



LOS ANGELES COUNTY
COMMISSION ON HIV



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Public Policy Committee Regular Meeting

Monday, October 2, 2023

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

510 S. Vermont Ave, Terrace Conference Room TK 11
Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, LA 90020

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

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

NOTICE OF TELECONFERENCING SITES:

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

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rff54b8573e520bf6ee2ab59ba3b46d3c>

To Join by Telephone: 1-213-306-3065

Password: POLICY Access Code: 2530 965 8226



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

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

MONDAY, OCTOBER 2, 2023 | 1:00 PM – 3:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK11
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

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To Join by Telephone: 1-213-306-3065

Password: POLICY Access Code: 2530 965 8226

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton	Sandra Cuevas
Mary Cummings	Pearl Doan	Felipe Findley, PA-C, MPAS, AAHIVS	Leon Maultsby, MHA
Paul Nash, PhD, CPsychol, AFBPsS, FHEA	Ricky Rosales	Ronnie Osorio (alternate)	
QUORUM: 6			

AGENDA POSTED: September 29, 2023.

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

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

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

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

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

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

- 8. Co-Chair Report 1:30 PM – 2:00 PM
 - a. 2023 Workplan and Meeting Calendar Review
 - b. ANAM Platform-- Updates
 - c. Ryan White Care Act (RWCA) Modernization Project-- Updates

V. DISCUSSION ITEMS

- 10. 2023-2024 Legislative Docket—Updates 2:00 PM – 2:20 PM
- 11. 2023-2024 Policies Priority 2:20 PM – 2:25 PM
- 12. State Policy & Budget-- Updates 2:25 PM – 2:35 PM
- 13. Federal Policy-- Updates 2:35 PM – 2:40 PM
- 14. County Policy-- Updates 2:40 PM – 2:50 PM
 - a. DPH Memo in response to STD Board of Supervisors (BOS) motion
 - b. 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings

VI. NEXT STEPS

2:50 PM – 2:55 PM

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

VII. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT

3:00 PM

- 16. Adjournment for the meeting of October 2, 2023.

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



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 3.22.23)

- This meeting is a **Brown-Act meeting** and is being recorded.
 - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
 - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
 - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

- Please comply with the **Commission's Code of Conduct** located in the meeting packet

- Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

- For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.



CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/27/23

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

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

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

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

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

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



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

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

September 11, 2023

Draft

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

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

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

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Alasdair Burton called the meeting to order at 1:12pm in lieu of the co-chairs.

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

A. Burton led introductions and asked attendees to state their conflicts of interest.

3. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order as presented or revised. *✓Passed by Consensus*

4. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the August 1, 2023 Public Policy Committee minutes, as presented or revised. *✓Passed by Consensus*

II. PUBLIC COMMENT

5. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMITTEE ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMITTEE. FOR THOSE WHO

WISH TO PROVIDE PUBLIC COMMENT MAY DO SO IN PERSON, ELECTRONICALLY BY CLICKING [HERE](#), OR BY EMAILING HIVCOMM@LACHIV.ORG.

There were no public comments made.

III. COMMITTEE NEW BUSINESS ITEMS

6. 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.

Ricky Rosales, Committee member, alerted the Committee of Assembly Bill (AB) 1060, which would require MediCal and private insurers to cover the cost of over-the-counter naloxone, also known as Narcan. He asked Commission staff to ensure the bill is included in the 2023-2024 Legislative Docket and to track and monitor and status changes to the bill.

IV. REPORTS

7. EXECUTIVE DIRECTOR/STAFF REPORT

- Cheryl Barrit, Executive Director, shared that the By-Law Review Taskforce (BRT) met on August 16, 2023 and has begun the process of reviewing the by-laws document. The next BRT meeting will be on September 21, 2023 in which the BRT will continue their mark-up of the by-laws. Alasdair Burton, BRT co-chair, made an appeal encouraging PPC members to join the BRT as a means to achieving quorum. See meeting packet for a summary of the August 16, 2023 BRT meeting.
- C. Barrit noted that the “Health Literacy and Self-Advocacy” training has been rescheduled from October 18, 2023 to October 24, 2023.
- C. Barrit shared updates for the Commission’s Annual Conference taking place on November 9, 2023 at the Vermont Corridor. The event will feature and HIV Surveillance and programmatic update from staff at the Division on HIV and STD Programs (DHSP); a presentation on the County’s response to the Intersection of HIV and Substance Use led by Dr. Sid Puri from the Substance Abuse Prevention and Control (SAPC) program; a presentation on PrEP, Long-Acting PrEP, and Doxy PEP led by Dr. Ardis Moe; and a presentation on Enhancing Access to Mental Health Services for People Living with HIV (PLWH) led by Dr. Curley Bonds from the Los Angeles County Department of Mental Health. Pending confirmation are speaker request to Los Angeles County Supervisor Lindsay Horvath; CEO of the Los Angeles Homeless Services Authority (LAHSA) Dr. Va Lecia Adams Kellum; and a moderator/facilitator for the Community Discussion on Intergenerational Perspectives on Community Building and Resilience. A more detailed update will be made at the September 14, 2023 Commission meeting.

8. CO-CHAIR REPORT

a. 2023 Workplan Development and Meeting Calendar Review

There were no updates.

b. Act Now Against Meth (ANAM) Platform Update

There were no updates.

c. Ryan White Care Act (RWCA) Modernization Project

Katja Nelson, PPC Co-chair, provided an overview of the “RWCA Policy Brief Outline” and the “Issues Summary” documents; see meeting packet for a copy of the documents.

