaboration to address these syndemics.

The Strategy and HHS' *Ending the HIV Epidemic in the U.S.* (EHE) initiative are closely aligned and complementary. They have the common goal of reducing new HIV transmissions in the United States by 75% by 2025 and by 90% by 2030. The Strategy is the broader, overarching national plan that extends across many federal departments and encompasses the entire nation. The EHE initiative is a leading equity-driven component of the work by HHS—in collaboration with state, tribal, territorial, and local partners—to implement the Strategy particularly in those jurisdictions with disproportionate levels of HIV. Several of the action items included in this implementation plan reflect EHE activities. Similarly, the NHAS and *Healthy People 2030* are aligned, with the same 2030 goal of reducing new HIV Infections by 90% from a 2017 baseline.

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

The Presidential Advisory Council on HIV/AIDS will provide, on an ongoing basis, recommendations for effective implementation of the NHAS, as well as monitor progress of its implementation. During at least one of its meetings, the Council will review the progress of federal agencies and nonfederal stakeholders in implementing the NHAS.

NONFEDERAL PARTNERS

Each community and stakeholder brings unique assets and perspectives that play a critical role in preventing and responding to HIV. Over the past several years, many states and localities have engaged in community-wide efforts to develop their own plans to end the HIV epidemic. Stakeholders from all sectors of society are encouraged to use this Strategy to engage with others and build or update their own roadmap to reduce HIV transmission, improve outcomes for people with HIV, and end the HIV epidemic among the populations and communities they serve. Stakeholders should consider adopting the vision and goals of the Strategy; pursuing the objectives and implementing the strategies relevant to their role(s), populations served, and community circumstances; and identifying opportunities to adopt and use the Strategy's indicators and targets to measure their own progress. In doing so, communities and stakeholders can apply other evidence-based strategies that are appropriate for responding to HIV in their area and use all available data to identify where their resources and effort will have the most impact. A data-driven strategy will help stakeholders focus efforts and efficiently and effectively use available resources. Integrating HIV testing, prevention, care, and treatment efforts with other components of the syndemic is also strongly encouraged.

PROGRESS INDICATORS

The actions detailed in this Federal Implementation Plan are ultimately intended to help move the NHAS Indicators of Progress in the right directions.

The NHAS adopted bold targets for ending the HIV epidemic in the United States by 2030, calling for a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030. Its goals, objectives, and strategies focus on achieving national targets set for 2025, setting the stage to ultimately end the HIV epidemic by 2030.

The NHAS sets forth indicators for measuring progress and quantitative targets to be achieved by 2025 for each indicator. It originally detailed nine[3] core indicators, one of which is stratified to measure progress in addressing HIV disparities in the priority populations (i.e., disparities indicators).

Indicator 1: Increase knowledge of status to 95% from a 2017 baseline of 85.8%.

Indicator 2: Reduce new HIV infections by 75% from a 2017 baseline of 37,000.

Indicator 3: Reduce new HIV diagnoses by 75% from a 2017 baseline of 38,351.

Indicator 4: Increase PrEP coverage to 50% from a 2017 baseline of 13.2%.

Indicator 5: Increase linkage to care within 1 month of diagnosis to 95% from a 2017 baseline of 77.8%.

Indicator 6: Increase viral suppression among people with diagnosed HIV to 95% from a 2017 baseline of 63.1%.

Indicator 6a: Increase viral suppression among MSM diagnosed with HIV to 95% from a 2017 baseline of 66.1%.

Indicator 6b: Increase viral suppression among Black MSM diagnosed with HIV to 95% from a 2017 baseline of 58.4%.

Indicator 6c: Increase viral suppression among Latino MSM diagnosed with HIV to 95% from a 2017 baseline of 64.9%.

Indicator 6d: Increase viral suppression among American Indian/Alaska Native MSM diagnosed with HIV to 95% from a 2017 baseline of 67.3%.

Indicator 6e: Increase viral suppression among Black women diagnosed with HIV to 95% from a 2017 baseline of 59.3%.

Indicator 6f: Increase viral suppression among transgender women in HIV medical care to 95% from a 2017 baseline of 80.5%.

Indicator 6g: Increase viral suppression among people who inject drugs diagnosed with HIV to 95% from a 2017 baseline of 54.9%.

Indicator 6h: Increase viral suppression among youth aged 13-24 diagnosed with HIV to 95% from a 2017 baseline of 57.1%.

[3] One of the original indicators, focused on reducing homelessness among people with HIV, is being modified and incorporated in a new measure focused on reducing unstable housing or homelessness among people with HIV and will be reported with the new group of indicators related to quality of life for people with HIV. Therefore, that indicator does not appear in the list below and will no longer be reported as a single indicator.

Indicator 7: Decrease stigma among people with diagnosed HIV by 50% from a 2018 baseline median score of 31.2 on a 10-item questionnaire.

Indicator 8: Increase the median percentage of secondary schools that implement at least 4 out of 7 LGBTQ-supportive[4] policies and practices to 65% from a 2018 baseline of 59.8%.

ADDITIONAL INDICATORS FOCUSED ON QUALITY OF LIFE AMONG PEOPLE WITH HIV

In addition, the NHAS committed to developing an additional indicator on quality of life for people with HIV. ONAP convened and tasked a subgroup of the Federal Interagency Workgroup with identifying options for and recommending data sources, measures, and targets for this new indicator. This subgroup included representatives of six agencies from two federal departments and was co-chaired by subject matter experts from the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

To inform its work, the indicator workgroup conferred across agencies, engaged with community members, reviewed common measures of quality of life, and considered features of available federally funded datasets including current availability, timeliness, representativeness, and ability to provide annual estimates for measures among people with HIV. As a result of this process, ONAP has adopted the workgroup's recommendation for additional indicators in more than one domain to reflect the reality that quality of life is a multi-dimensional concept. In addition to the core indicators listed above, the NHAS now includes five additional indicators of progress focused on quality of life among people with HIV that consider physical health, mental/emotional health, and structural/subsistence issues:

Indicator 9: Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%.

Indicator 10: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.

Indicator 11: Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.

Indicator 12: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%.

Indicator 13: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.

Specifications for each new quality-of-life indicator and a discussion of the indicator workgroup's process are included in Appendix B.

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[4] The NHAS authors made a concerted effort to use inclusive and person-first language throughout the Strategy. The Strategy most often used the inclusive term LGBTQI+ when referring to the lesbian, gay, bisexual, transgender, queer, and intersex communities. In this NHAS Federal Implementation Plan, that term continues to be used, though there are some variations on that usage which are intentional and based on factors such a particular agency's data collection or program targeting, or that are otherwise necessary to accurately reflect the language used in an agency's relevant program, policy, or funding.

ACTIONS

The tables that follow list specific actions by the participating federal agencies, organized by the Strategy's goals, objectives, and strategies. The timeframe indicates the fiscal years in which the action begins and ends within the context of the Strategy (2022–2025). Actions that started before fiscal year 2022 or extend beyond fiscal year 2025 only list the years within this timeframe. The actions are ordered chronologically below each strategy, but the order beyond that does not reflect any relative priority or importance. When more than one agency will collaborate on an action, the acronym for the lead agency is listed first in bold, followed by the partner agencies in alphabetical order (see Appendix C for a listing of all acronyms used throughout this document). The actions are described as succinctly as possible. Many actions support more than one strategy; however, most are presented only under the strategy with which they most closely align.

These actions are intended to inform and guide research, policy development, program planning, and service delivery for federal and nonfederal stakeholders. The Implementation Plan does not document every HIV action that each engaged federal agency will undertake between 2022–2025, nor does it in any way limit agencies in evolving these actions or initiating new ones as opportunities arise. In addition, the Implementation Plan is not a budget document and does not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. All activities included in this document are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations. Finally, our current experience with the COVID-19 pandemic reinforces the need for some degree of flexibility and nimbleness to address emerging challenges to our public health needs through innovation and possible re-prioritization of our actions.

GOAL 1: PREVENT NEW HIV INFECTIONS

Objective 1.1: Increase awareness of HIV

Strategy 1.1.1 Develop and implement campaigns, interventions, and resources to provide education about comprehensive sexual health; HIV risks; options for prevention, testing, care, and treatment; and HIV-related stigma reduction.

Action	Agency	Timeframe
Continue to implement interventions, testing, education, and training on the prevention of transmission of HIV infection as described in DOD Instruction (DODI) 6485.01, "Human Immunodeficiency Virus (HIV) in Military Service Members," Defense Health Agency (DHA) - Procedural Instruction (PI) 6025.29, "Provision of Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP) for Persons at High Risk of Acquiring HIV Infection," and DHA-PI 6485.01, "Guidance for the Identification, Treatment, and Care of Human Immunodeficiency Virus (HIV) among Persons Infected with HIV."	DOD	2022

Action	Agency	Timeframe
Produce and distribute public-facing educational campaigns aimed at early detection and treatment of HIV and related syndemic work for both community and clinicians.	IHS	2022-2025
Collaborate between DOI/BIE, IHS, CDC/DASH, and other agencies as appropriate to identify opportunities to incorporate medically accurate, developmentally appropriate, affirming, culturally relevant HIV prevention and comprehensive sexuality education into BIE-funded schools and Tribal Colleges and Universities.	**DOI**, CDC, IHS	2022-2025
Expand implementation of the *Let's Stop HIV Together* campaign to reduce stigma and increase uptake of HIV prevention, testing, and treatment. Amplify this campaign through the Partnering and Communicating Together (PACT) partnerships and clinical and community ambassadors.	CDC	2022-2025
Encourage schools to implement quality, culturally sensitive, and age-appropriate sexual health education in a funded program model through CDC/DASH.	**CDC**, ED	2022-2025
Distribute HIV prevention information to people who administer and people who receive HUD-assisted housing programs.	**CDC**, HUD	2022-2025
Produce and distribute public-facing educational campaigns aimed at raising awareness, early detection, and treatment of HIV for both community and clinicians.	VA	2022-2025
Provide health education, risk assessment, and screening for pregnant women served by HRSA's Healthy Start grant program to improve early diagnosis and treatment for HIV.	HRSA	2022-2025
Encourage SAMHSA's Minority AIDS Initiative (MAI) grant recipients to implement outreach strategies that effectively reach the populations in need of these services to inform individuals of available behavioral health services, HIV and hepatitis primary care, and prevention services.	SAMHSA	2022-2025
Support the National Coalition for Sexual Health to promote a wellness framework (comprehensive sexual health including HIV testing) to the public through the development of resources and materials and their promotion through the media and to specific target audiences such as health care providers with clinical tools and support.	CDC	2022-2025

Strategy 1.1.2 Increase knowledge of HIV among people, communities, and the health workforce in geographic areas disproportionately affected.

Action	Agency	Timeframe
Implement teleECHO clinics for the IHS/Tribal/Urban health workforce to address HIV prevention.	IHS	2022-2025
Support the National Network of STD Prevention Training Centers to increase the sexual and reproductive health knowledge and skills of health professionals, including provider education on HIV prevention services.	CDC	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming, including efforts to increase knowledge of HIV among people, communities, and the health workforce, and focused on geographic areas disproportionately affected by HIV.	CDC	2022-2025
Increase awareness of the *Let's Stop HIV Together* campaign across CDC and other agencies as a ready-to-use, easy-to-adapt campaign to integrate into national- and local-level efforts to diagnose, prevent, treat, and respond to HIV. Disseminate *Let's Stop HIV Together* campaign materials to consumers and providers to stop stigma and to promote HIV testing, prevention, and treatment.	CDC	2022-2025
Continue outreach efforts related to HIV non-discrimination, with a particular focus on southern states and other communities with high rates of HIV.	DOJ	2022-2025
Increase knowledge of HIV such as providing education regarding alternative HIV prevention practices and health education programs to prevent the transmission of HIV.	DOD	2022-2025
Produce and distribute public-facing educational campaigns aimed at raising awareness, early detection, and treatment of HIV for both communities and clinicians.	VA	2022-2025
Collaborate between HRSA/HAB and HRSA/BPHC to fund targeted awards for HIV testing and linkage for entities in communities most impacted by HIV through the Health Center Program and Ryan White HIV/AIDS Program (RWHAP) Part C.	HRSA	2022-2025

Strategy 1.1.3 Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders, as well as in primary care and general wellness, and as part of annual reproductive health visits and wellness visits.

Action	Agency	Timeframe
Work with other agencies to encourage incorporation of non-discrimination messaging into existing campaigns and educational materials pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders, as well as in primary care and general wellness.	**DOJ**, ACL, CDC, DOL, HHS/OCR, HRSA, HUD, SAMHSA, VA	2022-2025
Develop policy support documents and technical assistance (TA) materials for educators serving American Indian/Alaskan Native populations to support local-level delivery of age-appropriate HIV and STI prevention education.	IHS	2022-2025
Create an inmate disease education program within the federal Bureau of Prisons (BOP) to include chronic infectious diseases and preventive health through internal communication networks.	**DOJ**, CDC	2022-2025
Broaden messaging and behavior change communication to providers and consumers to focus beyond just HIV, including sexual health, mental health, and substance use; expand resources specifically addressing STIs, viral hepatitis, and substance use; and work closely with other branches and divisions to integrate more syndemic language into the *Let's Stop HIV Together* campaign efforts.	CDC	2022-2025
Continue to screen for individuals at risk for acquiring HIV during annual periodic health assessments and primary care visits and provide clinical evaluations and preventive medicine counseling.	DOD	2022-2025
Conduct targeted educational campaigns toward women's health, intimate partner violence (IPV), LGBTQ+ populations, and academic detailing to address gaps in HIV services among existing programs.	VA	2022-2025
Integrate HIV messaging into existing social media campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders.	SAMHSA	2022-2025

Objective 1.2: Increase knowledge of HIV status

Strategy 1.2.1 Test all people for HIV according to the most current USPSTF recommendations and CDC guidelines.

Action	Agency	Timeframe
Continue to screen all U.S. military service members for laboratory evidence of HIV infection.	DOD	2022
Offer HIV testing to at least 95% of all incarcerated persons in BOP through automation of opt-out testing ordered on intake.	DOJ	2022-2025
Improve and monitor HIV screening efforts using internal IHS data (i.e., Government Performance and Results Act).	IHS	2022-2025
Use evidence-based and innovative strategies to market and deliver 100,000 direct-to-consumer HIV self-tests to priority populations in the United States or Puerto Rico at no charge for program participants in 2022. Distribute at least 175,000 tests annually over 5 years.	CDC	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including efforts to test all people for HIV according to the most current U.S. Preventive Services Task Force (USPSTF) recommendation and CDC guidelines.	CDC	2022-2025
Conduct HIV testing for all participants in the prevention program and treat all individuals who test positive for HIV.	SAMHSA	2022-2025

Strategy 1.2.2 Develop new and expand implementation of effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access.

Action	Agency	Timeframe
Expand the existing HIV self-test distribution program to distribute at least 175,000 tests per year to persons disproportionately affected by HIV in the United States. This includes effectively marketing the program to priority populations in key EHE jurisdictions.	CDC	2022-2025
Fund implementation science and demonstration projects to develop effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access. This could include projects on self-testing, HIV testing in nontraditional or non-clinical settings (syringe services programs [SSPs], etc.), and implementing status-neutral approaches.	CDC	2022-2025

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing new and expanding implementation of effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access.	CDC	2022-2025
Share findings of evidence-based, evidence-informed models for HIV testing through VA Affinity group meetings and disseminate best models through national communications and publications to other partners.	VA	2022-2025

Strategy 1.2.3 Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.

Action	Agency	Timeframe
Continue to screen and treat all U.S. military service members for laboratory evidence of HIV infection and provide Infectious Disease Specialists or other qualified HIV providers to manage U.S. military service and beneficiaries with HIV.	DOD	2022
Develop and conduct new training for the implementation of a status-neutral approach to HIV testing and linkage to prevention, treatment, and care services. Provide tailored TA to address challenges in local implementation.	CDC	2022-2024
Strengthen the infrastructure of STD specialty clinics serving a high proportion of racial, ethnic, and sexual and gender minorities to integrate HIV services using a status-neutral approach (EHE investment).	CDC	2022-2025
Fund organizations to work in transgender clinics and partner with CBOs serving the transgender community to develop community-to-clinic models for integrated status-neutral HIV prevention and care services.	CDC	2022-2025
Offer HIV testing to every Veteran enrolled in care with the Veterans Health Administration (VHA) at least once in their lifetime and more often based on risk factors. Educate about pre-exposure prophylaxis (PrEP) and rapid start antiretroviral treatment (ART, e.g., HIV Test and Treat).	VA	2023-2025

Strategy 1.2.4 Provide partner services to people diagnosed with HIV or other STIs and their sexual and/or syringe-sharing partners.