A. Burton recommended adding a section to the Policy Brief outline that discusses the facets of the RWCA that are working well and items that are unique to the Los Angeles County Eligible Metropolitan Area (EMA) with the goal to encourage improvements to the RWCA on a national level. The Committee decided to make the following addition to the document under Section II. Background and Justification, Subsection b. Explain the justification for engaging in the modernization discourse as “item i. Reflect and think about the areas that the current RWCA works.”

C. Barrit provided a brief overview of the funding structure of federal programs such as the RWCA and described the three ways that funding is determined and allocated to EMAs. The funding an EMA receives is determined in part by a formula that considers the HIV case prevalence and surveillance data as well as general census metrics, funds allocated to Minority AIDS Initiative, and the annual Congressional allocation for the RWCA.

K. Nelson led the committee in an activity to prioritize the issues described on the “Issues Summary” document. Committee members were instructed to review the items on the document then write down their top 2-3 issues on post-it notes provided by Commission staff. Once all the Committee members submitted their post-it notes, the Committee held deliberations on how to categorize the items. The following are the issues/recommendations the Committee members present identified during the activity:

- 3B: Reauthorization Principle #5: “Emergency” and “Urgency” are not synonymous.
- 2C: Meet the needs of PLWH age 50 years older and older.
- 1D: Adding service categories that allow for local customization and flexibility.
- 3A: Reauthorization Principle #4: Ryan White’s “Last Resort” response is not practical. [ii] Re-engineer Ryan White as a critical wrap-around and supplementary component resources intended to enhance and expand other HIV

prevention, care, and treatment service—or those services where there are none.

- 2A: Increase Health Literacy among PLWH.
- 3F: Making rapid start of ART the expectation for HIV health care systems is an urgent priority. [ii] Ryan White Program solutions for rapid start: (2) Develop models for rapid start of ART in tandem with retention in care.
- 3G: When Congress next enacts a reauthorization to the Ryan White HIV/AIDS Program, they may consider a range of changes to improve outcomes and better support retention in care and adherence to treatment, including giving HRSA new tools to promote presumptive eligibility for ADAP and ensure that Medicaid, Medicare, and the marketplaces have the pharmacy benefits structures and staff capacity to operationalize rapid start of ART.
- 3D: Despite the expected benefits of the ACA to PLWH, access and linkage to care, reducing inequity in HIV risk and access to care, and coping with comorbidities remain pressing challenges.
- 3C: Reauthorization Principle #9: Financially support quality and efficiency.
- 3E: Increase Ryan White Program Investments to build health department data management systems and capacity to better partner with Medicaid, Medicare, health plans, and HIV prevention programs to monitor engagement in care and intervene when care is interrupted.
- 1B: Expanding RWP to individuals and populations that carry the burden of new HIV infections.
- 2E: Develop models of care for meeting the health care needs of people living with HIV who use drugs.

Felipe Findley, Committee member, asked a question regarding Chain Referrals and was interested in knowing what entity was in charge of managing the program. C. Barrit shared that DHSP funds the AIDS Healthcare Foundation (AHF) to manage a chain referrals program and directed Committee members to the following website to learn more about the program: https://chainprogramla.org/program_description/. The Los Angeles County CHAIN—Medical Subspecialty Services Referral Program serves uninsured and under-insured, indigent residents of Los Angeles County who have an HIV diagnosis and no other source of health care coverage.

Commission staff will compile the issues the committee members identified during the prioritization exercise and document them in a matrix. The matrix will serve to organize the information and track updates as the project progresses. More information will be available at the October 2, 2023 Committee meeting.

V. DISCUSSION ITEMS

9. 2023-2024 LEGISLATIVE DOCKET – DEVELOPMENT

There were no updates. Commission staff will monitor and track any changes to bills as the deadline for the State Assembly and Senate to pass bills approaches; September 14, 2023. Additionally, October 14, 2023 is the deadline for the Governor to sign or veto bills passed by the Legislature on or before September 14, 2023.

10. 2023-2024 POLICIES PRIORITY

There were no updates.

11. STATE POLICY & BUDGET UPDATE

There were no updates.

12. FEDERAL POLICY UPDATE

K. Nelson reported that the deadline for Congress to pass a funding resolution is September 30, 2023. More updates will be available at the October PPC meeting.

13. COUNTY POLICY UPDATE

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

There were no updates.

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

- C. Barrit sent reminders to the PPC members that signed up to provide public comment. In the reminder, she includes the agenda for the BOS and Health Deputies meetings and a confirmation that the meeting is taking place.

VI. NEXT STEPS

14. TASK/ASSIGNMENTS RECAP

➡ Commission staff will compile the responses from the issue prioritization activity and update the Policy Brief document to include a section that briefly describes the success of the current RWCA

➡ Cheryl will send reminders regarding the public comment schedule

15. AGENDA DEVELOPMENT FOR THE NEXT MEETING

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

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

17. ADJOURNMENT FOR THE MEETING OF SEPTEMBER 11, 2023.

The meeting was adjourned at 2:58 PM.



2023 WORK PLAN – PUBLIC POLICY—ONGOING

Committee Name: PUBLIC POLICY COMMITTEE (PPC)				
Co-Chairs: Katja Nelson, Lee Kochems			Committee Adoption Date: TBD	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2023				
#	TASK/ACTIVITY	DESCRIPTION	TARGET DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2023 workplan	COH staff to review and update 2023 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/23/23, 2/23/23, 3/29/23, 8/3/23, 9/6/23, 9/29/23
2	Provide feedback on and monitor implementation of the Comprehensive HIV Plan (CHP)	Collaborate with the PP&A Committee to support the implementation of the CHP	Ongoing, as needed	
3	Develop 2023-2024 Legislative Docket	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses, and workgroups to develop the Commission docket, and discuss legislative position for each bill.	May 2023 COMPLETED	The Committee will begin legislative bill review in 4/2023. Commission approved the legislative docket on 06/08/23. The document was forwarded to the Commission's County partners at the Office of Legislative Affairs and Intergovernmental Relations. Commission staff have update the status of bills.
4	Continue to advocate for an effective County-wide response to the STD crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of sexual health and HIV services. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STD crisis in Los Angeles County. On 2/7/23, the Department of Public Health (DPH) submitted a response to the Board motions made on 8/2/22 and 11/1/2022. The report includes a chart listing funding needs to response to the County's STD crisis by tiers. DPH submitted a quarterly memo on 05/03/23. Supervisors Horvath and Barger introduced a motion to the BOS agenda for October 3 calling on DPH Director Dr. Ferrer to provide a public update on the County's response to the STI crisis on October 17.

2023 WORK PLAN – PUBLIC POLICY—UNDER REVIEW

5	Continue to advocate for an effective County-wide response to the meth crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of items on the ANAM platform.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the ANAM platform. Commission staff will coordinate a meeting with staff at the substance Abuse Prevention and Control (SAPC) Program to discuss policy and service coordination efforts at an upcoming full Commission meeting.
6	Update the 2022-2023 Policy Priorities document and Action Plan document.	The Committee will revise the Policy Priorities document to include the alignment of priorities from Commission stakeholder groups	April 2023 COMPLETED	The Committee will finalize and approve changes for the 2023 Policy Priorities document. Commission approved the Policy Priorities document on 06/08/23. The document was forwarded to the Commission's County partners at the Office of Legislative Affairs and Intergovernmental Relations.
7	Efforts to Modernize the Ryan White Care Act (RWCA)	The Committee facilitated a discussion for the interest in modernizing the RWCA at the Commission's 2022 Annual meeting in November. "Dreaming Big: Community Wish List for a Better and Modernized Ryan White Care System & Ryan White CARE Act Legislation Overview"	Late 2023	Determine strategy for developing white paper on RWCA modernization to set foundation for future discourse around reauthorization. Issues discussed at Nov 2022 Commission Annual meeting: <ul style="list-style-type: none"> • Status neutral approach • Opportunity to expand service categories and allow more flexibility • Reduce administrative burden on the client and agencies to prove the Payor of Last Resort provision Committee members reviewed the issues document and identified their top 3. Commission staff will use the recommendations and draft the first version of the policy brief for review at the November Committee meeting.
8	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	TBD	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.



LOS ANGELES COUNTY
COMMISSION ON HIV



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

PUBLIC POLICY COMMITTEE 2023 MEETING SCHEDULE
(updated 09.25.23)

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



REVISED 2023 Training Schedule

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

Topic	Date
<u>General Orientation and Commission on HIV Overview</u> *	March 29 3:00 - 4:30 PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development</u> *	April 12 3:00 - 4:30 PM
<u>Tips for Making Effective Written and Oral Public Comments</u>	May 24 3:00 - 4:00 PM
<u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities</u> *	July 19 3:00 - 4:30 PM
<u>Public Health 101</u>	August 16 3:00 - 4:30 PM
<u>Sexual Health and Wellness</u>	September 20 3:00 - 5:00 PM
<u>Health Literacy and Self-Advocacy</u>	October 18 24 3:00 - 4:30 PM
<u>Policy Priorities and Legislative Docket Development Process</u> *	November 15 3:00 - 4:30 PM
<u>Co-Chair Roles and Responsibilities</u>	FEB. 13, 2024 December 6 4:00 - 5:00 PM

****Changed from Oct. 18 to 24th****

****Changed from Dec. 6 to Feb. 13, 2024****

**Mandatory core trainings for all commissioners.*



2023-2024 Legislative Docket | Approval Date: **Approved by COH 6/8/23. Updated 09/15/23.**