Action	Agency	Timeframe
Support expanded partner services in STD specialty clinics for patients who are diagnosed with HIV, syphilis, rectal gonorrhea, and chlamydia and their sexual partners. Fund and support health departments and CBOs in the implementation of partner services.	CDC	2022-2025
Establish a VA workgroup to examine the expansion of services to non-beneficiaries and partners of VA benefit recipients, including STI treatment to non-VA partners.	VA	2022-2025

Objective 1.3: Expand and improve implementation of safe, effective prevention interventions, including treatment as prevention, PrEP, PEP, and SSPs, and develop new options

Strategy 1.3.1 Engage people who experience risk for HIV in traditional public health and health care delivery systems, as well as in nontraditional community settings.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of status-neutral HIV prevention programming in their communities, including engaging people in traditional public health and health care delivery systems and in nontraditional community settings who experience risk for HIV.	CDC	2022
Create an electronic health record template for pre-release risk assessments across the BOP and offer PrEP to any person who requests it or has a risk factor prior to release.	DOJ	2022-2024
Develop a dashboard to evaluate PrEP implementation in the BOP.	DOJ	2022-2024
Collaborate with Public Health Nursing and Community Health Representative programs to expand use of Native-developed, culturally and age-appropriate school health curriculums such as Native Stand, Healthy Native Youth, and other modules.	IHS	2022-2025
Support through DOI/BIA, in collaboration with IHS and CDC/DHP, a review and possible refinement of pre-release HIV risk assessment for all individuals in custody of a BIA-managed detention facility; and, prior to release, offer PrEP to any person who has a risk factor or who requests it and link them to a provider in the community for ongoing prevention care.	**DOI**, CDC, IHS	2022-2025

Action	Agency	Timeframe
Conduct a demonstration project with support from the HHS Minority HIV/AIDS Fund to expand the reach of HIV/STI diagnosis and prevention services, including PrEP and rapid point-of-care testing for STIs, for disproportionately affected communities by incorporating Retail Health Clinics into existing networks of HIV/STI care services.	**CDC**, OASH	2022-2025
Continue to screen for individuals at increased risk for acquiring HIV during annual periodic health assessments and primary care visits and provide resources and counseling associated with PrEP for individuals at high risk per DOD policy.	DOD	2022-2025
Conduct outreach to racial and ethnic minorities at risk for HIV infection to get them into care and treatment services, including HIV testing in traditional and nontraditional settings such as parks, bars, and shelters. Also conduct outreach via opioid treatment programs, substance use prevention and treatment programs, community mental health centers, and community-based behavioral health clinics. Make referrals for support services as necessary.	SAMHSA	2022-2025
Fund through SAMHSA/CSAP community-based substance use prevention programs, SSPs, and other harm reduction services, including provision of HIV, STI, and viral hepatitis education and screening.	**SAMHSA**, CDC	2022-2025
Support grant programs that reduce HIV/STI risk for LGBTQ+ youth through evidence-based behavioral health screening and treatment, case management, and peer support services; increase the availability, accessibility, and utilization of culturally appropriate, woman-centered, and trauma-informed substance use disorders/co-occurring disorders treatment services and HIV/hepatitis screening and testing for Latina or African American women experiencing IPV among other services.	SAMHSA	2022-2025
Engage with community partners to expand beyond the traditional health care settings such as homeless shelters to provide HIV prevention services.	VA	2022-2025

Strategy 1.3.2 Scale-up treatment as prevention (i.e., U=U) by diagnosing all people with HIV, as early as possible, and engaging them in care and treatment to achieve and maintain viral suppression.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including scaling up treatment as prevention (i.e., U=U) efforts by diagnosing all people with HIV, as early as possible, and rapidly engaging them in care and treatment to achieve and maintain viral suppression.	CDC	2022-2025

Action	Agency	Timeframe
Continue to screen all Service members for laboratory evidence of HIV infection and rapidly link those who test positive to medical care/ treatment to achieve viral suppression.	DOD	2022-2025
Organize affinity groups to increase HIV testing and viral suppression rates.	VA	2022-2025
Continue ongoing monitoring of HIV screening coverage and improvement via standardized national measures and implement teleECHO clinics for IHS/Tribal/Urban health workforce to address HIV prevention.	IHS	2022-2025

Strategy 1.3.3 Make HIV prevention services, including condoms, PrEP, PEP, and SSPs, easier to access and support continued use.

Action	Agency	Timeframe
Distribute community and provider education on PEP and PrEP, including the dissemination of toolkits for reducing barriers to medication access.	IHS	2022
Supplement three STD specialty clinics to pilot the expansion of field-based sexual health services provided by disease intervention specialists (DIS) to contacts initiated for partner services to increase access to and uptake of same-day HIV treatment and PrEP.	CDC	2022
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including making HIV prevention services (e.g., condoms, PrEP, PEP, and SSPs) easier to access and supporting their continued use.	CDC	2022
Continue collaboration between HRSA/HAB and HRSA/BPHC through the RWHAP AIDS Education and Training Center Programs and health centers to support implementation or integration of PrEP services.	HRSA	2022
Continue to enable access to HIV prevention services such as providing education regarding HIV prevention practices (e.g., condom use), access to PrEP medications at all medical treatment facilities, and training opportunities for primary care providers to improve knowledge on prescribing PrEP.	DOD	2022-2025
Organize affinity groups to increase HIV testing, SSPs, and viral suppression rates.	VA	2022-2025
Support grant recipients in conducting outreach activities to disseminate HIV, viral hepatitis, STI prevention, and PrEP messaging; select potential testing locations; distribute prevention materials; and link clients to HIV prevention, treatment, and primary care services.	SAMHSA	2022-2025

Action	Agency	Timeframe
Continue to support the expansion of therapeutics for the prevention of HIV infection. Through all stages of drug development, FDA provides valuable advice to facilitate the advancement of new safe and effective products. FDA reviews available data to assess the benefits and risks for products and to determine whether products meet the regulatory safety and effectiveness standards for approval. For approved products, FDA independently continues to review any new data and update product labeling, when warranted.	FDA	2022-2025

Strategy 1.3.4 Implement culturally competent and linguistically appropriate models and other innovative approaches for delivering HIV prevention services.

Action	Agency	Timeframe
Increase capacity of sexually transmitted disease (STD) specialty clinics to provide culturally sensitive HIV preventive clinical services and linkage to HIV medical care.	CDC	2022-2023
Develop and conduct new regional communities of practice and TA to support the status-neutral, gender-affirming delivery of HIV testing, prevention, treatment, and care services for transgender persons.	**CDC**, HRSA	2022-2023
Provide messaging and behavior change advice for the general public and priority populations that focuses on reducing HIV-related stigma and promoting HIV testing, prevention, and treatment, and that includes culturally appropriate and empowering messaging to reach disproportionately affected populations.	CDC	2022-2025
Continue to implement elements of an optimal HIV PrEP program such as including clinic staff and providers who can provide HIV PrEP adherence and risk reduction counseling and who are culturally competent to provide care to LGBTQI+ patients.	DOD	2022-2025
Work with national and local leaders for input and consensus building to extend reach of HIV prevention services to underserved and LGBTQI+ communities within VHA and VHA community partners.	VA	2022-2025
Require all SAMHSA grantees that target the syndemics of HIV, viral hepatitis, substance use, and mental health disorders to provide culturally informed, evidence-based treatment and practices for individuals with substance use disorders, mental health disorders, or co-occurring disorders that are trauma-informed, recovery-oriented, and culturally appropriate.	SAMHSA	2022-2025
Implement SAMHSA's Strategic Prevention Framework for delivering culturally competent and linguistically appropriate services to target populations.	SAMHSA	2022-2025

Action	Agency	Timeframe
Distribute information showing data for the HIV care continuum among American Indian/Alaska Native people to IHS employees and the public to assist communities with identifying local-level priorities for HIV care needs and tailoring services accordingly.	**IHS**, CDC	2023-2025

Strategy 1.3.5 Support research into the development and evaluation of new HIV prevention modalities and interventions for preventing HIV transmissions in priority populations.

Action	Agency	Timeframe
Continue to support DOD HIV research including the U.S. Military HIV Research Program.	DOD	2022-2024
Establish a prevention confidence team to identify psychosocial constructs related to prevention behaviors and identify movable middle populations.	CDC	2022-2025
Conduct preclinical research to advance clinical development of novel PrEP regimens that better address user desirability and maximize adherence including ultra-long-acting, on-demand, and multipurpose HIV/STI prevention products.	**CDC**, USAID	2022-2025
Support ongoing research on novel HIV prevention strategies for key populations disproportionately impacted by HIV such as racial/ethnic minority populations, sexual and gender minority populations, young people, people with alcohol and/or substance use disorders and/or mental health disorders, and people in regions with the highest HIV rates.	NIH	2022-2025
Refine existing data tools such as STI and PrEP dashboards to target populations in an equitable manner.	VA	2023-2025

Strategy 1.3.6 Expand implementation research to successfully adapt evidence-based interventions to local environments to maximize potential for uptake and sustainability.

Action	Agency	Timeframe
Develop a new toolkit to support the implementation of TelePrEP and provide tailored TA to address challenges in implementing TelePrEP.	CDC	2022-2024
Develop and conduct a new training for implementation of SSPs. Provide tailored TA to address challenges in implementing local SSPs.	CDC	2022-2025
Support implementation and demonstration projects that leverage existing modalities such as VA Video Connect to expand HIV prevention services to underserved Veterans.	VA	2022-2025

Action	Agency	Timeframe
Conduct implementation research to develop strategies to translate evidence-based prevention interventions into real-world settings to sustainably promote uptake among priority populations and localities with disproportionate HIV burden.	NIH	2022-2025

Objective 1.4: Increase the diversity and capacity of health care delivery systems, community health, public health, and the health workforce to prevent and diagnose HIV

Strategy 1.4.1 Provide resources, incentives, training, and technical assistance to expand workforce and systems capacity to provide or link clients to culturally competent, linguistically appropriate, and accessible HIV testing, prevention, and supportive services especially in areas with shortages that are geographic, population, or facility based.

Action	Agency	Timeframe
Require recipients of SAMSHA/CSAP grants to administer HIV testing on site and in nontraditional settings, including mobile units with annual reporting.	SAMHSA	2022
Conclude and share findings from a study on HIV testing linkage to treatment and prevention services across the Title X Family Program, along with STI screening, to identify factors associated with successful screening efforts, existing barriers to or missed opportunities for screenings, TA and training necessary for expanding screenings, and other factors essential to a clinic's decision-making around expanding screenings and offering/linking to prevention and treatment services. Based on results, explore possible opportunities to support clinics to move to the next level of providing PrEP and PEP in their service areas, based on funding and grantee interest.	**OASH**, CDC	2022-2023
Award supplemental funding to HRSA-supported health centers to expand HIV prevention with a focus on PrEP prescribing, as well as testing, treatment, outreach, and care coordination in the EHE initiative's defined priority areas.	HRSA	2022-2023
Provide specialized training and TA through Primary Care Associations and National Training and Technical Assistance Partners to health centers with needs regarding HIV PrEP, patient serostatus awareness, and data integration and collection of EHE indicators in areas with the highest HIV burden.	HRSA	2022-2024
Supplement the National Network of Prevention Training Centers to strengthen the clinical/laboratory infrastructure and health delivery systems of STD specialty clinics serving a high proportion of racial, ethnic, and sexual and gender minority populations in EHE Phase I jurisdictions to scale up and enhance culturally competent and linguistically appropriate HIV and STI prevention services.	**CDC**, OASH	2022-2025

Action	Agency	Timeframe
Develop a comprehensive toolkit tailored for local implementation of rapid HIV testing and initiation of HIV treatment or PrEP. Develop protocols, training materials, and evaluation metrics that can be used by other sites to develop their own contextually relevant rapid ART models.	CDC	2022-2025
Partner with HUD to identify and disseminate best practices and expand local coordination in HIV clusters and outbreaks where homelessness or unstable housing is an identified factor.	**CDC**, HRSA, HUD	2022-2025
Allow grant recipients funded under specific notices of funding opportunity to expend grant funds to provide training/workforce development to help staff or other providers address community mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.	SAMHSA	2022-2025
Enhance IHS provider workforce HIV services capacity by implementing teleECHO clinics for the IHS/Tribal/Urban health workforce to address HIV prevention, offering a teleconsultation line with academic partners, and providing onsite preceptorship program with a teaching hospital.	IHS	2022-2025
Provide training through the National Network of Disease Intervention Training Centers (NNDITC) to develop and enhance HIV and STI prevention knowledge and skills of DIS and other public health staff providing disease intervention services to racial, ethnic, and sexual and gender minority populations in EHE Phase I jurisdictions.	CDC	2024-2025

Strategy 1.4.2 Increase the diversity of the workforce of providers who deliver HIV prevention, testing, and supportive services.

Action	Agency	Timeframe
Support DIS and DIS-related training and retention, including hiring and training a diverse workforce who are representative of, and have language competence for, the local communities they serve (DIS Workforce Development Funding).	CDC	2022
Provide educational support to health care professional, undergraduate, and graduate programs throughout the United States in their efforts to expand and diversify the HIV provider workforce through the RWHAP AIDS Education and Training Center National HIV Curriculum program.	HRSA	2022-2025

Action	Agency	Timeframe
Continue to support SAMHSA's Minority Fellowship Program (MFP), which aims to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations. MFP fellowships are open to people pursuing master's or doctoral degrees in various fields of behavioral health. Through seven national behavioral health organizations selected by Congress to administer the program, some 200 MFP fellows are awarded educational scholarships and receive training each year under the program.	SAMHSA	2022-2025

Strategy 1.4.3 Increase the inclusion of paraprofessionals on prevention teams by advancing training, certification, supervision, financing, and team-based care service delivery.

Action	Agency	Timeframe
Support capacity of STD programs to enhance disease intervention services provided by DIS to people diagnosed with and exposed to HIV to increase access to and uptake of same-day HIV treatment, PrEP, and PEP.	CDC	2022-2025
Support MAI grant recipients to provide peer support services for individuals with mental health disorders or co-occurring disorders.	SAMHSA	2022-2025
Develop community health representative, community health worker, community health aide, and healthtech workforce's ability to discuss HIV. Create flip charts for use for both HIV and PrEP.	IHS	2022-2025
Provide training through the NNDITC to develop and enhance knowledge and skills of the DIS workforce in providing HIV preventive services and linkage to HIV medical care.	CDC	2024

Strategy 1.4.4 Include comprehensive sexual health and substance use prevention and treatment information in curricula of medical and other health workforce education and training programs.

Action	Agency	Timeframe
Integrate comprehensive sexual health and substance use prevention and treatment information in curriculum of trainings provided by the NNDITC to develop and enhance knowledge and skills of DIS and other public health staff providing HIV and STI prevention services.	CDC	2022-2024
Develop and conduct a new training for local DIS titled "Principles, Practices and Pathways to Disease Intervention."	CDC	2022-2025

Action	Agency	Timeframe
Produce educational toolkits and other resources to the VA workforce and share resources with the VA HIV Affinity Group Program, national conference reviews, and national VHA provider webinars.	VA	2022-2025
Integrate sexual health and substance use prevention teleECHOs with NHAS goals and objectives.	IHS	2022-2025

GOAL 2: IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV

Objective 2.1: Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment

Strategy 2.1.1 Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons that test positive for HIV.

Action	Agency	Timeframe
Ensure that Veterans diagnosed with HIV are connected to care as soon as possible (within 30 days). Develop, maintain, and enhance functionality of data tools (dashboards, cubes) to assist with tracking performance and support populations health-based clinical care.	VA	2022-2023
Develop a new toolkit to highlight how health departments and CBOs can support rapid start ART across a variety of models and a toolkit for organizations to implement TelePrEP.	CDC	2022-2024
Increase knowledge and skill of DIS staff to link clients to HIV medical care (either clients newly diagnosed or clients with HIV and not in care found through STD outreach) through high-quality, standardized training provided by the NNDITC.	CDC	2022-2024
Increase capacity of EHE-funded STD specialty clinics to offer same-day or rapid (within 7 days) start ART in the clinic.	CDC	2022-2025
Fund and support health departments and CBOs in implementation of HIV prevention programming in their communities, including providing same-day or rapid (within 7 days) start of ART therapy for persons who can take it and increasing linkage to HIV health care within 30 days for all persons who test positive for HIV.	CDC	2022-2025
Continue to provide a pathway for HIV prevention services, including HIV PrEP and PEP, as well as access to health care and the opportunity for rapid initiation of ART for persons with diagnosed HIV.	DOD	2022-2025

Action	Agency	Timeframe
Fund initiatives to support the implementation and evaluation of rapid start programs that accelerate entry into HIV medical care and rapid initiation of ART for people with HIV who are newly diagnosed, new to care, or out of care.	HRSA	2022-2025

Strategy 2.1.2 Increase the number of schools providing on-site, age-appropriate, sexual health services through school-based health centers and school nurses, and linkages to HIV testing and medical care through youth-friendly providers in the community.

Action	Agency	Timeframe
Fund local education agencies to expand age-appropriate, onsite sexual health services to include HIV/STI testing and referrals to youth-friendly providers in each jurisdiction/district.	CDC	2022-2025

Objective 2.2: Identify, engage, or reengage people with HIV who are not in care or not virally suppressed

Strategy 2.2.1 Expand uptake of data-to-care models using data sharing agreements, integration and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed.

Action	Agency	Timeframe
Strengthen ability of STD specialty clinics to identify patients who are not virally suppressed and facilitate linkage to or re-engagement in HIV medical care.	CDC	2022-2025
Support close coordination and collaboration between CDC-funded HIV and STD surveillance and prevention programs operating in their project areas.	CDC	2022-2025
Work with health departments to increase and implement data-to-care activities.	CDC	2022-2025
Address on-demand individualized clinical questions from any health care professional on ART selection and best practices for initiating (or re-initiating) immediate/rapid ART for persons with HIV, and share information on best practices regarding linkage to HIV care after diagnosis through the RWHAP AIDS Education and Training Center Program's National Clinician Consultation Center.	HRSA	2022-2025
Support research using real-time prescription and insurance claims data, among other data sources, to support HIV care continuum outcomes and facilitate dissemination findings into practice to accelerate HIV service delivery.	NIH	2022-2025

Action	Agency	Timeframe
Utilize data integration approaches with cohort and surveillance data to support adolescents/young adults with perinatal HIV to inform HIV prevention and treatment resources.	NIH	2022-2025
Expand BOP Pharmacy Clinical Consultants roles to telehealth and charting directly into the medical record to enable efficient and timely interventions.	DOJ	2023-2025

Strategy 2.2.2 Identify and address barriers for people who have never engaged in care or who have fallen out of care.

Action	Agency	Timeframe
Launch and support rollout of public awareness campaign focused on the health and prevention benefits of sustained HIV care and viral suppression.	**OIDP**, ODPHP, OMH, OPA	2022-2023
Engage VA affinity groups of providers to identify and address barriers to HIV testing and care, as well as offering PrEP and other harm reduction interventions to Veterans at high risk of acquiring HIV and engage Veterans who have fallen out of care.	VA	2022-2023
Provide TA to facilitate and accelerate the implementation of recent guidance to RWHAP recipients on determining and confirming RWHAP eligibility in a manner that avoids unnecessary interruptions in medical care and prescription drug coverage and that reduces client and administrative burden.	HRSA	2022-2024
Disseminate models of innovative service delivery that have grown out of the EHE initiative and provide TA and systems coordination to jurisdictions HRSA-funded in order to maximize the success in developing, implementing, coordinating, and integrating strategies, interventions, approaches, and core medical and support services to link and re-engage people with HIV who are not in care or virally suppressed.	HRSA	2022-2025
Support syndemics (synergistic epidemic) research approaches to uncover the role of social-behavioral, economic, and environmental factors in the development and/or exacerbation of HIV-associated comorbidities, coinfections, and complications.	NIH	2022-2025
Support ongoing research to determine novel strategies to improve HIV care engagement and re-engagement, including among priority populations such as racial/ethnic minority populations, sexual and gender minority populations, young people, people with alcohol and/or substance use and/or mental health disorders, and people in regions with the highest HIV rates.	NIH	2022-2025

Action	Agency	Timeframe
Participate in ongoing communication with PEPFAR and other collaborators to identify service delivery and research gaps for re-engagement in HIV care.	NIH	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including identifying and addressing barriers for people who have never engaged in care or who have fallen out of care.	CDC	2022-2025
Analyze data from the Medical Monitoring Project (MMP), a nationally representative surveillance system conducted annually by 16 states, Puerto Rico, and 6 cities, to understand barriers to and disparities in care in people with HIV and to identify potential solutions and resource needs.	**CDC**, HRSA	2022-2025

Objective 2.3: Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression and provide integrative HIV services for HIV-associated comorbidities, coinfections, and complications, including STIs

Strategy 2.3.1 Support the transition of health care systems, organizations, and clients to become more health literate in the provision of HIV prevention, care, and treatment services.