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
ACA 5 (Low)	Marriage Equality	<p>ACA= Assembly Constitutional Amendment This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5</p>	Support	<p><i>20-JUL-23</i></p> <p><i>Chaptered by Secretary of State- Res. Chapter 125, Statutes of 2023.</i></p>
ACA 8 (Wilson)	Slavery	<p>Removes language in the state Constitution that allows involuntary servitude as punishment to a crime.</p> <p><u>Major Provisions</u></p> <ol style="list-style-type: none"> Amends the California Constitution by prohibiting the use of involuntary servitude as punishment for a crime. States that slavery includes forced labor compelled by the use of threat of physical or legal coercion. <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8</p> <p>Follow-up questions regarding the phrasing of the ACA: The ACA removed "Involuntary servitude is prohibited except to punish a crime" from phrasing and added "Slavery in any form."</p>	Support with follow-up questions	<p><i>13-SEP-23</i></p> <p><i>In Senate. Read first time. To Com. on RLS. for assignment.</i></p>
AB 4 (Arambula)	Covered California: Expansion	<p>Requires Covered California, in consultation with stakeholders and the Legislature, to develop options for expanding access to affordable health care coverage to Californians regardless of immigration status and report these options to the Governor and Legislature.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4</p> <p>Follow-up questions regarding the phrasing of the AB: Starting January 2024, undocumented Californians 26-49 years of age will be eligible for full scope Medi-Cal coverage; however, undocumented Californians who earn too much money to qualify for Medi-Cal are excluded from being able to purchase coverage through Covered California since the federal Affordable Care Act (ACA) did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services (CMS) would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants.</p>	Support with follow-up questions	<p><i>13-JUL-23</i></p> <p><i>In Senate. Read second time and amended. Re-referred to Com. on APPR.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 5 (Zbur)	The Safe and Supportive Schools Program	<p>Requires the California Department of Education (CDE) to complete the development of an online training curriculum and online delivery platform by July 1, 2025, and requires local educational agencies (LEAs) to provide and require at least one hour of training annually to all certificated staff, beginning with the 1025-26 school year through the 2029-30 school year, on cultural competency in supporting lesbian, gay, bisexual, transgender, queer, and questioning students. Requires the LEA to maintain documentation on the completion of the training by each employee, as specified.</p> <p><u>Senate Amendments:</u></p> <ol style="list-style-type: none"> 1. <i>Remove the requirement for LEAs to post information on their website on the number of employees having completed the training, and instead require LEAs to maintain records documenting the date that each employee completed the training and the name of the entity providing the training.</i> 2. <i>Requires the LEA to maintain the records according to their local retention schedule, make them available to the CDE upon request as part of the department's annual compliance monitoring, and specifies that the records are public records subject to disclosure, as specified.</i> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&search_keywords=transgender</p>	Support	<p><i>23-SEP-23</i></p> <p><i>Approved by the Governor.</i></p> <p><i>Chaptered by Secretary of State- Chapter 220, Statutes of 2023.</i></p>
AB 223 (Ward)	Change of gender and sex identifier	<p>This bill enhances protections for minors seeking changes of name or gender by making the proceedings presumptively confidential.</p> <p><u>Senate Amendments:</u></p> <ol style="list-style-type: none"> 1. <i>Revise the cord sections slated to be amended by the bill and clarify that the bill's confidentiality provisions do not apply the minor, or any adult who signed the petition, the minor's parents or guardians ad litem, any individual who is subject to an order to show cause related to the petition, and any attorneys representing these individuals.</i> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&search_keywords=transgender</p>	Support	<p><i>23-SEP-23</i></p> <p><i>Approved by the Governor.</i></p> <p><i>Chaptered by Secretary of State- Chapter 221, Statutes of 2023.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 254 (Bauer-Kahan)	Confidentiality of Medical Information Act: reproductive or sexual health application information	<p>This bill would revise the Confidentiality of Medical Information (CMIA) to include reproductive or sexual health application information into the definition of medical information. Defines reproductive or sexual health application information to mean information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, miscarriage, pregnancy termination, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital services, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identify. Defines reproductive or sexual health digital health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumers.</p> <p><u>Senate Amendments:</u></p> <p><i>1. Revise the definition of reproductive or sexual health application information to mean pregnancy outcome instead of miscarriage or pregnancy termination. Incorporates additional changes to this bill proposed by AB 1697 (Schiavo), of the current session, to be operative only if this bill and AB 1697 are enacted and this bill is enacted last.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&search_keywords=sexual+health</p>	Support	<p><i>27-SEP-23</i></p> <p><i>Approved by the Governor.</i></p> <p><i>Chattered by Secretary of State- Chapter 2254, Statutes of 2023.</i></p>
AB 352 (Bauer-Kahan)	Health Information	<p>This bill limits the sharing of information related to sensitive services in electronic health records without specific authorization from the patient. This bill also requires a specified stakeholder advisory group to include providers of sensitive services and to identify policies and procedures to prevent electronic health information related to sensitive services form automatically being shared with individuals and entities in another state.</p> <p><u>Senate Amendments:</u></p> <p><i>1. Replace sensitive services medical information with gender affirming care, abortion and abortion-related services, and contraception. Add the health care provider exemption from legal liability for damages or from actions, and Framework exclusion for abortion and abortion-related health information. Incorporate changes proposed by SB 582 (Becker) of the current legislative session to be operative only and if this bill and SB 582 are enacted, as specified.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&search_keywords=sexual+health</p> <p>Follow-up questions regarding phrasing of AB: "Sensitive services" means all health care services related to mental or behavioral health, sexual and reproductive health, substance use disorder, gender affirming care, and intimate partner violence.</p>	Support with follow-up questions	<p><i>27-SEP-23</i></p> <p><i>Approved by the Governor.</i></p> <p><i>Chattered by Secretary of State- Chapter 255, Statutes of 2023.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 367 (Maienschein)	Controlled Substances: Enhancements	<p>This bill, until January 1, 2029, applies the “great bodily injury” enhancement to any person who sells, furnishes, administers, or gives away fentanyl or an analog of fentanyl when the person to whom the fentanyl was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance.</p> <p>https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367</p> <p>“Watch” position selected due to follow-up questions regarding the AB: The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders.</p>	Watch	<p>27-APR-23</p> <p>In committee: Set, final hearing. Failed passed. Reconsideration granted.</p>
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	<p>This bill updates continuing medical education (CME) standards to further promote cultural and linguistic competency and enhance the quality of physician-patient communication. Requires the updated standards for cultural and linguistic competency priorities languages in proportion to primary languages spoken by at least 10% of the state population, meet the needs of California’s changing demographics, and address language disparities as they emerge.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470</p>	Support	<p>12-SEP-23</p> <p><i>Enrolled and presented to the Governor.</i></p>
AB 598 (Wicks)	Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Health Kids Survey	<p>This bill would revise the information included in this instruction related to local resources and abortion, as specified, and would require that pupils received a physical or digital resource detailing local resources upon completion of the applicable instruction. This bill would require the State Department of Education to ensure the California Health Kids Survey includes questions about sexual and reproductive care as a core survey module for pupils in grades 7,9 and 11. The bill would require each school district serving pupils in any grades 5,7,9 or 11 to administer the California Health Kids Survey to pupils in the applicable grades, as provided.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&search_keywords=HIV</p>	Support	<p>05-JUL-23</p> <p><i>In Senate. Referred to Com. on ED. Set, second hearing. Hearing canceled at the request of author.</i></p>
AB 719 (Boerner Horvath)	Medi-Cal benefits	<p>Requires Medi-Cal managed care plans to contract with and reimburse public paratransit service operators for nonemergency medical transportation and nonmedical transportation services.</p> <p><u>Senate Amendments:</u></p> <ol style="list-style-type: none"> <i>Narrow this bill to apply only to paratransit services.</i> <i>Explicitly condition implementation on federal approval and the availability of federal financial participation.</i> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&search_keywords=HIV</p>	Support	<p>19-SEP-23</p> <p><i>Senate amendments concurred in. Enrolled and presented to the Governor.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	<p>This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law.</p> <p><u>Senate Amendments:</u></p> <ol style="list-style-type: none"> 1. Establishes that, except where specified, an institution may use a student's gender or legal name as indicated in a government-issued identification document only if it is necessary to meet a legally mandated obligation, but otherwise shall identify the student in accordance with the student's gender identify and affirmed name. 2. Specifies that, commencing with the 2023-24 graduating class, an institution must provide an option for a graduating student that the diploma to be conferred by the institution must not require a graduating student to provide legal documentation sufficient to demonstrate a legal name or gender change in order to have the student's chosen name be the sole name listed on the student's diploma. 3. Clarifies that both unofficial and official transcripts may be updated any for current students, staff, and faculty to include the affirmed name, gender, or both name and gender identification. 4. Established that, if the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made as specified. <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&search_keywords=gender</p> <p>Support with Amendments: Require the bill to apply to the UC system as well. Because of the constitutional autonomy of the UC system, the Donahue Higher Education Act, which governs postsecondary education in the State of California, does not apply to the UC system. As a result, a bill must request the UC Regents to make education code provisions applicable to the UC system.</p>	Support with Amendments	<p><i>23-SEP-23</i></p> <p><i>Approved by the Governor. Chapered by Secretary of State-Chapter 222, Statutes of 2023.</i></p>