Action	Agency	Timeframe
Build the capacity of providers in the provision of HIV prevention, care, and treatment using *Let's Stop HIV Together* for Clinicians HIV Nexus website.	CDC	2022-2025

Strategy 2.3.2 Develop and implement effective, evidence-based, or evidence-informed interventions and supportive services that improve retention in care.

Action	Agency	Timeframe
Actively engage with federal partners and with tribal entities at the regional, state, and local levels on calculating and disseminating data pertaining to American Indian/Alaska Native populations on HIV incidence and prevalence, linkage to care, representation in the AIDS Drug Assistance Program, and other related metrics with bearing on access to HIV care. Use these data to inform development and implementation of effective interventions along the HIV care continuum.	IHS	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing and implementing effective, evidence-based, or evidence-informed interventions and supportive services that improve retention in care.	CDC	2022-2025

Action	Agency	Timeframe
Develop, implement, and evaluate effective, sustainable, and replicable program models and trainings that support continuity of HIV medical care for people with HIV.	CDC	2022-2025
Continue to enable consistent provision of standards-based care for beneficiaries with HIV per DHA-PI 6485.01, working toward goals of ensuring high clinical standards for HIV treatment and prevention, aligning clinical care policy and procedures across the military Services, and harmonizing administrative processes and procedures related to care of Service members with HIV.	DOD	2022-2025
Call on affinity groups to develop and implement effective local/regional models of care. Pilot use of telehealth hubs to improve HIV care and increase PrEP uptake in areas with highest incidence of HIV infection to include rural settings and design strategies for shifting operational control to individual Veterans Integrated Service Networks.	VA	2022-2025
Support the coordination, dissemination, and replication of innovative HIV care strategies through the development and dissemination of implementation tools and resources, peer-to-peer TA, and resources from innovative interventions and strategies that will assist HIV primary care providers and CBOs to address needs and gaps in the delivery of HIV care and treatment.	HRSA	2022-2025

Strategy 2.3.3 Expand implementation research to successfully adapt effective evidence-based interventions such as HIV telemedicine, accessible pharmacy services, community health workers, and others, to local environments to facilitate uptake and retention to priority populations.

Action	Agency	Timeframe
Develop a new toolkit to support the implementation of TelePrEP.	CDC	2022-2024
Design, implement, and evaluate tailored implementation strategies for rapid HIV testing and linkage to HIV treatment and PrEP and identify mechanisms for implementation of evidence-based rapid ART initiation.	CDC	2022-2025
Support demonstration projects that leverage existing data tools such as the HIV Data cube to strengthen the care continuum across VA using telehealth technologies.	VA	2022-2025
Identify and maximize the use of telehealth strategies that are most effective in improving linkage to care, retention in care, and health outcomes, including viral suppression, for people with HIV who receive services through the RWHAP.	HRSA	2022-2025
Expand implementation research to successfully adapt effective evidence-based interventions to include pharmacy-based interventions, harm reduction interventions, integrated services for people with opioid use disorder and HIV, and community health worker–led services.	NIH	2022-2025

Action	Agency	Timeframe
Fund Peer Recovery Support Services (PRSS) for MAI grantees. PRSS are designed and delivered by individuals who have lived experience with substance use disorders and recovery, as well as who are living with HIV/AIDS and taking ART and are adherent to their treatment or individuals who are HIV-negative but have lived experience with HIV prevention methodologies such as taking or have taken PrEP or other HIV risk reduction behaviors.	SAMHSA	2022-2025
Continue partnership between National Institute on Drug Abuse and National Institute of Mental Health in an initiative, "Implementation Research in HRSA Ryan White Sites: Screening and Treatment for Mental and Substance Use Disorders to Further the National Ending the HIV Epidemic Goals" to inform implementation strategies in real-world settings, including in HIV community-based organizations that are essential to HIV care.	HRSA, NIH	2022-2025

Strategy 2.3.4 Support ongoing clinical, behavioral, and other research to support retention in care, medication adherence, and durable viral suppression.

Action	Agency	Timeframe
Conduct implementation research on telehealth strategies to support retention in care and treatment among people on ART or PrEP.	CDC	2022-2025
Implement National HIV Behavioral Surveillance in 20 U.S. cities with high burden of new HIV diagnoses. Conduct rotating annual surveillance and HIV testing focused on MSM, people who inject drugs, transgender people, and heterosexually active men and women with a total target sample size of 10,000 interviews and HIV tests per year.	CDC	2022-2025
Use data from the MMP to understand barriers to and disparities in care in people with HIV and to identify potential solutions and resource needs.	**CDC**, HRSA	2022-2025
Continue to support DOD HIV research including the U.S. Military HIV Research Program.	DOD	2022-2025

Objective 2.4: Increase the capacity of the public health, health care delivery systems, and the health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with HIV

Strategy 2.4.1 Provide resources, value-based and other incentives, training, and technical assistance to expand workforce and systems capacity to provide or link clients to culturally competent and linguistically appropriate care, treatment, and supportive services especially in areas with shortages that are geographic, population, or facility based.

Action	Agency	Timeframe
Develop and conduct new regional communities of practice and TA to support the status-neutral, gender-affirming delivery of HIV testing, prevention, treatment, and care services for transgender persons.	CDC	2022-2023

Action	Agency	Timeframe
Continue to implement elements of an optimal HIV PrEP program as described in DHA-PI 6025.29, such as including clinic staff and providers who can provide HIV PrEP adherence and risk reduction counseling and who are culturally competent to provide care to patients in the LBGT community.	DOD	2022-2023
Provide HIV oral health care and provider education and clinical training to RWHAP Part F Community-Based Dental Partnership Programs, especially to those practicing in community-based settings, to care for persons with HIV.	HRSA	2022-2023
Ensure that MAI grantees are availing themselves of the availability to spend up to 15% of grant awards to provide training/workforce development to help staff or other providers to address community mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.	SAMHSA	2022-2023
Expand capacity of physicians (and other health care providers) through expert consultation with monthly virtual teleECHO clinics and provide customized and ongoing in-person and virtual training for physicians and members of their teams to support them in delivering HIV care.	IHS	2022-2024
Scale up HIV treatment capacity throughout IHS, tribal, and urban Indian health systems via virtual clinical trainings, telehealth clinics, and teleconsultation support. Continue development of algorithm to see where people stand in HIV care.	IHS	2022-2024
Continue ECHO initiative on providing transgender and gender-affirming care in IHS clinics and facilities.	IHS	2022-2024
Provide funding, programmatic oversight, TA, and performance monitoring for the Capacity Building Assistance Provider Network to develop, deliver, and market national training, regional TA, and the National Learning Community for HIV CBO Leadership.	CDC	2022-2024
Initiate a RWHAP Part D Community of Practice to increase the delivery of evidenced-informed, emerging interventions and best practices that enhance client outcomes, increase the skill level of the HIV workforce providing care and treatment to women, infants, children, and youth, and involve partner collaboration for dissemination of best practices.	HRSA	2022-2025
Continue partnership between HRSA/HAB and HRSA/BHW to disseminate TA tools and resources to address provider burnout and promote provider resiliency by disseminating education materials and evidence-informed or evidence-based strategies to RWHAP providers, recipients, and stakeholders.	HRSA	2022-2025

Strategy 2.4.2 Increase the diversity of the workforce of providers who deliver HIV and supportive services.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including increasing the diversity of the workforce of providers who deliver HIV care and supportive services.	CDC	2022-2025
Increase the number of Native providers in the health care system and the number of Native non-licensed paraprofessionals in HIV prevention and linkage to care.	IHS	2022-2025

Strategy 2.4.3 Increase inclusion of paraprofessionals on teams by advancing training, certification, supervision, reimbursement, and team functioning to assist with screening/management of HIV, STIs, viral hepatitis, and substance use disorder and other behavioral health conditions.

Action	Agency	Timeframe
Implement national certification for the DIS workforce to validate the knowledge, skills, and abilities of DIS. Improve public health services provided to communities by DIS through a high-quality, standardized approach to the professional development of this workforce.	CDC	2022-2025
Support grant recipients funded under the MAI program to include peer recovery support services as part of the bundle of services offered to clients. Examples of peer recovery support services include peer mentors, recovery coaches, or recovery support specialists.	SAMHSA	2022-2025
Collaborate with paraprofessionals to support HIV care with education, home visits, and other case management support through the Healthtech program in Navajo Nation. Train community health representatives/aides on PrEP and HIV care navigation.	IHS	2022-2025

Objective 2.5: Expand capacity to provide whole-person care to older adults with HIV and long-term survivors

Strategy 2.5.1 Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services.

Action	Agency	Timeframe
Assess the current capacity of the aging network to serve older adults with HIV/AIDS and report on identified areas for enhancement and improvement.	ACL	2022

Action	Agency	Timeframe
Identify opportunities to strengthen the capacity of the aging services network to meet the needs of older adults with HIV/AIDS through coordination across its multiple TA resource centers.	ACL	2022-2025
Continue to provide Disease Prevention and Health Promotion Programs to support people aging with HIV.	ACL	2022-2025
Fund RWHAP Special Projects of National Significance to implement, evaluate, and disseminate emerging strategies that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV.	HRSA	2022-2025

Strategy 2.5.2 Identify and implement best practices related to addressing psychosocial and behavioral health needs of older people with HIV and long-term survivors including substance use treatment and programs designed to decrease social isolation.

Action	Agency	Timeframe
Assist states in the implementation of the 2021 State Plan Guidance provisions related to equity and older adults with HIV.	ACL	2022-2025
Work with VA HIV affinity groups to identify, collect, and disseminate information about implementation strategies to highlight promising practices and to scale these practices for people with HIV.	VA	2022-2025
Conduct and report on meta-analyses and modeling research to measure the effectiveness of interventions focused on the socio-behavioral health needs and long-term survival of people with HIV.	**NIH**, VA	2022-2025

Strategy 2.5.3 Increase HIV awareness, capability, and collaboration of service providers to support older people with HIV, including in settings such as aging services, senior housing, substance use treatment, and disability and other medical services.

Action	Agency	Timeframe
Adapt and distribute HIV educational materials for older adults developed by CDC and HRSA for use by HUD housing providers.	HUD	2022-2023
Identify opportunities to strengthen the capacity of the aging services network to meet the needs of older adults with HIV/AIDS through coordination across multiple TA resource centers.	ACL	2022-2025
Produce and distribute public-facing educational campaigns aimed at raising awareness about aging and HIV in VA health care settings.	VA	2022-2025

Action	Agency	Timeframe
Provide TA to RWHAP providers through the Access, Care, and Engagement Technical Assistance Center to provide education and training on Medicare eligibility pathways for people with HIV.	HRSA	2022-2025

Strategy 2.5.4 Promote research, cross-agency collaborations, and sharing of research discoveries that address specific aging-related conditions in people with HIV, and other comorbidities and coinfections that can impact people with HIV of all ages.

Action	Agency	Timeframe
Continue to work through the DOD HIV/AIDS Prevention Program, implementing the President's Emergency Plan For AIDS Relief (PEPFAR) in coordination with the Department of State, U.S. Agency for International Development, HHS, and the Peace Corps to stop the spread of the AIDS virus and reach sustainable epidemic control of the HIV/AIDS epidemic.	DOD	2022-2025
Promote research, cross-agency collaborations, and sharing of research discoveries specific to HIV and aging.	NIH	2022-2025
Support the publication of select HIV Clinical Guidelines related to HIV across the lifespan.	NIH	2022-2025
Support data repositories, conduct analyses, and expand information dissemination efforts across NIH-funded HIV and aging research related to aging, comorbidities, and coinfections to monitor the coverage of this topic within the research portfolios of NIH Institutes, Centers, and Offices.	NIH	2022-2025
Support ongoing information and specimen repositories, cohort data and dissemination platforms to promote the sharing of HIV research, including populations with substance use disorders, HIV-related comorbidities, and aging-related health conditions.	NIH	2022-2025
Continue collaboration between VA and NIH on the Veteran's Aging Cohort Study, which studies Veterans over the age of 50 with HIV and compares health outcomes to Veterans without HIV as a control group to better define the HIV-related and HIV-unrelated morbidity in aging populations with HIV.	VA	2022-2025

Strategy 2.5.5 Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing people living with HIV at various life stages.

Action	Agency	Timeframe
Continue partnership between HRSA and ACL to increase awareness of, and coordination among, federal and state services that improve the psychosocial and health outcomes of older adults who are aging with HIV in the RWHAP and ACL aging services network.	**HRSA**, ACL	2022-2024
Collaborate among ACL, CDC, HRSA, NIH, and SAMHSA to develop and monitor indicators to measure quality of life for people with HIV in the NHAS.	ACL, CDC, HRSA, NIH, SAMHSA	2022-2025

Objective 2.6: Advance the development of next-generation HIV therapies and accelerate research for HIV cure

Strategy 2.6.1 Promote research and encourage public-private partnerships to accelerate new therapies to achieve sustained viral suppression and to address drug toxicity, viral resistance, adherence, and retention in care and stigma associated with ART use.

Action	Agency	Timeframe
Support research on the various forms of stigma and their impact on HIV prevention and treatment, especially among priority populations.	NIH	2022-2025
Continue support for research through the clinical trials networks focused on HIV therapeutics including long-acting injectables, broadly neutralizing antibodies, tri-specific antibodies, subdermal implants, drug resistance, medication side effects; evaluate point-of-care modalities for determination of viral load and ARV-level testing to monitor and support treatment adherence.	NIH	2022-2025
Continue to support the expansion of therapeutics for the treatment of HIV, including HIV cure. Through all stages of drug development, FDA independently provides valuable advice to facilitate the advancement of new safe and effective products. FDA independently reviews available data to assess the benefits and risks for products and to determine whether products meet the regulatory safety and effectiveness standards for approval. For approved products, FDA continues to review any new data and update product labeling, when warranted.	FDA	2022-2025

Strategy 2.6.2 Increase investment in innovative basic and clinical research to inform and accelerate a research agenda to discover how to sustain viral suppression, achieve ART-free remission, reduce and eliminate viral reservoirs, and achieve HIV cure.

Action	Agency	Timeframe
Invest in innovative basic and clinical research to achieve an HIV cure, including development of in vivo delivery of gene therapeutics and biologics for sustained HIV remission to achieve sustained viral suppression, and reduce and eliminate viral reservoirs, and achieve an HIV cure.	NIH	2022-2024
Support research on sex differences in HIV latency and impact on the immune system.	NIH	2022-2025
Develop protocols and identify models to advance the use of long-acting injectable ART in the RWHAP to maximize health outcomes and mitigate disparities among people with HIV.	HRSA	2022-2025

GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

Objective 3.1: Reduce HIV-related stigma and discrimination

Strategy 3.1.1 Promote compliance with civil rights laws (including language access services and disability rights), promote reform of state HIV criminalization laws, and assist states in protecting people with HIV from violence, retaliation, and discrimination associated with HIV status, homophobia, transphobia, xenophobia, racism, substance use, and sexism.

Action	Agency	Timeframe
Lead the HHS implementation of EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation; and revise the HHS/OCR Complaint and Assurance of Compliance Forms.	HHS/OCR	2022-2024
Continue to implement federal laws prohibiting employment discrimination on the basis of a person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 and older), disability, or genetic information, including discrimination associated with HIV status.	EEOC	2022-2024
Reach and educate more stakeholders about the employment nondiscrimination rights of applicants and employees with HIV/AIDS by translating into additional languages the agency's technical assistance publications on HIV/AIDS protections under Title I of the ADA.	EEOC	2022-2024
Engage in continuing outreach and education presentations regarding rights and responsibilities under Title I of the ADA.	EEOC	2022-2024

Action	Agency	Timeframe
Improve language access services through the translation of documents and materials related to race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity) discrimination and harassment; the provision of in-person and telephonic interpreter services; and the distribution of program information and public outreach materials in other languages.	ED/OCR, HHS/OCR	2022-2024
Develop research to understand HIV stigma in the American Indian/Alaska Native community.	**IHS**, NIH	2022-2024
Track, assess, and publish data on statutes used to criminalize HIV exposure in the 50 states, District of Columbia, and Puerto Rico, and their alignment with current scientific evidence on HIV prevention, treatment, and transmission, with a focus on those within state and local criminal justice systems, legislative systems, and law enforcement.	CDC	2022-2025
Work with partners to develop and disseminate a tool for policymakers to assess intersections of their HIV criminalization and data privacy laws to determine alignment with science.	CDC	2022-2025
Continue robust enforcement of all civil rights laws over which DOJ/CRD has jurisdiction, including those that protect people from violence, retaliation, and discrimination associated with HIV status, homophobia, transphobia, xenophobia, racism, substance use, and sexism.	DOJ	2022-2025
Improve health care access and reduce HIV-related stigma and discrimination in the U.S. health care system. HHS/OCR is also engaged in rulemaking efforts to implement Section 504 of the Rehabilitation Act, which prohibits discrimination on the basis of disability (including HIV) in programs or activities receiving federal financial assistance, and Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of race, color, national origin, disability, age, and sex in covered health programs or activities.	**HHS/OCR**, DOJ	2022-2025

Strategy 3.1.2 Ensure that health care professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQ people, immigrants, people who use drugs, and people involved in sex work.