AB 793 (Bonta)	Privacy: reverse demands	<p>The bill bans reverse-location searches, which allow law enforcement agencies to obtain cell phone data about unspecified individuals near a certain location, and reverse-keyword searches, which allow law enforcement agencies to obtain data about unspecified individuals who used certain search terms on an internet website.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793</p>	Support with Amendments	<p>30-JUN-23</p> <p>In Senate. In Com. on JUD. Set, first hearing. Hearing canceled at the request of author.</p>
AB 920 (Bryan)	Discrimination: housing status	<p>This bill would also prohibit discrimination based upon housing status, as defined. "Housing status" refers to the status of experiencing homelessness, as defined in paragraph (2) of subdivision (a) of Section 50675.15 of the Health and Safety Code.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920</p>	Support	<p><i>18-MAY-23</i></p> <p><i>In committee: Held under submission.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 957 (Wilson)	Family law: gender identity	<p>This bill would require the court to strongly consider that affirming the minor's identity is in the best interest of the child if a nonconsenting parent objects to a name change to conform to the minor's gender identity. This bill would require a court, when determining the best interests of a child, to also consider a parent's affirmation of the child's gender identity.</p> <p><u>Senate Amendments:</u></p> <ol style="list-style-type: none"> 1. Delete the naming provisions of the bill. 2. Clarify the provision of existing law that enumerates the factors that a court must consider in determining the best interest of a child when making order regarding the physical or legal custody or visitation of children to include a parent's affirmation of the child's gender identity or gender expression. 3. Incorporate changes made to Section 3011 of the Family Code by SB 599 and add chaptering provisions. <p><u>Governor's Veto Message:</u> <i>This legislation would require a court, when determining the best interests of a child in a child custody or visitation proceeding, to consider, among other comprehensive factors, a parent's affirmation of the child's gender identity or gender expression. I appreciate the passion and values that led the author to introduce this bill. I share a deep commitment to advancing the rights of transgender Californians, an effort that has guided my decisions through many decades in public office. That said, I urge caution when the Executive and Legislative branches of state government attempt to dictate - in prescriptive terms that single out one characteristic - legal standards for the Judicial branch to apply. Other-minded elected officials, in California and other states, could very well use this strategy to diminish the civil rights of vulnerable communities. Moreover, a court, under existing law, is required to consider a child's health, safety, and welfare when determining the best interests of a child in these proceedings, including the parent's affirmation of the child's gender identity.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957</p>	Support	<p><i>22-SEP-23</i></p> <p><i>Vetoed by the Governor.</i></p>
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	<p>This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&search_keywords=HIV</p>	Support	<p>02-MAR-23</p> <p>Referred to Com. on HEALTH.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p><i>AB 1060 (Ortega)</i></p>	<p><i>Health care coverage: naloxone hydrochloride</i></p>	<p><i>Requires coverage of prescription or nonprescription naloxone hydrochloride (NH) and all other drugs or products under a health plan contract, health insurance policy, and the Medi-Cal program, if that medication is approved, for prescription or nonprescription use, respectively, by the United States Food and Drug Administration (FDA) for the complete or partial reversal of an opioid overdose. Prohibits a health plan contract or health insurance policy from imposing any cost-sharing requirements exceeding \$10 per package of naloxone hydrochloride or another drug approved by the FDA for the complete or partial reversal of an opioid overdose.</i></p> <p><u><i>Senate Amendments:</i></u></p> <ol style="list-style-type: none"> <i>1. Delay implementation to January 1, 2025, and require coverage of at least one product of each available dosage form for prescription or nonprescription NH.</i> <i>2. Prohibits cost sharing from exceeding \$10 per package of NH or another drug approved by the FDA for the complete or partial reversal of an opioid overdose.</i> <i>3. Requires the copayment of not more than \$10 to apply only to NH or another product approved by the FDA for the complete or partial reversal of an opioid overdose that is in Tier 1 or Tier 2 or that is provided over the counter at an in-network pharmacy, if a health plan or insurer maintains a drug formulary grouped into tiers. Requires a health plan or insurer that maintains a drug formulary grouped into tiers to include, for each of the plan's formularies, in Tiers 1 and 2 combined, at least two drugs or products approved by the FDA for the complete or partial reversal of an opioid overdose.</i> <i>4. Requires point-of-sale coverage for over the counter, FDA-approved NH to be provided at in-network pharmacies.</i> <i>5. Authorizes a health plan contract or insurance policy to impose a limit on the quantity of over the counter, FDA-approved NH covered if a reasonable limit is established by the Department of Managed Health Care (DMHC) in coordination with the Department of Insurance (CDI).</i> <i>6. Prohibits a health plan contract or insurance policy that is a high deductible plan from imposing cost sharing requirements in conflict with federal requirements, as specified.</i> <i>7. Authorizes the DMHC Director or CDI Commissioner to issue guidance regarding compliance.</i> <i>8. Sunsets the provisions of this bill on January 1, 2030.</i> 		<p><i>21-SEP-23</i></p> <p><i>Senate amendments concurred in. Enrolled and presented to the Governor.</i></p>

<p>AB 1078 (Jackson)</p>	<p>Instructional materials: removing instructional materials and curriculum: diversity</p>	<p>Makes various changes to the adoption of instructional materials for use in schools, including a provision that would prohibit a governing board from disallowing the use of an existing textbook, other instructional material, or curriculum that contains inclusive and diverse perspectives, as specified.</p> <p><i>Senate Amendments:</i></p> <ol style="list-style-type: none"> 1. <i>Requires the governing board of a school district, a county board of education, or the governing body of a charter school to not refuse to approve the use or prohibit the use of any textbook, instructional material, supplemental instructional material, or other curriculum for classroom instruction or any book or other resource in a school library on the basis that it includes a study of the role and contributions of any individual or group, as specified. States that any action taken by the governing board of a school district, county board of education, or the governing body of a charter school that violates this requirement constitutes unlawful discrimination.</i> 2. <i>Add findings and declarations.</i> 3. <i>Adds a requirement, when LEAs adopt policies that prohibit discrimination, harassment, intimidation, and bullying, that the policy include a statement that it applies to all acts related to school activity or school attendance occurring within a school under the jurisdiction of the LEA, as well as all acts of the governing board or body of the LEA, the superintendent of the school district, and the county superintendent of schools in acting policies and procedures that govern the LEA.</i> 4. <i>Authorizes that a complaint pursuant to 1), above, may be filed with the applicable school district, COE, or charter school under the Uniform Complaint Procedures, or may be filed with the Superintendent of Public Instruction (SPI) directly, as specified. Authorizes the SPI, in responding to a complaint, to directly intervene without waiting for an investigation by the school district, COE, or charter school.</i> 5. <i>Requires the county superintendent of schools to do both of the following, if they determine that there are insufficient textbooks or instructional materials, as specified: 1) provide the school district with the opportunity to remedy the deficiency, and 2) if the deficiency is not remedied, requires the county superintendent to request the CDE to purchase the textbooks or instructional materials necessary to comply with the specified sufficiency requirements. Requires the amount of funds necessary for the purchase of the textbooks and materials to a loan to the school district to be repaid as specified.</i> 6. <i>Adds the date of July 1, 2025, by which the CDE is required to issue guidance related to how to help school districts, COEs, charter schools, and school personnel manage conversations about race and gender, and how to review instructional materials to ensure that they represent diverse perspectives and are culturally relevant.</i> 7. <i>Requires the CDE take all specified remedial actions, including purchasing textbooks and instructional materials, if the SPI determines that a school</i> 	<p>Support</p>	<p><i>25-SEP-23</i></p> <p><i>Approved by the Governor.</i></p> <p><i>Chaptered by Secretary of State- Chapter 229, Statutes of 2023.</i></p>
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BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
		<p><i>district has not provided sufficient textbooks or instructional materials, as specified.</i></p> <p>8. <i>Requires the SPI to assess a financial penalty against a school district's Local Control Funding Formula allocation if the SPI determines the school district has not provided sufficient textbooks or instructional materials, as specified.</i></p> <p>9. <i>States that this act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of California Constitution Article IV and is required to go into immediate effect. States that the facts constituting the necessity are in order to ensure that pupils have access to sufficient textbooks or instructional materials, or both, that are aligned to the content standards adopted by the State Board of Education, it is necessary for this act to take effect immediately</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&search_keywords=transgender</p>		
<p>AB 1163 (Luz Rivas)</p>	<p>Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act</p>	<p>This bill expands the data collection requirements in the Lesbian, Gay, Bisexual, and Transgender (LGBT) Disparities Reduction Act, to additionally apply to the State Department of State Hospitals (DSH), the Department of Rehabilitation (DOR), the State Department of Developmental Services (DDS), and the Department of Community Services and Development (CSD).</p> <p><u>Senate Amendments:</u></p> <ol style="list-style-type: none"> 1. Deleted the following state entities from the bill: <ol style="list-style-type: none"> a. Business, Consumer Services and Housing Agency b. Department of Housing and Community Development c. California Health and Human Services Agency d. California Commission on Disability Access 2. Expanded the LGBT Disparities Reduction Act data collection and reporting requirements to DSH, DOR, DDS, and CSD. These additional state agencies shall comply with these requirements "as early as possible following January 1, 2025, but no later than July 1, 2026." 3. Added intersexuality to the voluntary self-identification information collected under the LGBT Disparities Reduction Act. 4. Made clarifying and conforming changes. <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&search_keywords=transgender</p>	<p>Support</p>	<p>21-SEP-23</p> <p>Senate amendments concurred in. Enrolled and presented to the Governor.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>AB 1314 (Essayli and Gallagher)</p>	<p>Gender identity: parental notification</p>	<p>This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child's sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child's sex on their birth certificate, other official records, or sex assigned at birth. The bill would state legislative intent related to these provisions. By imposing additional duties on public school officials, the bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314</p>	<p>Oppose</p>	<p>24-AUG-23 <i>Referred to Com. on ED.</i></p>
<p>AB 1431 (Zbur)</p>	<p>Housing: the California Housing Security Act</p>	<p>This bill would, upon appropriation of the Legislature, establish the California Housing Security Program to provide a housing subsidy to eligible persons, as specified, to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person's rent to prevent homelessness but shall not exceed \$2,000 per month. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy. The bill would require the department to submit a report on the program to the Legislature, as described.</p> <p>"Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, one of the following: (5) A chronic illness, including, but not limited to, HIV.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&search_keywords=HIV</p>	<p>Support</p>	<p>26-APR-23 In Committee: Set, first hearing. Hearing canceled at the request of author.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1432 (Carrillo)	Health insurance: policy	<p>This bill subjects an out-of-state policy, or certificate of group health insurance that is marketed, issued, or delivered to a Californian resident to specified provisions of the Insurance Core requiring coverage of abortion, abortion-related services and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.</p> <p><u>Senate Amendments:</u></p> <ol style="list-style-type: none"> 1. Delete the provisions in the Health and Safety Code as it relates to health plan coverage. <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432</p>	Support	<p>13-SEP-23</p> <p><i>Enrolled and presented to the Governor.</i></p>
AB 1487 (Santiago)	Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund	<p><i>Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experiences carceral systems.</i></p> <p><u>Senate Amendments:</u></p> <ol style="list-style-type: none"> 1. Are technical, clarifying, and add a co-author. <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1487</p>		<p>15-SEP-23</p> <p><i>Senate amendments concurred in. Enrolled and presented to the Governor.</i></p>