Action	Agency	Timeframe
Work on reduction of paraphernalia laws and increase in drug user health access.	IHS	2022
Provide training to RWHAP recipients to facilitate and accelerate the implementation of recent guidance that outlines how the RWHAP can be used to provide gender-affirming care to address the unique care and treatment needs of people with HIV.	HRSA	2022-2023
Develop new resources to address stigma and promote inclusive HIV prevention, treatment, and care among health care providers.	CDC	2022-2025
Develop a presentation for use in BOP training programs on stigma and effective communication.	DOJ	2022-2025

Strategy 3.1.3 Support communities in efforts to address misconceptions and reduce HIV-related stigma and other stigmas that negatively affect HIV outcomes.

Action	Agency	Timeframe
Develop an anti-stigmatization campaign based on stigma survey research.	IHS	2022-2023
Develop a training and TA program to reduce stigmatization of people with HIV on multiple levels throughout the health care delivery system, including on an individual client level, which focuses on implementing various stigma-reducing approaches with an emphasis on cultural humility.	HRSA	2022-2024
Reach the general public and priority populations with communication messages and tools that are focused on reducing stigmatization and basic HIV education and awareness; support partnership outreach efforts to extend the reach of the *Let's Stop HIV Together* campaign.	CDC	2022-2025
Conclude the HIV Challenge to identify innovative and practical community-generated approaches to engaging and mobilizing communities to reduce HIV stigmatization and disparities and increase prevention and treatment among racial and ethnic minority communities. Support successful participants in disseminating their approaches, share lessons learned in conducting the challenge, and explore opportunities to adapt the approach for other priority HIV topics or audiences, funding permitting.	OIDP	2022-2025

Action	Agency	Timeframe
Distribute a plain language, user-friendly fact sheet on HIV discrimination under the ADA at applicable conferences and other outreach opportunities, in both English and Spanish. Encourage other federal agencies to disseminate the fact sheet through their networks, websites, and other relevant outlets.	**DOJ**, ACL, CDC, DOL, HHS/OCR, HRSA, HUD, SAMHSA, VA	2022-2025
Continue to improve online resources and TA documents pertaining to HIV discrimination that are provided through DOJ webpages and ensure that they are culturally competent, linguistically appropriate, and accessible. Encourage widespread dissemination and copying of those resources.	DOJ	2022-2025
Identify and share successful strategies for community engagement in planning, development, and implementation of HIV care and treatment strategies among RWHAP and EHE initiative recipients.	HRSA	2022-2025

Strategy 3.1.4 Ensure resources are focused on the communities and populations where the need is greatest, including Black, Latino, and American Indian/Alaska Native and other people of color, particularly those who are also gay and bisexual men, transgender people, people who use substances, sex workers, and immigrants.

Action	Agency	Timeframe
Develop stigma reduction messaging for American Indian/Alaskan Native men who have sex with men to promote and increase participation, access, and treatment for HIV, STI, hepatitis C virus (HCV), and substance use disorders. IHS will emphasize inclusion of Native men who have sex with men populations in the design and dissemination of educational and prevention materials.	**SAMHSA**, IHS, NIH	2022-2024
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including ensuring resources are focused on the communities and populations where the need is greatest in the community.	CDC	2022-2025
Provide data to CDC, HRSA, and HUD for funding allocation. Use health disparity measures, equity distribution index/social vulnerability index, and factors for special consideration to address health disparities.	CDC	2022-2025
Co-create outreach and engagement strategies with existing collaborators (tribal health boards, IHS National Committee on Heroin, Opioids and Pain Efforts, and others) to increase participation in, and access to treatment for American Indian/Alaska Native people at risk for HIV, as well as STIs, HCV, and substance use disorders.	IHS	2022-2025

Action	Agency	Timeframe
Create Notices of Funding Opportunity that target the syndemic of HIV, viral hepatitis, mental illness, and substance use disorders and provide additional points for applicants in EHE priority jurisdictions.	SAMHSA	2022-2025
Encourage each SAMHSA grant recipient to submit a Disparity Impact Statement, which ensures that SAMHSA grants are inclusive of underserved racial and ethnic minority populations in their services, infrastructure, prevention, and training grants. The Statement creates a structured checkpoint in discussions between grant recipients and SAMHSA staff. By tracking grant progress toward meeting the goals set in the Statement, SAMHSA staff can determine what quality improvement responses are necessary to better serve underserved subpopulations.	SAMHSA	2022-2025
Create Notices of Funding Opportunities that target the syndemic of HIV, viral hepatitis, mental illness, and substance use disorders that reserve grant awards set aside for American Indian/Alaskan Native tribes and tribal organizations.	**SAMHSA**, IHS, NIH	2022-2025

Strategy 3.1.5 Create funding opportunities that specifically address social and structural drivers of health as they relate to communities and persons experiencing most risk, including Black, Latino, and American Indian/Alaska Native and other people of color.

Action	Agency	Timeframe
Support new and innovative observational and interventional HIV-centered research on factors associated with substance use disorders, alcohol use disorder, mental health disorders and other co-occurring conditions experienced by communities heavily impacted by HIV.	NIH	2022-2025
Support mentored, community-based research projects co-led by trainees, who may belong to underrepresented minority populations, to engage in HIV science and to help develop pathways for successful careers in science and medicine through partnerships with Historically Black Colleges and Universities and other Minority-Serving Institutions.	NIH	2022-2025
Stimulate new observational and intervention research on structural factors, episodic and long-term substance use with associated behavioral and biological risks, organizational practices, policies, and other influences that lead to inequities among racial/ethnic underserved populations affected by persistent HIV disparities.	NIH	2022-2025
Produce the Stigma and Discrimination Toolkit to form a collection of theories, models, frameworks, measures, methods, and interventions that can be applied across populations and conditions to help reduce the impact of stigma and discrimination.	NIH	2022-2025

Action	Agency	Timeframe
Support HIV-related projects on health inequities among women of color in the United States.	NIH	2022-2025
Fund CBOs to deliver HIV prevention activities for communities heavily impacted by HIV, including young gay and bisexual men of color and transgender people of color.	CDC	2022-2025
Provide training and TA to support CDC-funded activities with health departments and CBOs on implementation of interventions and strategies for communities heavily impacted by HIV.	CDC	2022-2025
Create systems and programs that address social and structural drivers of HIV through EHE Funding Opportunities.	IHS	2022-2025

Objective 3.2: Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum

Strategy 3.2.1 Increase awareness of HIV-related disparities through data collection, analysis, and dissemination of findings.

Action	Agency	Timeframe
Integrate social determinants of health into HIV-related data reports.	VA	2022-2024
Continue to support several ongoing projects involving HIV research data repositories and dissemination.	NIH	2022-2025
Support several platforms through various data repositories and other mechanisms to disseminate HIV research findings relevant to populations disproportionately impacted by HIV.	NIH	2022-2025
Conduct analyses of scientific literature, surveillance data, and other national datasets to develop and publish manuscripts addressing social and structural barriers related to HIV and the goals of the EHE initiative.	CDC	2022-2025
Implement the CDC/DHP Equity Plan, which addresses a range of activities including, but not limited to (1) integrating health equity data measurements into the HIV surveillance systems, (2) conducting modeling analysis to identify strategies for reducing racial/ethnic disparities, (3) updating health equity communication content, and (4) adopting a priority populations list.	CDC	2022-2025
Use data from the MMP, a nationally representative surveillance system conducted annually by 16 states, Puerto Rico, and 6 cities, to understand barriers to and disparities in care in people with HIV and to identify potential solutions and resource needs.	CDC	2022-2025

Action	Agency	Timeframe
Provide regularly updated HIV testing and HIV continuum of care reports at the national, Veterans Integrated Services Network, and facility levels, with data organized by gender, race, and ethnicity.	VA	2022-2025
Maintain and update VHA's national HIV database, accessible to all VHA employees.	VA	2022-2025

Strategy 3.2.2 Develop new and scale up effective, evidence-based or evidence-informed interventions to improve health outcomes among priority populations and other populations or geographic areas experiencing disparities.

Action	Agency	Timeframe
Adapt a facilitation manual to work with low-adopting sites in the geographic South of the United States to increase PrEP prescribing with a focus on reaching historically underserved populations and improving equity of prescribing and outreach. Four VA Medical Centers will receive 6 months of intensive intervention through this project.	VA	2022
Disseminate evidence-informed interventions that reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression among transgender women and Black men who have sex with men who have HIV.	HRSA	2022-2024
Implement evidence-based strategies in high-risk communities that address the risk factors of the targeted population.	SAMHSA	2022-2024
Support and expand research in NIH-funded institutions and research centers to enhance the implementation science knowledge base needed for EHE, particularly for communities disproportionately impacted by HIV.	NIH	2022-2025
Conduct research for the development of effective solutions through principle-driven behavioral and biomedical interventions, programs, or practices for priority populations that experience disparities.	NIH	2022-2025
Partner with early-career investigators to address pertinent implementation science and research questions related to HIV prevention and care services in disproportionately impacted communities.	CDC	2022-2025
Continue the standards-based clinical management of HIV to optimize care for Service members with HIV, prevent secondary transmission, and reduce variability in the provision of clinical care for HIV in the Military Health System according to DOD policies.	DOD	2022-2025

Objective 3.3: Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV

Strategy 3.3.1 Create and promote public leadership opportunities for people with or who experience risk for HIV.

Action	Agency	Timeframe
Support leadership development and enhance community engagement for people with HIV in health care planning and programs, while focusing on improving organizational readiness and strengthening the capacity of RWHAP recipients to employ people with HIV.	HRSA	2022-2024
Conduct the National Learning Community for HIV CBO Leadership. This distance-learning program helps program managers at CDC-funded CBOs improve the quality of their HIV prevention programs and the sustainability of their organizations and includes expert instruction, mentoring, resource sharing, and peer-to-peer learning and support for managing people, programs, and organizations.	CDC	2022-2025
Support community leaders and clinicians (i.e., Community and Clinical Ambassadors) who represent and/or serve communities disproportionately impacted by HIV.	CDC	2022-2025
Partner with IHS to ensure engagement of American Indian/Alaska Native participation in leadership development and stigma-related TA.	**HRSA**, IHS	2022-2025
Undertake efforts to ensure racial and LGBTQ+ equity in access to Housing Opportunities for Persons With AIDS housing and services.	HUD	2022-2025
Incentivize communities using points when establishing the score on a Notice of Funding Opportunity to appropriately address inequities to achieve positive service and housing outcomes for Black, Indigenous, Hispanic (non-white), and LGBTQ+ individuals and increase engagement of people with lived experience in program planning.	HUD	2022-2025
Increase the number of Equal Access Rule and Fair Housing Act trainings to Office of Special Needs housing programs to increase safety and inclusive housing for Black, Indigenous, Hispanic (non-white), and LGBT individuals.	HUD	2022-2025
Hire Peers as outreach workers and evaluators on federally funded HIV programs to conduct case management and follow-up activities in high-risk communities.	SAMHSA	2022-2025

Strategy 3.3.2 Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors.

Action	Agency	Timeframe
Support organizations in the implementation of status-neutral HIV prevention programming	CDC	2022-2025
Partner with service delivery agencies and programs (e.g., CDC, HRSA, SAMHSA, DOL, VA, ACL, and Social Security Administration) to inform those agencies' staff and grant recipients about federal civil rights protections for people with HIV.	**DOJ**, ACL, CDC, DOL, HRSA, HUD, SAMHSA, VA	2022-2025

Objective 3.4: Address social determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities

Strategy 3.4.1 Develop whole-person systems of care and wellness that address co-occurring conditions for people with or who experience risk for HIV.

Action	Agency	Timeframe
Implement a new system of care focused on whole health.	VA	2022
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing whole-person systems of care and wellness that address co-occurring conditions for people with or who experience risk for HIV.	CDC	2022-2025
Continue the clinical management of HIV to optimize care for Service members with HIV, prevent secondary transmission, and reduce variability in the provision of clinical care for HIV in the Military Health System according to DHA-PI 6485.01.	DOD	2022-2025
Fund states, cities, and CBOs to provide access to a comprehensive system of care that includes targeted HIV testing and linkage to care and treatment services in order to continue to drive improvements in health outcomes and quality of life among people with HIV.	HRSA	2022-2025

Strategy 3.4.2 Adopt policies that reduce cost, payment, and coverage barriers to improve the delivery and receipt of services for people with or who experience risk for HIV.

Action	Agency	Timeframe
Partner with HUD and CDC to explore opportunities to expand HIV education, testing, and training to address stigma and other access barriers for people at risk for and with HIV in HUD-assisted housing.	**HRSA**, CDC, HUD	2022

Action	Agency	Timeframe
Take steps to promote food and nutrition security, dismantle access barriers, and reduce nutrition disparities that negatively impact health for LGBTQI+ people. Equitable and consistent access to safe, healthy, affordable food is essential to optimal health and well-being. USDA will share information related to any related policy and/or program changes with federal partners working to implement the NHAS.	USDA	2022
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including adopting and evaluating policies that reduce cost, payment, coverage, and/or access barriers to improve the delivery and receipt of services for people with or who experience risk for HIV.	CDC	2022-2025

Strategy 3.4.3 Improve screening and linkage to services for people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including improving screening and linkage to services for people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions.	CDC	2022-2025
Incorporate HIV testing and PrEP into SSPs to improve linkage for people who inject drugs.	**VA**, SAMHSA	2022-2025
Pursue opportunities to integrate consideration of HIV prevention, care, and common comorbidities/co-occurring conditions in ongoing work to improve preventive health services access, address social determinants of health and a whole-of-government federal plan for equitable long-term recovery and resilience that is aligned with the Seven Vital Conditions for Health and Well-Being framework. Promote alignment of the *Healthy People 2030* HIV and related objectives and resources with the NHAS.	OASH	2022-2025
Support grant recipients that serve people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions such as mental disorders or substance use disorders to ensure that clients are tested for HIV and receive linkage to prevention or treatment services as appropriate.	SAMHSA	2022-2025

Strategy 3.4.4 Develop and implement effective, evidence-based and evidence-informed interventions that address social and structural determinants of health among people with or who experience risk for HIV including lack of continuous health care coverage, HIV-related stigma and discrimination in public health and health care systems, medical mistrust, inadequate housing and transportation, food insecurity, unemployment, low health literacy, and involvement with the justice system.

Action	Agency	Timeframe
Coordinate on a targeted initiative for youth in HUD-assisted housing programs to increase access to age-appropriate information regarding HIV, STI, and unplanned pregnancy prevention tools and to resources to increase participants' (1) awareness of personal risk and prevention options and (2) motivation for and skills to implement prevention behaviors.	**HUD**, CDC	2022
Partner to identify best practices and explore opportunities to expand HIV education and training around trauma-informed practices to address stigma and other access barriers for people with HIV and priority populations seeking HUD-assisted housing.	**HUD**, CDC, HRSA, SAMHSA	2022
Review and update DOL's Job Accommodation Network (AskJAN) resource "Accommodation and Compliance Series: Employees with Human Immunodeficiency Virus (HIV)." Explore opportunities to update and align other information on the AskJAN website and raise awareness of this resource via a blog post.	DOL	2022-2023
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing and implementing effective, evidence-based and evidence-informed interventions that address social and structural determinants of health among people with or who experience risk for HIV.	CDC	2022-2025
Expand local coordination in HIV clusters and outbreaks where social and structural determinants of health are identified factors, including homelessness or unstable housing.	CDC	2022-2025
Promote compliance with disability discrimination law to address stigma in public health and health care systems, benefits administration, housing, transportation, and corrections.	DOJ	2022-2025
Continue to support research on approaches to address socio-structural determinants of HIV and delineate how factors such as substance use, food insecurity, housing, stigma, discrimination, involvement with the justice system, and medical misinformation impact health and HIV outcomes.	NIH	2022-2025
Address HIV stigmatization by implementing information and training strategies, utilizing interagency partners' curriculum under development. This work will include adapting materials to target public housing agencies and public child welfare agencies.	HUD	2022-2025
Increase opportunities for subject matter experts to provide feedback on Office of Special Needs guidance and supporting materials at every stage of planning and implementation.	HUD	2023-2025

Strategy 3.4.5 Increase the number of schools that have implemented age-appropriate LGBTQ-supportive policies and practices, including (1) having a Gay/Straight Alliance (GSA), Gender Sexuality Alliance, or similar clubs, (2) identifying safe spaces, (3) adopting policies expressly prohibiting discrimination and harassment based on sexual orientation or gender identity, (4) encouraging staff to attend professional development, (5) facilitating access to out-of-school health service providers, (6) facilitating access to out-of-school social and psychological service providers, and (7) providing LGBTQ-relevant curricula or supplementary materials.

Action	Agency	Timeframe
Encourage schools to foster safe, supportive school environments by adopting and implementing age-appropriate LGBTQ-inclusive policies and practices in funded program model through CDC/DASH.	CDC	2022-2025
Distribute DOJ's and ED/OCR's joint resource guide for students and families on confronting anti-LGBTQI+ harassment in schools at applicable conferences and other outreach opportunities. Encourage other federal agencies to disseminate the resource guide through their networks, websites, and other relevant outlets.	**DOJ**, ED/OCR	2022-2025
Continue robust enforcement of Title IX of the Education Amendments of 1972 and Title IV of the Civil Rights Act of 1964, which prohibit sex discrimination, as well as the ADA and other civil rights laws that protect LGBTQI+ students. Continue to investigate allegations of sex discrimination and harassment in schools, including policies and practices that discriminate against LGBTQI+ students.	**DOJ**, ED/OCR	2022-2025

Strategy 3.4.6 Develop new and scale up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and transgender women and gay and bisexual men.

Action	Agency	Timeframe
Support collaboration between housing, health care, and other critical NHAS partners to identify housing and service performance indicators that will allow for greater specificity in local and national homelessness planning and response efforts and the identification of effective strategies.	HUD	2022-2023
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including developing new and scaling up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and transgender women and gay and bisexual men.	CDC	2022-2025

Action	Agency	Timeframe
Fund initiatives that address socio-cultural health determinants, expand the delivery and utilization of comprehensive HIV care and treatment services, support continuous engagement in care, and reduce disparities in health outcomes for Black women with HIV in a culturally sensitive and responsive manner.	HRSA	2022-2025
Establish partnerships that will co-create educational materials with NHAS partners that promote effective interventions to address the intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender.	HUD	2022-2025

Objective 3.5: Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including healthcare workers, researchers, and community partners, particularly from underrepresented populations

Strategy 3.5.1 Promote the expansion of existing programs and initiatives designed to strengthen the network of non-white research and health professionals.

Action	Agency	Timeframe
Support internship opportunities for eligible undergraduate and graduate students enrolled in the CDC Undergraduate Public Health Scholars (CUPS) Program to increase student interest in minority health and other health professions and the Minority HIV/AIDS Research Initiative (MARI).	CDC	2022-2023
Continue to support highly meritorious HIV research conducted by investigators at research centers, including in Minority-Serving Institutions.	NIH	2022-2024
Support programs for early-career HIV investigators, including groups underrepresented in biomedical, behavioral, clinical, and social sciences research, in for scientific exchanges, networking, and collaborations to sustain and expand the HIV research workforce.	NIH	2022-2025

Strategy 3.5.2 Increase support for the implementation of mentoring programs for individuals who represent communities disproportionately impacted by HIV to expand the pool of HIV research and health professionals.

Action	Agency	Timeframe
Conduct the National Learning Community for HIV CBO Leadership. This distance-learning program, developed in response to input from CBOs, helps senior- and mid-level program managers at CDC-funded CBOs improve the quality of their HIV prevention programs and the sustainability of their organizations. The program includes expert instruction, mentoring, and resource sharing as well as peer-to-peer learning and support opportunities for managing people, programs, and organizations.	CDC	2022-2024

Action	Agency	Timeframe
Recruit, mentor, and train participants enrolled in the CDC HIV Prevention in Communities of Color Postdoctoral Fellowship program to conduct domestic HIV prevention research in communities disproportionately impacted by HIV.	CDC	2022-2025
Recruit and support community leaders and clinicians (i.e., Community and Clinical Ambassadors) who represent and/or serve communities disproportionately impacted by HIV.	CDC	2022-2025
Continue support for mentorship programs that provide multidisciplinary training, guidance, and funding to early-career investigators, including those from Historically Black Colleges and Universities and other Minority-Serving Institutions, who focus their research on high-priority HIV science.	NIH	2022-2025

Strategy 3.5.3 Encourage the implementation of effective recruitment of community partners through community-based participatory research and social networking approaches.

Action	Agency	Timeframe
Target training efforts of the RWHAP AIDS Education and Training Center in areas of high HIV incidence or areas identified as having a shortage of needed HIV care workforce.	HRSA	2022-2024
Ensure that the principles of community involvement are the foundation for all community engagement activities in NIH HIV research to facilitate community participation throughout the research process. Continue to promote the active engagement of community members and young adults in HIV research, including clinical trials networks, through community advisory boards and working groups.	NIH	2022-2025
Continue to conduct listening sessions and site visits, to increase engagement with community members from various backgrounds to inform HIV research priorities.	NIH	2022-2025
Provide resources that include information on effective community engagement strategies for research.	NIH	2022-2025
Develop an issue brief and disseminate findings to support rural organizations to effectively develop an integrated rural HIV health network to provide HIV care and treatment services to people with HIV.	HRSA	2022-2025

Objective 3.6: Advance HIV-related communications to achieve improved messaging and uptake, as well as to address misinformation and health care mistrust

Strategy 3.6.1 Develop and test strategies to promote accurate creation, dissemination, and uptake of information and to counter associated misinformation and disinformation.

Action	Agency	Timeframe
Support research that seeks to understand underlying mechanisms of misinformation and disinformation as well as develop interventions to counter misinformation of science.	NIH	2022-2025
Convene a CDC/DHP working group to direct strategies that increase confidence and stimulate demand for key prevention interventions.	CDC	2022-2025
Continue to implement interventions, testing, education, and training on the prevention of transmission of HIV infection as described in DODI 485.01, DHA-PI 6025.29, and DHA-PI 6485.01.	DOD	2022-2025

Strategy 3.6.2 Increase diversity and cultural competence in health communication research, training, and policy.

Action	Agency	Timeframe
Establish and sustain a fellowship program recruiting a diverse group of recent graduates to train in the areas of HIV communication research and implementation.	CDC	2022-2025

Strategy 3.6.3 Expand community engagement in health communication initiatives and research.

Action	Agency	Timeframe
Host community listening sessions and seek input from community partners (funded and unfunded) to build reciprocal channels of communication for development and dissemination of campaign resources and activities, with the goal of reducing health disparities and building self-and community-efficacy.	CDC	2022
Identify and support partners (e.g., Partnering and Communicating Together partners) and trusted leaders (i.e., Community and Clinical Ambassadors) who represent and/or serve African Americans, Latinos, LGBT individuals, and other communities disproportionately impacted by HIV to extend the reach of the *Let's Stop HIV Together* campaign and other HIV prevention messaging and resources.	CDC	2022-2025

Action	Agency	Timeframe
Conduct community engagement activities to directly engage RWHAP stakeholders, recipients, and nontraditional organizations in order to share key messages about HIV care and support and the RWHAP in order to better engage those out of care.	HRSA	2022-2025
Continue to provide updates to RWHAP grant recipients and stakeholders on program updates, new resources, federal policy updates, and grant recipient spotlights through the HAB You Heard webinar series.	HRSA	2022-2025

Strategy 3.6.4 Include critical analysis and health communication skills in HIV programs to provide participants with the tools to seek and identify accurate health information and to advocate for themselves and their communities.

Action	Agency	Timeframe
Provide TA and capacity-building assistance to partners (e.g., PACT) and trusted leaders (i.e., Community and Clinical Ambassadors) who represent and/or serve African Americans, Latinos, LGBT individuals, and other communities disproportionately impacted by HIV.	CDC	2022-2025

Strategy 3.6.5 Expand effective communication strategies between providers and consumers to build trust, optimize collaborative decision-making, and promote success of evidence-based prevention and treatment strategies.

Action	Agency	Timeframe
Continue to disseminate knowledge of HIV per DODI 6485.01, DHA-PI 6025.29, and DHA-PI 6485.01, such as providing education regarding alternative HIV prevention practices and health education programs to prevent the transmission of HIV.	DOD	2022-2023
Create and distribute resources for health care providers regarding taking sexual histories of patients in order to improve communications between providers and Veterans.	VA	2022-2024
Continue to plan and host the biennial National Ryan White Conference to deliver program and policy updates, share innovative models of care, and provide training and TA to RWHAP recipients; federal, national, state, and local stakeholders; health care and service delivery providers; and people with HIV.	HRSA	2022-2024
Provide publicly accessible HIV information, prevention and treatment resources, community engagement resources, clinical trial information, funding opportunities, clinical guidelines, and HIV research policy information.	NIH	2022-2025

Action	Agency	Timeframe
Provide partnerships with providers and educate them on effective evidence-based prevention and treatment strategies, and establish a memorandum of understanding/memorandum of agreement for referral opportunities of mutual interest.	CDC	2022-2025
Include messaging and outreach to both providers and consumers through the *Let's Stop HIV Together* campaign, aimed at increasing competence in discussing prevention and treatment strategies and in building trust and collaboration between providers and patients.	CDC	2022-2025
Evaluate the GOALS Approach to Sexual Health as an implementation strategy with four core components: (1) initiating sexual health conversations with open-ended, client-centered questions; (2) providing universal, opt-out, HIV and STI screening; (3) offering universal, rather than risk-based, PrEP education and access; and (4) using gender-affirming, non-discriminating, anti-stigmatizing, and trauma-informed language in all HIV prevention conversations with clients/patients. (PS21-002)	CDC	2022-2025

GOAL 4: ACHIEVE INTEGRATED, COORDINATED EFFORTS THAT ADDRESS THE HIV EPIDEMIC AMONG ALL PARTNERS AND STAKEHOLDERS

Objective 4.1: Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence

Strategy 4.1.1 Integrate HIV awareness and services into outreach and services for issues that intersect with HIV such as intimate partner violence, homelessness or housing instability, STIs, viral hepatitis, and substance use and mental health disorders.

Action	Agency	Timeframe
Work with VA's IPV program to develop and disseminate educational resources on IPV and HIV for Veterans.	VA	2022
Support HIV care innovation to RWHAP Part D recipients across several areas including IPV screening and counseling, transitioning youth into adult HIV care, and youth stable housing collaboration.	HRSA	2022-2023
Continue collaboration between HRSA/HAB and HRSA/OWH to disseminate effective interventions through webinars and other communication channels that address IPV experienced by women with HIV.	HRSA	2022-2023

Action	Agency	Timeframe
Develop the National Indigi-HAS (Indigenous National HIV/AIDS Strategy) strategy that encompasses HIV/AIDS, STI, HCV, social determinants of health, mental health, substance use disorders, and socio/economic factors.	IHS	2022-2023
Identify and promote successful models for ensuring access to housing, employment, and supportive services for people with HIV exiting jails and prisons.	HUD	2022-2025
Promote, through the Office of Public and Indian Housing and Office of Special Needs, the availability of and increase awareness of the Foster Youth to Independence vouchers among HIV/AIDS service providers to serve clients.	HUD	2022-2025
Utilize the Domestic Violence Housing Technical Assistance Consortium to provide training for homeless services and housing providers on serving survivors of domestic violence, sexual assault, and stalking who are living with HIV.	HUD	2022-2025
Encourage recipients of funding under the Continuum of Care Program to incorporate HIV/AIDS service organizations in local planning efforts to prevent and end homelessness.	HUD	2022-2025
Integrate HIV awareness and HIV, hepatitis C, STD, and testing services into outreach for persons experiencing homelessness served by grant recipients and provide wrap-around support services and case management as well as psychological screening and support.	SAMHSA	2022-2025
Provide training and TA to develop and enhance knowledge and skills of DIS and other public health staff providing disease intervention services to link people with or who are experiencing risk for HIV to supportive services relative to social and structural determinants such as IPV, homelessness or housing stability, STIs, viral hepatitis, and substance use and mental health disorders.	CDC	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities, including integrating programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence.	CDC	2022-2025
Continue to require grant recipients under SAMHSA's MAI grant programs in SAMHSA/CMHS, SAMHSA/CSAT, and SAMHSA/CSAP to integrate screening and linkage to services for HIV, viral hepatitis, substance use, and mental health disorders.	SAMHSA	2022-2025

Action	Agency	Timeframe
Conduct outreach, as appropriate (including at appropriate conferences), on the Fair Housing Act, the ADA, Section 504 of the Rehabilitation Act, Section 1557 of the Affordable Care Act, and other civil rights laws that prohibit housing, human services, and health care discrimination, and disability-based discrimination against individuals with HIV, viral hepatitis, and substance use and mental health disorders.	DOJ	2022-2025

Strategy 4.1.2 Implement a no-wrong-door approach to screening and linkage to services for HIV, STIs, viral hepatitis, and substance use and mental health disorders across programs.

Action	Agency	Timeframe
Continue to provide clinical evaluations, preventive medicine counseling, and screening according to DODI 6485.01, DHA-PI 6485.01, DHA-PI 6025.29, Service-specific guidance, and CDC guidelines.	DOD	2022
Fund demonstration projects that link people with HIV and HCV within the RWHAP to care by leveraging existing public health surveillance with clinical data systems and focusing on improving existing collaboration between HCV surveillance systems and RWHAP care providers.	HRSA	2022
Create guidance, as part of National TA and Capacity Building and Indigi-HAS, on access to screening for HIV/STI/HCV harm reduction and tele-mental health services. Programs will emphasize outreach and methods for ways to reach patients who cannot or will not access health care at the health facility.	IHS	2022-2025
Strengthen capacity of STD specialty clinics to link clients to HIV medical care and services for co-occurring conditions through collaborative efforts between CDC/DHP and CDC/DSTDP.	CDC	2022-2025
Support organizations in the implementation of status-neutral HIV prevention and care services.	**CDC**, HRSA	2022-2025
Fund organizations to work in transgender clinics and partner with transgender-serving CBOs to develop community-to-clinic models for integrated status-neutral HIV prevention and care services.	CDC	2022-2025
Screen and link Veterans to services across the integrated VA health care system.	VA	2022-2025

Action	Agency	Timeframe
Require grant recipients funded under the MAI to provide easily accessible HIV and viral hepatitis prevention and/or treatment services within a behavioral health care setting either in house or by referral to partner organizations. If services are offered by referral, grant recipients are required to develop memoranda of agreement with the following services as appropriate given grant activities: primary HIV treatment and care providers, including Ryan White providers, to strengthen integration of care through case management; treatment providers for referrals and linkages to follow-up care and treatment for individuals with hepatitis B or C; health care providers for referrals and linkages to PrEP; and health care providers for referrals and linkages to primary care services.	SAMHSA	2022-2025

Strategy 4.1.3 Identify and address funding, policy, data, workforce capacity, and programmatic barriers to effectively address the syndemic.

Action	Agency	Timeframe
Fund and support health departments and CBOs to identify and address funding, policy, data, workforce capacity, and programmatic barriers to effectively address the syndemic.	CDC	2022-2025

Strategy 4.1.4 Coordinate and align strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners.

Action	Agency	Timeframe
Coordinate through the National HIV Program to align strategic planning efforts on HCV, HIV, STIs, and substance use disorders and mental health across IHS and tribal partners, and national, state, and local partners when appropriate.	IHS	2022-2025
Fund and support health departments in the coordination and alignment of strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners.	CDC	2022-2025
Coordinate across CDC (DHP, DVH, DSTDP, and NCIPC/DOP) and with other federal agencies, including HRSA, to support comprehensive cluster detection and response (CDR) activities that address HIV, STIs, viral hepatitis, and substance use and mental health disorders.	**CDC**, HRSA	2022-2025
Coordinate across NIH and SAMSHA HIV programs officers to align efforts where feasible and productive.	**NIH**, SAMHSA	2022-2025

Action	Agency	Timeframe
Require grant recipients funded under the MAI to provide easily accessible HIV and viral hepatitis prevention and/or treatment services within a behavioral health care setting either in house or by referral to partner organizations. If services are offered by referral, grant recipients are required to develop memoranda of agreement with the following services as appropriate given grant activities: primary HIV treatment and care providers, including Ryan White providers, to strengthen integration of care through case management; treatment providers for referrals and linkages to follow-up care and treatment for individuals with hepatitis B or C; health care providers for referrals and linkages to PrEP; and healthcare providers for referrals and linkages to primary care services.	SAMHSA	2022-2025
Collaborate across agencies to promote efforts that address topics such as HIV health disparities research and capacity building.	NIH	2022-2025
Participate in agency-wide coordinating committees centered on HIV and women's health, communities disproportionately impacted by HIV, data science, and research infrastructure to promote developments in these areas.	NIH	2022-2025
Refresh the DHP strategic plan to include a deepened emphasis on status neutral service delivery and syndemics.	CDC	2022-2025

Strategy 4.1.5 Enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs.

Action	Agency	Timeframe
Create an electronic health record template for pre-release risk assessments across the BOP and offer nasal naloxone to any person who requests it or has a risk factor prior to release.	DOJ	2022
Continue to safeguard that naloxone is available in the pharmacy according to the Basic Core Formulary determination by the DOD Pharmacy and Therapeutics Committee according to DHA-PI 6025.07, "Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities (MTFs)."	DOD	2022
Authorize recipients of funding under SAMHSA/CSAT's MAI High Risk Populations grant program to use up to 5% of the total grant award to pay for FDA-approved medications for the treatment of substance use disorders in order to reduce drug use and risk for HIV transmission (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium, etc.) as part of a comprehensive treatment plan when the client has no other source of funds to do so (payer-of-last resort).	SAMHSA	2022-2024

Action	Agency	Timeframe
Develop patient education for populations incarcerated in BOP facilities on the risks of fentanyl/carfentanil.	DOJ	2022-2024
Provide education on overdose prevention through the SSP Affinity Group. Provide education and resources for VA providers and patients on overdose prevention through the opioid overdose education Naloxone distribution (OEND) program.	VA	2022-2025

Objective 4.2: Increase coordination among and sharing of best practices from HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with public and private health care payers, faith-based and community-based organizations, the private sector, academic partners, and the community

Strategy 4.2.1 Focus resources including evidence-based and evidence-informed interventions in the geographic areas and priority populations disproportionately affected by HIV.

Action	Agency	Timeframe
Continue CDR outreach efforts related to HIV non-discrimination, with a particular focus on southern states and other communities with high rates of HIV.	CDC	2022-2024
Develop and conduct training and TA to support implementation of HIV prevention interventions and strategies by CDC-funded organizations within geographic areas and among populations with high HIV burden.	CDC	2022-2024
Provide messaging and behavior change communication resources to reach priority populations in key geographic locations, focused on reducing HIV-related stigmatization and promoting HIV testing, prevention, and treatment, that includes culturally appropriate and empowering messaging to reach disproportionately affected populations.	CDC	2022-2025
Collaborate and communicate across agencies on the development of new initiatives that use implementation science to discover, adapt, and scale up effective evidence-based interventions to improve HIV outcomes and address health disparities. Collaborative efforts will be supported and leveraged through regular cross-agency discussions and focused meetings to ensure that implementation research aligns across federal agencies and enhances institutional capacity.	**CDC**, HRSA, NIH, SAMHSA	2022-2025
Fund and support health departments and CBOs in the implementation of HIV prevention programming in their communities and focus resources, including evidence-based and evidence-informed interventions, in the geographic areas and priority populations disproportionately affected by HIV.	CDC	2022-2025

Strategy 4.2.2 Enhance collaboration among local, state, tribal, territorial, national, and federal partners and the community to address policy and structural barriers that contribute to persistent HIV-related disparities and implement policies that foster improved health outcomes.

Action	Agency	Timeframe
Provide recurring funding opportunities to the 12 Tribal Epidemiology Centers to increase their capacity to investigate new HIV infections, respond to outbreaks, and capture data related to HCV, STIs, and other comorbidities, in their respective jurisdictions, focusing on tribal capacity building and tribal community planning and ensuring American Indian/Alaska Native community-specific social norms.	IHS	2022-2025
Fund and support health departments in strengthening collaborations across local, state, tribal, territorial, national, and federal partners and the community to address policy and structural barriers that contribute to persistent HIV-related disparities and implement policies that foster improved health outcomes.	CDC	2022-2025
Continue to jointly convene the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment to advise the HHS Secretary, CDC Director, and the HRSA Administrator regarding objectives, strategies, policies, and priorities for HIV, viral hepatitis, and STD prevention and treatment efforts.	**CDC**, HRSA	2022-2025

Strategy 4.2.3 Coordinate across partners to quickly detect and respond to HIV outbreaks.

Action	Agency	Timeframe
Develop and conduct regional TA webinars to support implementation of local cluster detection and response plans.	CDC	2022-2024
Expand state and local expertise to engage with communities with HIV and those who could benefit from prevention, cultivate real-world best practices, pilot new approaches to CDR, disseminate information about response interventions, and evaluate the impact of CDR, including by funding health department centers of excellence for CDR.	CDC	2022-2025
Continue to collaborate with CDC and other federal partners, in addition to state and local health departments, to formalize a more comprehensive, coordinated approach to respond to HIV clusters and outbreaks, provide trainings to health care providers, and address more upstream social determinants of health.	**HRSA**, CDC, HUD	2022-2025

Strategy 4.2.4 Support collaborations between community-based organizations, public health organizations, education agencies and schools, housing providers, and health care delivery systems to provide linkage to and delivery of HIV testing, prevention, care, and treatment services as well as supportive services.

Action	Agency	Timeframe
Expand current program to standardize process for BOP social worker evaluation for all inmates with HIV releasing within 6 months to link to care upon release.	DOJ	2022-2025
Support through DOI/BIA, in collaboration with IHS, a review and possible refinement of pre-release planning for all individuals with HIV in custody of a BIA-managed detention facility releasing within 6 months to link them to HIV care and treatment upon release.	**DOI**, IHS	2022-2025
Fund and support health departments in strengthening collaborations between CBOs, public health organizations, education agencies and schools, housing providers, and health care delivery systems to provide linkage to and delivery of HIV testing, prevention, care, and treatment services as well as supportive services.	CDC	2022-2025
Fund Housing Opportunities for Persons With AIDS (HOPWA) projects that foster collaboration between housing, health care, and other critical services to improve housing stability and health outcomes for people with HIV.	HUD	2022-2025
Support local partnerships that increase information on preventative health care and treatment among grantees programs administered by HUD's Office of Public and Indian Housing and Office of Special Needs Assistance Programs.	HUD	2022-2025

Objective 4.3: Enhance the quality, accessibility, sharing, and use of data, including HIV prevention and care continuum data and social determinants of health data

Strategy 4.3.1 Promote the collection, electronic sharing, and use of HIV risk, prevention, and care and treatment data using interoperable data standards, including data from electronic health records, in accordance with applicable law.

Action	Agency	Timeframe
Authorize funding recipients of selected HIV-focused programs to use a portion of grant award for adopting and/or enhancing computer systems, management information system, electronic health records, etc., to document and manage client needs, care process, integration with related support services, and outcomes.	SAMHSA	2022-2023
Host a technical session with national HIV implementing partners that describes and demonstrates PEPFAR's near real-time approach and benefits of transparency of data processing and use for program decisions to inform the implementation of domestic HIV programs and improve the quality, accessibility, sharing, and use of data across the HIV care continuum.	HRSA	2022-2024

Action	Agency	Timeframe
Provide access to a user-friendly, interactive data tool to visualize the reach, impact, and outcomes of the RWHAP in order to increase the use of data in decision-making to help reduce health disparities.	HRSA	2022-2024
Implement a multilayered approach to sharing HIV, HCV, and STI data within the agency among its partners: The IHS National HIV program will share screening data; the IHS Division of Epidemiology will share surveillance data; and the Tribal Epidemiology Centers will share local data as appropriate with decision-makers, health care providers, and community leaders.	IHS	2022-2025
Modernize HIV surveillance to support interoperability of CDC/DHP data and facilitate syndemic approaches at state and local health departments.	CDC	2022-2025
Maintain and update VHA's national HIV database, accessible to all VHA employees.	VA	2022-2025
Provide regularly updated reports on HIV testing, HIV PrEP, and the HIV continuum of care at the national, Veterans Integrated Services Network, and facility levels, with data disaggregated by gender, race, and ethnicity.	VA	2022-2025
Develop strategies to build capacity among HIV surveillance, HIV services programs, and Medicaid programs for reporting high-quality HIV viral suppression data to comply with reporting of the HIV Viral Load Suppression measure on the CMS Medicaid Adult Core Set.	**HRSA**, CDC, CMS	2022-2025
Demonstrate how HRSA uses data to guide program decisions and prioritize populations to be served by geography, age, and sex disaggregation.	HRSA	2022-2025

Strategy 4.3.2 Use interoperable health information technology, including application programming interfaces (APIs), clinical decision support tools, electronic health records and health IT products certified by the Office of the National Coordinator's Health IT Certification Program, and health information exchange networks, to improve HIV prevention efforts and care outcomes.

Action	Agency	Timeframe
Evaluate current and future clinical decision support tools for BOP patients with HIV.	DOJ	2022-2023
Continue support and implement clinical reminders in the electronic patient health record for HIV/HCV/STI screening, and patient panels for case management.	IHS	2022-2025

Action	Agency	Timeframe
Advance care coordination opportunities by expanding the U.S. Core Data for Interoperability to include additional social determinants of health data elements.	ONC	2022-2025
Advance ONC initiatives to develop and disseminate educational resources focused on the exchange of social determinants of health data.	ONC	2022-2025

Strategy 4.3.3 Encourage and support patient access to and use of their individual health information, including use of their patient-generated health information and use of consumer health technologies in a secure and privacy supportive manner.

Action	Agency	Timeframe
Conduct multi-site pilot test in tribal health facilities of patient-facing software to improve patient access, including among people experiencing risk for or with HIV, to health information and updates.	IHS	2022
Promote compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule right of access, which ensures that individuals (including individuals with HIV) can review, request changes, and get copies of their medical records from their health plans and HIPAA-covered health care providers, within 30 days (or 60 days with an applicable extension) after the initial request for copies. HHS/OCR will also consider appropriate actions in response to complaints that a covered entity or business associate violated an individual's health information privacy rights, or committed another violation of the Privacy, Security or Breach Notification Rules.	HHS/OCR	2022-2024
Update the existing NCHHSTP Data and Security Confidentiality Guidelines and strengthen language for securing and protecting data.	CDC	2022-2025

Objective 4.4: Foster private-public-community research partnerships to identify and scale up best practices and accelerate HIV advances

Strategy 4.4.1 Adopt approaches that incentivize the scale up of effective interventions among academic centers, health departments, community-based organizations, allied health professionals, people with HIV and their advocates, the private sector, and other partners.

Action	Agency	Timeframe
Fund and support health departments and CBOs in the scale-up of effective HIV interventions.	CDC	2022-2025

Strategy 4.4.2 Expand opportunities and mechanisms for information sharing and peer technical assistance within and across jurisdictions to move effective interventions into practice more swiftly.

Action	Agency	Timeframe
Strengthen implementation of CDR and expand engagement of community partners regarding CDR, including by establishing a national community of practice that will include CDC and other federal partners, health departments, capacity-building assistance providers, community members, and others.	**CDC**, HRSA	2022-2023
Engage VHA's affinity group program to allow providers across the VA system to share effective HIV practices and tools with their peers.	VA	2022-2024
Support National Network of STD Prevention Training Centers–led regional learning collaboratives focused on enhancing HIV preventive services in the STD specialty clinic setting.	CDC	2022-2025
Support efforts to provide TA and peer-to-peer exchange for health departments implementing STD/HIV disease investigation and response.	CDC	2022-2025
Participate in an Implementation Science Research Consortium that serves as a mechanism for information sharing and peer TA within and across jurisdictions.	CDC	2022-2025
Develop and conduct new regional communities of practice and TA to support the status-neutral, gender-affirming delivery of HIV testing, prevention, treatment, and care services for transgender persons.	CDC	2022-2025
Support EHE-related regional and national implementation science coordination and consultation hubs.	NIH	2022-2025

Strategy 4.4.3 Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing persons of all ages living with HIV.

Action	Agency	Timeframe
Collaborate to sponsor a national competition through Challenge.gov to identify innovative and effective community-generated projects and activities addressing nonclinical needs of persons aging with HIV and long-term survivors, particularly among populations disproportionately affected by HIV.	**ACL**, OIDP	2022-2023

Objective 4.5: Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed in order to achieve the Strategy's goals

Strategy 4.5.1 Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data.

Action	Agency	Timeframe
Create, distribute, and publicize data reports, data cubes, and HIV dashboards (HIV testing, HIV care, STI screening, PrEP) for use across the VA system.	VA	2022-2023
Establish a data collection strategy to analyze de-identified patient-level data through "UDS+" to better understand the associations that patient characteristics have on HIV-related and other clinical outcomes in health center patient populations, and to inform care delivery, targeted TA, quality improvement, and research to accelerate improvements in health and to advance health equity.	HRSA	2022-2024
Partner to provide RWHAP data reports by state to support increased knowledge of RWHAP clients accessing services and their HIV outcomes. IHS will provide trainings to RWHAP providers on strategies for collecting American Indian/Alaskan Native demographic data.	**HRSA**, IHS	2022-2025
Implement dashboard enhancements to quickly identify BOP patients with HIV not at goal (i.e., detectable viral load, poor refill compliance, past-due immunizations, etc.)	DOJ	2022-2025
Continue to improve the timeliness, availability, and usefulness of HIV and related data through a future, modernized HIV surveillance system deployed at lower cost that improves efficiencies and interoperability, reduces reporting burden, and provides CDC and stakeholders with more timely and higher-quality HIV surveillance data.	CDC	2022-2025

Strategy 4.5.2 Monitor, review, evaluate, and regularly communicate progress on the National HIV/AIDS Strategy.

Action	Agency	Timeframe
Collect and report BOP National Performance Measures for HIV screening and viral load suppression to both institution and Central Office Health Services leadership.	DOJ	2022-2025
Use National HIV Surveillance System products to assess the NHAS.	CDC	2022-2025

Action	Agency	Timeframe
Collect, through national surveys of mental health and substance use disorders treatment services administered by the Center for Behavioral Health Statistics and Quality, information on testing offered for HIV, hepatitis B, hepatitis C, and other STIs; education and counseling services (collected only for substance use facilities); early intervention services for HIV (collected for substance use facilities only); and pharmacotherapies provided to patients, including medications for HIV and hepatitis C treatment. Also collect information on whether the facility has a program or group specifically tailored for clients with HIV or AIDS.	SAMHSA	2022-2025

Strategy 4.5.3 Ensure that the National HIV/AIDS Strategy's goals and priorities are included in cross-sector federal funding requirements.

Action	Agency	Timeframe
Support CDC/DSTDP's EHE-funded component focuses on scaling up HIV prevention services in STD specialty clinics.	CDC	2022-2025

Strategy 4.5.4 Strengthen monitoring and accountability for adherence to requirements, targets, and goals by funded partners.

Action	Agency	Timeframe
Prioritize engagement with recipients of Component C of CDC's *Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States* cooperative agreement and their participating STD clinics to monitor progress, require biannual data reporting, and hold recipients accountable by engaging division leadership and implementing performance improvement plans if non-adherence is identified.	CDC	2022-2025
Develop approach and conduct Jurisdiction Reviews that would enhance performance and improve accountability of DHP Prevention Programs. DHP branches will work with funded recipients to assess, and where needed, improve recipient performance.	CDC	2022-2025

Strategy 4.5.5 Identify and address barriers and challenges that hinder achievement of goals by funded partners and other stakeholders.

Action	Agency	Timeframe
Maintain regular communication with CDC/DSTDP's EHE-funded recipients to identify barriers to their progress, and coordinate training and technical assistance support with the National Network of STD Clinical Prevention Training Centers and CDC/DHP, including CDC/DHP-funded TA providers.	CDC	2022-2024
Conduct community engagement sessions where the community provides insights to better understand and address the longstanding HIV-related disparities.	**CDC**, HRSA, SAMHSA	2022-2024

CALL TO ACTION

HIV is a complex epidemic and critical national public health concern that requires contributions from all of us to end by 2030. Building on the progress of the past decade, our goal of ending the HIV epidemic is within our grasp. This Implementation Plan details federal actions supporting the priorities outlined in the NHAS. This approach reflects a commitment to accelerate and focus efforts on the populations, places, and actions that will have the greatest impact in achieving that goal. While striving to take the steps described in this plan, Federal agencies also will work collaboratively across the federal government and with nonfederal partners to capitalize on new opportunities that may arise and respond to unanticipated obstacles.

The federal government, however, is only one component of the broad effort needed to evolve and enhance our work to end the domestic HIV epidemic. That is why the Strategy is a national one, not just a federal one. Contributions from stakeholders from all sectors of society are needed. Fresh approaches, new partnerships, and shared commitments to equity, better coordination, and following the science will help us move forward. This Implementation Plan can provide inspiration to nonfederal stakeholders, supporting their own efforts to identify and implement complementary actions that accelerate our efforts to end the HIV epidemic in the United States.

With governments at the local, state, tribal, and federal levels doing their parts, innovation from health care providers and systems, engaged community-based and faith-based organizations, a committed private sector, and leadership from people with or who experience risk for HIV and affected communities, the United States can re-energize and strengthen a whole-of-society response to the epidemic that ends new HIV transmissions while supporting people with HIV and reducing HIV-associated morbidity and mortality.

APPENDIX A: NHAS FEDERAL IMPLEMENTATION WORKGROUP

The National HIV/AIDS Strategy Federal Implementation Workgroup that developed this Implementation Plan and will collaborate to monitor its implementation and progress toward national targets is composed of representatives from the following federal departments and agencies.

Department of Agriculture
Food and Nutrition Service

Department of Defense
Defense Health Agency

Department of Education
Office of Elementary and Secondary Education

Department of Health and Human Services
Administration for Community Living
- *Administration on Aging*

Agency for Healthcare Research and Quality
Centers for Disease Control and Prevention
- *Division of Adolescent and School Health*
- *Division of HIV Prevention*
- *Division of STD Prevention*
- *Division of Viral Hepatitis*

Centers for Medicare & Medicaid Services
Food and Drug Administration
Health Resources and Services Administration
- *Bureau of Primary Health Care*
- *HIV/AIDS Bureau*

Indian Health Service
National Institutes of Health
- *Office of AIDS Research*
- *National Institute of Allergy and Infectious Diseases*
- *National Institute of Mental Health*
- *National Institute on Drug Abuse*

Office for Civil Rights
Office of the Assistant Secretary for Health
- *Office of Infectious Disease and HIV/AIDS Policy*
- *Office of Minority Health*
- *Office of Population Affairs*
- *Office of Disease Prevention and Health Promotion*

Office of the National Coordinator for Health Information Technology
Substance Abuse and Mental Health Services Administration
- *Center for Mental Health Services*
- *Center for Substance Abuse Prevention*
- *Center for Substance Abuse Treatment*

Department of Housing and Urban Development
Office of Public and Indian Housing
Office of Special Needs Housing

Department of Interior
Bureau of Indian Affairs
Bureau of Indian Education

Department of Justice
Bureau of Prisons
Civil Rights Division

Department of Labor
Office of Disability Employment Policy

Department of Veterans Affairs
Veterans Health Administration

Equal Employment Opportunity Commission

APPENDIX B: QUALITY OF LIFE INDICATOR SPECIFICATIONS

DEVELOPING AN INDICATOR ON QUALITY OF LIFE AMONG PEOPLE WITH HIV

The Office of National AIDS Policy (ONAP) convened a subgroup of the National HIV/AIDS Strategy (NHAS) Federal Implementation Workgroup in February 2022 and charged it with identifying an additional NHAS indicator focused on quality of life among people with HIV for inclusion in the NHAS Federal Implementation Plan. The agencies represented on this workgroup are the Administration for Community Living (HHS), Centers for Disease Control and Prevention (HHS), Civil Rights Division (DOJ), Health Resources and Services Administration (HHS), National Institutes of Health (HHS), and Substance Abuse and Mental Health Services Administration (HHS).

The Quality of Life indicator workgroup first reviewed and inventoried common measures of quality of life and existing large federally funded databases containing such measures in the United States, including those that contain data for people with HIV. Features of these data sources were catalogued, including timeliness, representativeness, and ability to provide annual estimates for measures among people with HIV.

As part of the process, ONAP hosted a community engagement meeting during which the Quality of Life indicator workgroup presented the possible quality-of-life data sources and measures. During the meeting, community members expressed a strong desire for ONAP to consider other factors that influence quality of life, including social determinants of health (e.g., unemployment, food insecurity, housing instability), and not solely focus on health-related quality of life.

The indicator workgroup members concurred that quality of life should be considered and assessed as a multi-dimensional concept that includes physical, mental/emotional, social, and structural/subsistence domains, and organized the data sources and variables into these domains. They also agreed on the importance of including more than one indicator to reflect the different quality-of-life aspects or domains, while remaining parsimonious (i.e., selecting a few most suitable indicators).

The indicator workgroup considered advantages and disadvantages of various single-item measures and scales, reviewed baseline data to assess whether room existed for improvement in the measure, and considered which data source(s) would enable establishing these new indicators sooner rather than later. The indicator workgroup ultimately recommended using CDC's Medical Monitoring Project (MMP) as the data source for several new quality-of-life measures. MMP data are readily available for the NHAS, national in scope, and available annually, include a geographically diverse group of people with HIV, and provide jurisdiction-level estimates for participating areas. MMP is a cross-sectional, nationally representative, two-stage sample survey that assesses the behavioral and clinical characteristics of adults with diagnosed HIV infection in the United States. MMP also provides information on behaviors and clinical outcomes affecting the risk of HIV transmission, morbidity, and mortality. In 2015, MMP sampling and weighting methods were revised to include adults with diagnosed HIV infection regardless of HIV care status. Data are weighted to represent all adults with diagnosed HIV in the United States (Beer, 2019). In addition, local estimates that are weighted to represent all adults with diagnosed HIV in participating jurisdictions are available, which enables the use of local data to assess whether tailored implementation of interventions has assisted in meeting NHAS goals.

The indicator workgroup recommended MMP measures that are associated with the following domains:

- Physical/Health: Self-rated health (good or better)
- Mental/Emotional: Unmet need for services from a mental health professional
- Structural/Subsistence: Food insecurity, unemployment, and unstable housing or homelessness

The indicator workgroup also set targets for each indicator, using the same methodology that was used to set targets for existing NHAS indicators.

The Quality of Life indicator workgroup, the larger NHAS Federal Implementation Workgroup, and ONAP will continue to explore possible additional, alternative, or complementary measures or data sources that could be used to assess other aspects of quality of life.

QUALITY OF LIFE INDICATOR SPECIFICATIONS

Indicator 9: Increase self-rated health (good or better)

Rationale: Self-rated health, assessed by a single question, captures respondent's perceived overall health in a non-threatening or stigmatizing way. Among people with HIV, good or better self-rated health is associated with medication adherence and viral suppression, two important HIV-related outcomes that lead to reductions in new HIV infections (CDC, unpublished data). MMP is the only nationally representative survey of people with diagnosed HIV that provides data on overall health. This measure is also used in several national surveys (i.e., Healthy People 2030, National Health and Nutrition Examination Survey [NHANES], Behavioral Risk Factor Surveillance System [BRFSS]). Therefore, results of self-perceived overall health among people with diagnosed HIV can be compared to those from populations included in other national surveys.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year who report good or better health at the time of interview
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year

Baseline year: 2018

Baseline result: 71.5%

Target: 95%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Data limitations/caveats: During the 2018 to 2020 MMP cycles, the self-rated health question had the following introduction to the section in which this question was asked: "Now I'm going to ask about your health and visits to the emergency room or hospital." In 2021 and beyond, there is no introductory statement to that section of the survey questionnaire. The effect of this change on responses is unknown, but it is not expected that this change would result in large differences in responses.

Indicator 10: Reduce unmet need for mental health services from a mental health professional

Rationale: Mental health services, in addition to other ancillary services, were among those services with the greatest unmet need for people with HIV. In addition, unmet need for mental health services was associated with poor clinical outcomes such as not being retained in HIV care, non-adherence to antiretroviral therapy, and not being virally suppressed (Dasgupta, 2021). Including an indicator that reflects unmet need may prompt medical care providers to start screening or be more diligent about screening for depression and other mental health conditions and facilitate referrals to mental health services, as well as spur growth in the number of mental health providers available to provide mental health services. Screening for mental health conditions may also include screening for and referrals to treatment for substance use disorders. This proposed indicator is well aligned with a syndemic approach for coordinating care for HIV, mental health, and substance use that is outlined in the NHAS.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year who report an unmet need for services from a mental health professional in the past 12 months
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year and who report an unmet or met need for services from a mental health professional in the past 12 months. The denominator includes people who received services from a mental health professional (met need) and people who reported they needed but did not receive services from a mental health professional (unmet need).

Baseline year: 2017

Baseline result: 24.2%

Target: Reduce by 50%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Data limitations/caveats: The measure categorizes all people who reported receiving mental health services from a mental health professional over the past 12 months as having a met need for services. Therefore, this indicator does not measure partially met needs.

Indicator 11: Reduce hunger/food insecurity

Rationale: Unmet need for subsistence services, which include food, is associated with poor clinical outcomes among people with HIV (Dasgupta, 2021). Although the measure of unmet needs for subsistence services differs from that for food insecurity, the concepts are related and address the need to focus on food insecurity along with other social determinants of health to improve clinical outcomes among people with HIV. The community expressed that food insecurity has negative effects on physical, mental, and emotional well-being and should be considered an important aspect of quality of life.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year and report being hungry and not eating because there wasn't enough money for food in the past 12 months
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year

Baseline year: 2017

Baseline result: 21.1%

Target: Reduce by 50%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Data limitations/caveats: None noted

Indicator 12: Reduce unemployment

Rationale: Unemployment has been found to be associated with outcomes across the HIV care continuum (Maulsby, 2020). Despite the use of different measures, unemployment among people with HIV is higher than that for the total U.S. population.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year and report being out of work at the time of interview
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year

Baseline year: 2017

Baseline result: 14.9%

Target: Reduce by 50%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Data limitations/caveats: A strength of the measure is that it provides results for people who report being out of work. The indicator does not measure being unable to work, which may be related to having a disability or illness. It also does not capture under-employment (i.e., working part time or at a job that underutilizes one's skills).

Indicator 13: Reduce unstable housing or homelessness

Rationale: Unstable housing, an expanded measure that includes homelessness or other forms of unstable housing, is associated with poor clinical outcomes among people with HIV such as poorer retention in HIV medical care, poorer antiretroviral therapy medication adherence, and decreased likelihood of being virally suppressed (Marcus, 2021). During the community engagement meeting on quality of life, the community vocalized concerns about various forms of housing instability and insecurity and their detrimental effects on physical, social, and mental wellbeing. Homelessness is a current NHAS indicator, and MMP data for people with diagnosed HIV are available starting in 2015. Homelessness is defined as living on the street, living in a shelter, living in a single-room-occupancy hotel, or living in a car. In consultation with the Department of Housing and Urban Development's Housing Opportunities for Persons With AIDS program, MMP added questions to capture housing instability beginning in the 2018 cycle. Specifically, housing instability in the MMP is ascertained by asking questions about moving in with others due to financial issues (also known as doubling up), moving two or more times, or being evicted at any time during the 12 months. When CDC reviewed the literature in 2016 to develop the 2018 MMP questionnaire, no standard definition of homelessness or housing stability existed. *Healthy People 2030* also notes that lack of a standard definition. Measures were added to MMP based on common elements identified in the literature at that time. With the current ability to measure a fuller spectrum of unstable housing, the Quality of Life indicator workgroup recommended removing homelessness, a narrow measure of housing instability, and adding a broader definition that includes unstable housing or homelessness.

Definition:

- Numerator: Number of people ≥18 years with diagnosed HIV in the measurement year and report being unstably housed in the past 12 months. Unstable housing is defined as being evicted, moving two or more times, moving in with others because of financial problems (also known as doubling up), or being homeless (defined as living on the street, in a shelter, a single room occupancy hotel, or a car). People are included in the numerator if they experience homelessness or any other form of unstable housing.
- Denominator: A sample of people ≥18 years with diagnosed HIV in the measurement year

Baseline year: 2018

Baseline result: 21.0%

Target: Reduce by 50%

Data source: Medical Monitoring Project.

Data availability: Data are published annually.

Limitations/caveats: Data for homelessness among people diagnosed with HIV have been available since 2015. Data for the unstable housing measure became available starting in 2018. Starting in 2018, MMP participants were asked questions related to homelessness and unstable housing. The current NHAS homelessness indicator does not capture other forms of unstable housing. There is a substantial proportion of people who report being unstably housed but not homeless, which is not captured in the homelessness indicator. The new broader indicator for unstable housing encompasses any form of unstable housing, including homelessness, in the past 12 months.

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APPENDIX C: ACRONYMS

ACL	Administration for Community Living (HHS)
ADA	Americans with Disabilities Act
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
BHW	Bureau of Health Workforce (HRSA)
BIA	Bureau of Indian Affairs (DOI)
BIE	Bureau of Indian Education (DOI)
BOP	Federal Bureau of Prisons (DOJ)
BPHC	Bureau of Primary Health Care (HRSA)
CBO	community-based organization
CDR	cluster detection and response
CDC	Centers for Disease Control and Prevention (HHS)
CMHS	Center for Mental Health Services (SAMHSA)
CMS	Centers for Medicare & Medicaid Services
COVID-19	coronavirus disease 2019
CRD	Civil Rights Division (DOJ)
CSAP	Center for Substance Abuse Prevention (SAMHSA)
CSAT	Center for Substance Abuse Treatment (SAMHSA)
DASH	Division of Adolescent and School Health (CDC)
DHA	Defense Health Agency (DoD)
DHP	Division of HIV Prevention (CDC)
DIS	disease intervention specialists
DOD	U.S. Department of Defense
DODI	Department of Defense Instruction
DOI	U.S. Department of the Interior
DOJ	U.S. Department of Justice
DOL	U.S. Department of Labor
DSTDP	Division of STD Prevention (CDC)
DVH	Division of Viral Hepatitis (CDC)
ED	U.S. Department of Education
EEOC	Equal Employment Opportunity Commission
EHE	Ending the HIV Epidemic in the U.S.

EOP	Executive Office of the President
FDA	Food and Drug Administration (HHS)
HAB	HIV/AIDS Bureau (HRSA)
HCV	hepatitis C virus
HHS	U.S. Department of Health and Human Services
HIV	human immunodeficiency virus
HRSA	Health Resources and Services Administration (HHS)
HUD	U.S. Department of Housing and Urban Development
IHS	Indian Health Service (HHS)
IPV	intimate partner violence
LGBTQI+	lesbian, gay, bisexual, transgender, queer, and intersex
MAI	Minority AIDS Initiative
MMP	Medical Monitoring Project
MSM	men who have sex with men
NCHHSTP	National Center for HIV, Viral Hepatitis, STD, and TB Prevention (CDC)
NCICP/DOP	National Center for Injury Prevention and Control/ Division of Overdose Prevention (CDC)
NHAS	National HIV/AIDS Strategy
NIA	National Institute on Aging (NIH)
NIAID	National Institute of Allergy and Infectious Diseases (NIH)
NIDA	National Institute on Drug Abuse (NIH)
NIH	National Institutes of Health (HHS)
NIMH	National Institute of Mental Health (NIH)
NNDITC	National Network of Disease Intervention Training Centers
OASH	Office of the Assistant Secretary for Health (HHS)
OCR	Office for Civil Rights (HHS)
ODPHP	Office of Disease Prevention and Health Promotion (HHS)
OIDP	Office of Infectious Disease and HIV/AIDS Policy (HHS)
OMH	Office of Minority Health (HHS)
ONAP	Office of National AIDS Policy (White House)
ONC	Office of the National Coordinator for Health Information Technology (HHS)
OPA	Office of Population Affairs (HHS)
OWH	Office of Women's Health (HRSA)
PEP	HIV post-exposure prophylaxis

PrEP	HIV pre-exposure prophylaxis
RWHAP	Ryan White HIV/AIDS Program (HRSA)
SAMHSA	Substance Abuse and Mental Health Services Administration (HHS)
SSP	syringe services program
STD	sexually transmitted disease
STI	sexually transmitted infection
TA	technical assistance
U=U	Undetectable = Untransmittable
USAID	U.S. Agency for International Development
USDA	U.S. Department of Agriculture
USPSTF	U.S. Preventive Services Task Force
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration

WHITE HOUSE OFFICE
OF NATIONAL AIDS POLICY

For more information visit www.hiv.gov/NHAS

HEALTH NOT PRISONS COLLECTIVE

Ready, Set, REPEAL

Ending HIV criminalization cannot wait.

A toolkit for advocates

The REPEAL HIV Discrimination Act (H.R. 6111) would require the federal government to assess and recommend changes to state and federal, criminal and civil laws that discriminate against people living with HIV. The Health Not Prisons Collective has launched a campaign to get this important piece of legislation passed, and we need you to join the fight!

This toolkit was created for people with *any* level of advocacy experience who want to get involved in the fight against HIV criminalization. It contains all you need to know to be a *fantastic* advocate for the REPEAL HIV Discrimination Act.

Inside you'll find an overview of the REPEAL Act and actions you can take to help it pass the U.S. House of Representatives–including tips, tricks, scripts, and templates for contacting lawmakers and a social media toolkit!

Join us in demanding that the U.S. Congress pass the REPEAL HIV Discrimination Act, furthering our vision of a future in which our communities enjoy their human rights to bodily autonomy and live free from all forms of state violence, including laws subjecting them to discrimination, policing, surveillance, and incarceration.

Congress must pass H.R. 6111, the REPEAL HIV Discrimination Act now!

Table of CONTENTS

Throughout this guide you'll find key terms and phrases that we use to describe different aspects of HIV criminalization and advocacy. Many of these terms are a big part of our organizing philosophy! Find these terms and the detailed way we define them below.

Glossary of Key Phrases

REPEAL ACT: AN OVERVIEW

Sponsored by U.S. House representative Barbara Lee and co-sponsored by 59 other representatives, the **Repeal Existing Policies that Encourage and Allow Legal (REPEAL) HIV Discrimination Act of 2022 (H.R. 6111)** addresses the serious problem of discrimination in the use of criminal and civil laws against people living with HIV.

If passed, what would the REPEAL Act do? It's a four step process.

1. **Review.** Multiple agencies must work together to review federal and state laws & policies, including criminal and related civil commitment cases, involving people living with HIV. This includes the Uniform Code of Military Justice (UCMJ) AND has to happen in consultation with people living with and vulnerable to, HIV.

2. **Report.** The Attorney General will give Congress a publicly-accessible report detailing the findings of the review.

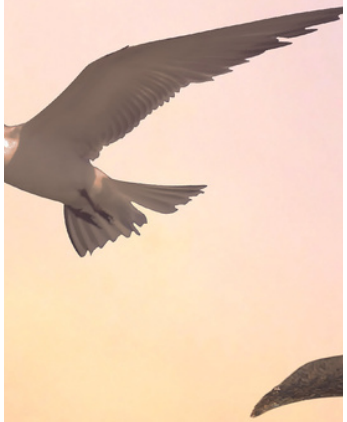
3. **Recommend.** The Director of the White House's Office of National AIDS Policy (ONAP) will release updated, public guidance for states to use in dealing with civil and criminal cases involving people living with HIV.

4. **Modernize (federally).** After the guidance comes down, the agencies will send Congress and the White House detailed proposals for how to actually implement recommended changes to federal laws & policies (including to the Uniform Code of Military Justice!)

Ok... But what does this really mean?

HIV criminalization laws in the US are mostly at the state level. But the REPEAL HIV Discrimination Act is an important step the federal government can take towards decriminalizing HIV. The reports would force the federal government to grapple with the past and present harms of HIV criminalization. They would pave the way for modernization or repeal by giving states step-by-step guidance to end the discriminatory practice of using civil and criminal penalties to target people living with HIV.

The REPEAL Act would also build the meaningful involvement of people living with HIV (MIPA) into federal law! The bill would require the federal government to consult with people living with HIV (and particularly those who were subjected to HIV-related prosecutions) when developing the reports. This means people living with HIV would have a voice in shaping 1) the review and analysis of unjust laws that govern our bodies, and 2) recommendations that align with our vision of a more just future.



HIV criminalization is a racial, gender, and economic injustice issue. Punishing people simply because they are living with HIV is clearly discriminatory and reinforces institutional stigma. Check out this overview of HIV criminalization throughout the U.S.

Overview of HIV Criminalization

TAKE ACTION
TO PASS THE REPEAL ACT!

The best way to support the REPEAL HIV Discrimination Act is to contact your representatives and other people who may be of influence. You should target the U.S. House of Representatives because, as of August 2022, that's who can pass H.R. 6111, the REPEAL HIV Discrimination Act. Below you will find a prioritized list of who to contact and how, so that your time and efforts have the most impact!

Priority #1:
Schedule a meeting with your U.S. House Representative

Priority #2:
Call your U.S. House Representative

Priority #3:
Email your U.S. House Representative

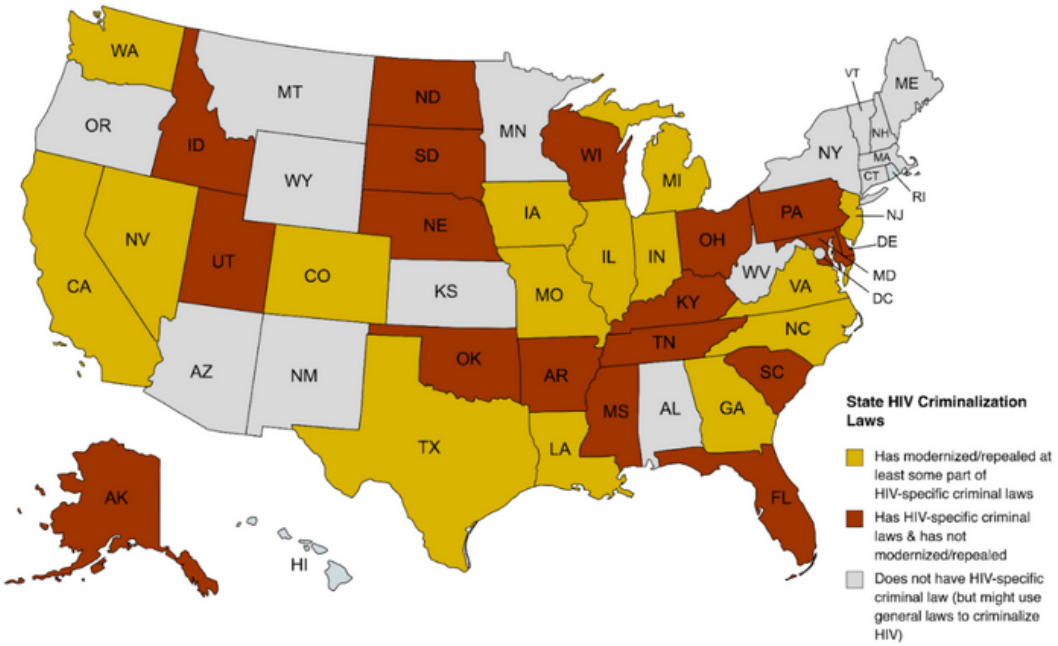
In the following page of this toolkit you'll find messages to add to your communications with your reps tailored by which state you live in! If you'd like to learn more about what the REPEAL Act would mean for your state click the link below.

HIV Criminalization by State

"They've instilled for 20 years that you're a danger to children and your child. You can't go here; you can't go there. You can't be here; you can't be there."
– **Tiffany Moore** on how HIV criminalization laws affect her as a mother

ADVOCATE WITH DECISION-MAKERS

What does the REPEAL Act mean for your state?



Category 1: *Your state has modernized or repealed its laws criminalizing HIV.*
If your state is in **gold**, your state has, at least in part, done the work to update its HIV criminalization laws.

Tell your lawmakers: Our state modernized our HIV criminalization laws to better protect the rights and wellbeing of people living with and vulnerable to HIV. We must do the same on the federal level by passing the REPEAL HIV Discrimination Act.

Category 2: *Your state has laws explicitly criminalizing HIV and has not modernized or repealed them.*
If your state is in **maroon**, your state has not yet changed its outdated HIV criminalization laws.

Tell your lawmakers: Our state has laws that criminalize people living with HIV, meaning that the state is failing in its obligation to protect the rights and wellbeing of people living with and vulnerable to HIV. We must recognize these rights and help push our state to modernization by passing the REPEAL HIV Discrimination Act.

Category 3: *Your state or territory does not have laws explicitly criminalizing HIV (but might use general laws to do so).*
If your state is in **gray**, it does not have an HIV-specific criminal law on the books (and it has not repealed or modernized such laws).

Tell your lawmakers: The rights and wellbeing of people living with and vulnerable to HIV in our state are threatened by federal laws that discriminate against people living with HIV. We must support the repeal of these laws and modernization efforts in other states by passing the REPEAL HIV Discrimination Act.

PRIORITY #1

Schedule a meeting with your U.S. House Representative

Having a meeting with a lawmaker might seem intimidating. But always remember: they work for YOU! This tactic is probably the most labor intensive, but it's also the tactic that will have the most impact. Plus, you'll build your relationship with your Member of Congress.

STEP 1

Send the meeting request email. A meeting request email is provided for you below. All you need to do is personalize it and send it along! Find the contact information for your U.S. House Representative (and other members of Congress) at **commoncause.org/find-your-representative.**

STEP 2

Prepare for the meeting. Positive Women's Network-USA will help you prepare. Just let us know that you have requested a meeting by filling in **THIS FORM**. Someone from PWN-USA will follow up with you to talk strategy and talking points so you are 100% ready when the meeting comes along.

STEP 3

Attend the meeting. You are probably going to be meeting with a legislative aide rather than your Representative. (And that's a good thing! Aides are subject matter experts.) Use the talking points provided below and add your own personal twist. If you're meeting in person, leave behind **THIS FACT SHEET** with the Representative's office. If you're meeting virtually, email the fact sheet with your thanks.

Tips & Tricks: Remember to thank your representative publicly for even the smallest engagement! Find their social media accounts and shout them out (along with the #REPEALAct) for the world to see.

TEMPLATE MEETING REQUEST

[Name of your U.S. House Representative]
Office of Representative [Full name of House Rep]
U.S. House of Representatives
[Month Day], 2022

Dear U.S. Rep. [last name],

I am writing to request a meeting with your office to discuss the Repeal Existing Policies that Encourage and Allow Legal (REPEAL) HIV Discrimination Act, H.R. 6111. I am one of your constituents and look forward to scheduling a meeting at your earliest convenience.

The REPEAL HIV Discrimination Act has already been introduced in the U.S. House of Representatives by Rep. Barbara Lee. It would address the serious problem of discrimination against people living with HIV in criminal and civil laws. The REPEAL Act would call for the assessment and removal of federal laws that target people living with HIV for behavior that is otherwise legal or poses no risk of transmission of HIV. It would also provide states guidance for how to reform other discriminatory criminal and civil commitment laws.

[Add any personal information that your Representative should know about 1) you or 2) your reasons for supporting the REPEAL HIV Discrimination Act.]

HIV criminalization is the unjust use of criminal laws, policies, and practices to punish people living with HIV based on their HIV status. Twenty-eight states and 2 territories have HIV-specific laws that impose criminal penalties based on perceived HIV exposure. They generally do not require intent to transmit HIV, actual transmission, or even a substantial risk of transmission of HIV. They are not based in science or evidence about HIV transmission risks or routes. An extra layer of injustice: six states also require people convicted under HIV-specific laws to register as sex offenders. Twenty-five states have used "general criminal laws" to prosecute people living with HIV. This means the state uses non-HIV specific criminal laws – i.e. laws that could apply regardless of someone's HIV status, such as "aggravated assault" – to penalize people because of their HIV-positive status. In other words, HIV criminalization is discrimination in practice.

HIV criminalization laws are discriminatory, stigmatizing, and outdated. They undermine public health by discouraging HIV testing, fuel stigmatizing and discriminatory myths about HIV transmission, and further marginalize communities already vulnerable to HIV and criminalization (including Black, Indigenous, and other people of color, especially those who are also women, gay and bisexual men, people of trans experience, people who use drugs, sex workers, and immigrants)!

HIV criminalization harms women, femmes, transgender, gender-nonconforming, and nonbinary people. HIV criminalization puts all women living with HIV at increased risk of violence, sexual assault, and trauma. This is especially true for Black and Latinx cis and trans women, who are already disproportionately affected by interpersonal violence. Criminalization can force women to choose between potential partner violence if they disclose their status or risk of arrest if they do not, increase the opportunities for police harassment and brutality, and subject them to arrest and incarceration. The threat of arrest may be used as a tool of abuse, harassment, or coercion and is often a deterrent from accessing HIV testing or treatment.

Passing the REPEAL HIV Discrimination Act would help us move toward a future in which people living with HIV live free from incarceration, state violence, and discriminatory policing, and enjoy their human right to bodily autonomy. I would appreciate the opportunity to further discuss your support of the REPEAL HIV Discrimination Act, why it is important for the state of [INSERT], and how we would like to work with you moving forward to pass the REPEAL Act in the U.S. House of Representatives.

I can be reached by phone (xxx)-xxx-xxxx or by email [INSERT] to set up a meeting time. Thank you for considering this request. I look forward to hearing from you soon.

Sincerely,
[Your Name]

HEALTH NOT PRISONS COLLECTIVE

PRIORITY #2

Call your U.S. House Representative

Legislators want to hear from you, and calling is a great, quick way to make sure they know what you have to say! Calling may feel daunting at first, but it can also be a fun and personal way to communicate with representatives and aides. This is a super fast and effective way to get your message right into your legislator's ear.

STEP 1 **Prepare for the call.** No need for major prep – a script is ready for you below. Spend 5-10 minutes familiarizing yourself with the script and practice how you're going to deliver it. Print it out if you need to or read it off your device. Try to add some inflection and passion to your voice so they can tell how much you care!

STEP 2 **Get the phone number.** Find the contact information for your U.S. House Representative (and other members of Congress) at **commoncause.org/find-your-representative.**

STEP 3 **Make the call.** The phone will most likely be answered by an aide who will take your message and pass it on to your representative. If no one answers, you can either leave a voicemail (totally fine!) or call back later. Introduce yourself and share where you are from so they know you're a constituent. When you're prompted, deliver your message. Remember to breathe and speak slowly and clearly.

Tips & Tricks: High call volumes get staffers' and representatives' attention! Get all of you friends and family to call with you. It's a good opportunity to educate your community, make some impact, and have a party.

TEMPLATE PHONE SCRIPT

"Hello, this is [your name] from [city, state]. I would like talk to Representative [Name] about H.R. 6111, the Repeal Existing Polices that Encourage and Allow Legal HIV Discrimination Act of 2022."

The aide will probably offer to transfer you or take your message themselves. If they offer to take your message, read the script below in its entirety without waiting for them to ask for more information. If they transfer you, say:

"Hello, my name is [your name] from [city, state]. I am very concerned about HIV criminalization and want to know that I can count on you to support the REPEAL Discrimination Act of 2022.

The REPEAL HIV Discrimination Act of 2022, H.R. 6111, addresses the serious problem of discrimination in the use of criminal and civil laws against people living with HIV. HIV criminalization is the unjust use of criminal laws, policies, and practices to punish people living with HIV *based on their HIV status*. **In other words, HIV criminalization is discrimination in practice.**

These laws are discriminatory, stigmatizing, and outdated. Most were passed before people knew much about HIV treatment and transmission. They generally do not require intent to transmit HIV, actual transmission, or even a substantial risk of transmission of HIV. They 1) undermine public health by discouraging HIV testing, 2) fuel stigmatizing and discriminatory myths about HIV transmission, and 3) further marginalize communities already vulnerable to HIV and criminalization.

Passing the REPEAL HIV Discrimination Act would help us move toward public health goals of expanding HIV testing and treatment access and ending the HIV epidemic, while reducing stigma and protecting human rights for people living with HIV. Thank you for your time and for considering this request."

HEALTH NOT PRISONS COLLECTIVE

PRIORITY #3

Email your U.S. House Representative

Not a fan of phone-calls? No problem. Emailing your representative is an easy way to draw attention to the REPEAL Act and it's incredibly easy.

STEP 1 **Fill in the template.** Copy the pre-written email template below and fill out your information. Make sure you read it over and check to be sure you haven't left any temporary language in there!

STEP 2 **Get the email.** Find the contact information for your U.S. House Representative (and other members of Congress) at **commoncause.org/find-your-representative**.

STEP 3 **Send!**

Tips & Tricks: Most correspondences will be read by a legislative aide, so try to keep your message brief. For example, your letter should be 1 page maximum. See this guide for more tips.

"Today every person living with HIV in a state with laws that criminalize HIV is just one misunderstanding or disgruntled partner away from finding him or herself in a courtroom. A minor infraction of the law or negative encounter with law enforcement while HIV-positive could lead to a felony conviction, a lengthy prison sentence, public shaming and/or registration as a sex offender."

– **Robert Suttle**, who was convicted of intentional exposure to AIDS after a consensual sexual encounter and without confirmation of actual transmission of HIV

TEMPLATE EMAIL FOR LAWMAKERS

Dear [Senator/Representative] [Name],

My name is [your name] and I live in [city, state]. I am very concerned about HIV criminalization and want to know that I can count on you to support the Repeal Existing Polices that Encourage and Allow Legal HIV Discrimination Act of 2022, H.R. 6111.

H.R. 6111, the REPEAL HIV Discrimination Act of 2022 addresses the serious problem of discrimination in the use of criminal and civil laws against people living with HIV. It calls for the assessment of and changes to federal laws that target people living with HIV for behavior that is otherwise legal or poses no risk of transmission of HIV. It also provides support for states to reform their similarly discriminatory criminal and civil commitment laws.

HIV criminalization is the unjust use of criminal laws, policies, and practices to punish people living with HIV *based on their HIV status.* **In other words, HIV criminalization is discrimination in practice.** These laws are discriminatory, stigmatizing, and outdated. Most were passed before people knew much about HIV treatment and transmission. They generally do not require intent to transmit HIV, actual transmission, or even a substantial risk of transmission of HIV. They 1) undermine public health by discouraging HIV testing, 2) fuel stigmatizing and discriminatory myths about HIV transmission, and 3) further marginalize communities already vulnerable to HIV and criminalization.

Passing the REPEAL HIV Discrimination Act would help us move toward public health goals of expanding HIV testing and treatment access and ending the HIV epidemic, while reducing stigma and protecting human rights for people living with HIV. The REPEAL HIV Discrimination Act has already been introduced in the U.S. House of Representatives by Rep. Barbara Lee and I am asking you to commit to voting "yes" on H.R. 6111.

Thank you for your time and for considering this request.

Sincerely,

[Your name]
[Your email address]
[Your phone number]

HEALTH NOT PRISONS COLLECTIVE

SHARING ON SOCIAL MEDIA

Engage over social media and help spread the messaging of organizations working at the forefront of HIV decriminalization by following and uplifting their tweets, Instagram posts, Facebook posts, and virtual events. Here are some accounts to follow:

- **Positive Women's Network – USA (PWN)**
- **Counter Narrative Project**
- **Sero Project**
- **U.S. Caucus of People Living with HIV**
- **International Community of Women with HIV – North America**
- **Prevention Access Campaign**
- **Positively Trans**
- **Reunion Project**
- **THRIVE SS**
- **Transgender Law Center**

How do HIV criminalization and abortion rights intersect? ***Bodily autonomy.*** *Check out this piece from the #PWNSpeaks blog that breaks down how the REPEAL Act is crucial in the fight for bodily autonomy.*

Bodily Autonomy Blog

See PWN's ***Communications Resource Center*** *for more resources, guides, and tutorials*

All platforms:

1. Use the hashtags **#HealthNotPrisons #HIVIsNotACrime** and **#REPEALHIVDiscrimination** on every relevant post.
2. Update your profile picture to include REPEAL Act graphics and repost graphics that show support for decriminalizing HIV.
3. Share phone and email scripts as pictures or text so that others can easily contact their representatives.

> *"I want people to see me as a strong Black woman who in the midst of adversity, has continued to push through it all. I'm grateful to now be able to use my experience to help others who are newly diagnosed and to also make them aware of these unjust laws. These laws are counterintuitive to their purpose and keep people in fear of being honest about their status because they are afraid of the potential outcome."*
> - **Monique Howell** who was criminalized under unjust HIV laws while serving in the U.S. Army, "Outside the Box" in Poz.com

TWITTER

Sample Posts

"Just finished contacting my U.S. House Rep about the **#REPEALHIVDiscrimination Act** and it was super easy!! Join me in fighting against **#HIV** criminalization. Here's the template I used. **#HealthNotPrisons #HIVIsNotACrime**" *[add link to this toolkit]*

"I'm fighting against **#HIV** criminalization by supporting the **#REPEALHIVDiscrimination** Act and you should too! Help me get *[@representative]* on board. Check out this toolkit for guidance. **#HealthNotPrisons #HIVIsNotACrime**" *[add link to this toolkit]*

Tips & Tricks

Retweet to get the REPEAL Act as much visibility as possible and make sure it is showing up on all of your followers' feeds.

Organize or participate in a Twitterstorm – a set period or time in which you suddenly increase the number of tweets about the REPEAL Act.

Tag your representatives in your tweets to grab their attention. Phrase your tweet as a question (for example, ask them if you can count on them to support the REPEAL Act) to increase the likelihood of receiving a response. Add your address at this link: **www.commoncause.org/find-your-representative/** to find direct links to your representatives' Twitter pages!

FACEBOOK

Sample Posts

"The **#REPEALHIVDiscrimination** Act of 2022 addresses the serious problem of discrimination in the use of criminal and civil laws against people living with **#HIV**. It calls for the assessment of and changes to federal laws that target people living with HIV for behavior that is otherwise legal or poses no risk of transmission of HIV. It also provides support for states to reform their similarly discriminatory criminal and civil commitment laws.
It's time to end stigma and criminalization of already marginalized communities! That's why I'm reaching out to my representatives and urging them to pass the REPEAL Act!! **#HealthNotPrisons #HIVIsNotACrime"**

"At first I was intimidated, but then I remembered that my House Representative **works for me!** I made a quick phone call to their office and told them why I think the REPEAL HIV Discrimination Act needs to be passed right away. Bottom line: **#HIVIsNotACrime**! We need **#HealthNotPrisons.** Check out this toolkit with all the info you need to advocate for HIV decriminalization like a pro!" *[add link to this toolkit]*

Tips & Tricks

- **Share** your personal anecdotes; Facebook doesn't have a character limit, making it a great platform to share as much text as you want. Post away and use pictures. It catches people's eyes!
- **Post** resources in groups or on community pages that you think may be useful or interesting.
- **Create** a group to share resources like phone and email scripts.
  Share events.
- **Use** Facebook Live to livestream yourself reaching out to your congressional representative office and set an example for what others can do, or do a Q&A about your experience reaching out.

INSTAGRAM

Sample Post

"'Today every person living with HIV in a state with laws that criminalize HIV is just one misunderstanding or disgruntled partner away from finding him or herself in a courtroom.'
- Robert Suttle
But we can do something to change this! I reached out to my Congressman and got a meeting with him. I'm planning to say 'HIV criminalization is the unjust use of criminal laws, policies, and practices to punish people living with **#HIV** *based on their HIV status*. **In other words, HIV criminalization is discrimination in practice.'** Join me and spread the word about the **#REPEALHIVDiscrimination Act**!
#HealthNotPrisons"

Tips & Tricks

Update your story with what actions you are taking to support the REPEAL Act.

Poll your followers about what actions they're taking using Instagram Stories.

"I had to find strength mentally. I can take control of the narrative to show that I'm not this monster or evil person that I was pictured as. It gave me courage to educate and correct [untruths] about HIV and AIDS and HIV criminalization."
-Sanjay Johnson, "#3 Of Our Amazing People Living with HIV: Sanjay Johnson," HIVPlus Magazine

ADDITIONAL RESOURCES

Want to do a deeper dive? There are a plethora of additional sources out there that can inform your advocacy. The following are just some of the amazing resources and organizations you should check out. If you see something missing, please email Kelly Flannery (**Kelly@pwn-usa.org**) to have it added to future advocacy from the Health Not Prisons Collective!

1. **Do some reading!** These are some written resources on HIV criminalization.
    a. ***Demanding Better: An HIV Federal Policy Agenda by People Living with HIV*** lays out a clear roadmap for the administration, Congress, and federal agencies to achieve their goal of ending the HIV epidemic by 2030 with a focus on improving quality of life for people already living with HIV. Authored by the U.S. People Living with HIV Caucus, *Demanding Better* presents a pathway forward to advance human rights and dignity for people living with HIV in the federal response.
    b. **The Center for HIV Law & Policy** is a great source of information on all laws that affect people living with HIV. They also have a variety of useful graphics depicting HIV criminalization across the country. To learn more about HIV laws in individual states, see ***U.S. HIV Laws and Prosecutorial Tools*** and ***HIV Criminalization in the United States: A Sourcebook on State and Federal HIV Criminal Law and Practice.***
    c. **The Williams Institute** produces in-depth publications on issues that impact LGBTQ+ people, including HIV criminalization. Their latest report documents gross racial, gender, and geographical disparities in the enforcement of HIV criminalization laws in **Tennessee**. There are also reports on HIV criminalization in **California**, **Florida**, **Georgia**, **Kentucky**, and **Nevada**.

2. **Support advocacy on the ground!** These are just some of the amazing organizations led for, by, and with communities most impacted by HIV criminalization in the U.S.
    a. Mobilizing their base to get the REPEAL HIV Discrimination Act passed: **Advocates for Youth**
    b. Ending mass incarceration and abolishing the prison industrial complex: **Black and Pink**; **Critical Resistance**; **Incarcerated Workers Organizing Committee**; The **National Bail Out Collective**.
    c. Ending the war on drugs and advancing the harm reduction movement: The **Drug Policy Alliance**; the **Harm Reduction Coalition**.
    d. Fighting for human rights, wellbeing, and liberation for queer, transgender and gender non-conforming people: **Transgender Law Center**, **Positively Trans**, **Solutions Not Punishment** (SnapCo)
    e. Protecting and advancing the rights of sex workers and people in the sex trades: **Desiree Alliance**; **Sex Workers Outreach Project**.