AB 1549 (Wendy Carrillo)	Medi-Cal: federally qualified health centers and rural health clinics	<p>This bill revises the prospective payment system (PPS) per-visit rate calculation to account for staffing and care delivery models for Medi-Cal services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) (collectively, health centers). This bill also revises the definition of change in scope of service to include visit duration, intensity, and amount of activities provided, among other provisions.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&search_keywords=HIV</p>	Support	<p>18-MAY-23</p> <p>In Committee. Held under submission.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1645 (Zbur)	Health care coverage: cost sharing	<p>Prohibits a large group health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, or an individual or small group contract or policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement for office visits of specified preventive care services and screenings and for items or services that are integral to their provision. Prohibits health plan contracts and insurance policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to a STI screening, as specified. Requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening, specified rates (unless otherwise agreed to by a nonparticipating essential community provider (ECP) and the health plan or insurer, the greater of its average contracted rate or 125% of the amount Medicare reimburses on a fee-for-service basis for the same or similar items or services in the general geographic region in which the items or services were rendered) for screening tests and integral items and services rendered, and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for a STI screening from an enrollee or insured.</p> <p><u>Senate Amendments:</u></p> <p>1. <i>Delay implementation for individual or small group contracts or policies. Clarify that the delayed implementation for individual and small group health care service plan contracts does not excuse compliance with existing preventive law and requires compliance with the coverage and cost-sharing requirements, as specified</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&search_keywords=sexual+health</p>	Support	<p><i>21-SEP-23</i></p> <p><i>Senate amendments concurred in. Enrolled and presented to the Governor.</i></p>
SB 36 (Skinner)	Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care	<p>This bill would prohibit the issuance of warrants for persons who have violated the laws of another state relating to abortion, contraception, reproductive care, and gender-affirming care, that are legally protected in California. The bill would also prohibit apprehending, detaining, or arresting a bail fugitive based on such offenses, and impose criminal and civil liability for doing so. In addition, the bill would restrict the sharing of information by law enforcement related to such protected activity and provide that convictions in other states would not result in ineligibility for state benefits.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&search_keywords=gender</p>	Support	<p>18-MAY-23</p> <p>May 18 hearing. Held in committee and under submission.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	<p>This bill would, upon appropriation of funding by the Legislature, require the Department of Housing and Community Development (HCD) to develop and administer the Older Adults and Adults with Disabilities Housing Stability (OAAHDS) Program to award competitive grants to eligible entities. Grant funds would provide housing subsidies to older adults and adults with disabilities whose households are experiencing homelessness or at risk of homelessness, as specified.</p> <p>a) "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, the following:</p> <ul style="list-style-type: none"> a. A "physical disability," as defined in subdivision (m) of Section 12926 of the Government Code. b. A "mental disability," as defined in subdivision (j) of Section 12926 of the Government Code, except it shall also include a substance use condition. c. A "medical condition," as defined in subdivision (i) of Section 12926 of the Government Code. d. A "developmental disability," as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code. e. A chronic illness, including, but not limited to, HIV. f. A traumatic brain injury. <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&search_keywords=HIV</p>	Support	18-MAY-23 May 18 hearing. Held in committee and under submission.
SB 339 (Wiener)	HIV preexposure prophylaxis and postexposure prophylaxis	<p>This bill requires a health plan and health insurer to cover preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including the pharmacist's services and related testing ordered by the pharmacist, and to pay or reimburse pharmacist services at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health plan or insurer has an out-of-network pharmacy benefit. Precludes a health plan or insurer from covering all of the therapeutically equivalent alternative versions without prior authorization or step therapy, if at least one therapeutically equivalent alternative version is covered without prior authorization or step therapy and if the United States Food and Drug Administration (FDA) has approved one or more therapeutic equivalents alternatives of a drug, device, or product for the prevention of AIDS/HIV. Excludes Medi-Cal managed care plans contracting with the Department of Health Care Services (DHCS), as specified, from the coverage provisions of this bill. Includes PrEP furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Authorizes a pharmacist to furnish up to a 90-day course of PrEP, or beyond a 90-day course (existing law allows for a 60-day supply), if specified conditions are met.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&search_keywords=HIV</p>	Support	11-SEP-23 <i>Ordered to inactive file on request of Assembly Member Bryan.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	<p>This bill requires a board within the Department of Consumer Affairs (DCA) to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified.</p> <p><i>Assembly Amendments:</i></p> <p>1. <i>Made various conforming changes and clarifications related to accessing information about enforcement actions take against a licensee.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&search_keywords=gender</p>	Support	<p><i>23-SEP-23</i></p> <p><i>Approved by the Governor.</i></p> <p><i>Chapters by Secretary of State- Chapter 225, Statutes of 2023.</i></p>
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	<p>Prohibits a non-grandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, drug devices, or drug products (ARVs) that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS). Prohibits a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention HIV/AIDS, to prior authorization or step therapy, but authorizes prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. Does not require coverage by an out-of-network pharmacy, unless in the case of an emergency or if there is an out-of-network benefit. Delays implementation of this bill for an individual and small group health plan contract or insurance policy until January 1, 2025</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&search_keywords=HIV</p>	Watch	<p><i>14-SEP-23</i></p> <p><i>Ordered to inactive file on request of Assembly Member Bryan.</i></p>
SB 524 (Caballero)	Pharmacists: furnishing prescription medications	<p>This bill authorizes a pharmacist to furnish medications to treat various diseases and conditions based on the results of a federal Food and Drug Administration (FDA) test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits, as specified</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&search_keywords=HIV</p>	Support	<p>18-MAY-23</p> <p>May 18 hearing: Held in committee and under submission.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 525 (Durazo)	Minimum wages: health care workers	<p>This bill (1) enacts a phased in multi-tiered statewide minimum wage schedule for health care workers employed by covered healthcare facilities, as defined; (2) requires, following the phased-in wage increases, the minimum wage for health care workers employed by covered healthcare facilities to be adjusted, as SB 525; (3) provides a temporary waiver of wage increases under specified circumstances; (4) and establishes a 10-year moratorium on wage ordinances, regulations, or administrative actions for covered health care facility employees, as specified.</p> <p><u>Assembly Amendments:</u></p> <ol style="list-style-type: none"> 1. <i>Strike the flat minimum wage provisions and instead implement a tiered schedule based on specified factors</i> 2. <i>Provide a waiver process for the scheduled minimum wage increases</i> 3. <i>Provide a 10-year moratorium on minimum wage ordinances for covered health care employees, as specified</i> 4. <i>Provide that a covered health care facility does not include the Department of State Hospitals or tribal clinics</i> 5. <i>Provide a covered health care employee does not include waste collection work at a covered health facility or medical transportation services, as specified</i> 6. <i>Add additional definitions.</i> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&search_keywords=%22health+care%22</p>	Support with Amendments	<p><i>14-SEP-23</i></p> <p><i>Assembly amendments concurred in. Enrolled and presented to the Governor.</i></p>
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	<p>This bill requires all public high schools to make condoms available to students by the start of the 2024-25 school year and requires schools to provide information to students on the availability of condoms, as well as other sexual health information. Prohibits public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Prohibits retailers from restricting sales of nonprescription contraception on the basis of age.</p> <p><u>Assembly Amendments:</u></p> <ol style="list-style-type: none"> 1. <i>Add state special schools to the definition of public schools.</i> 2. <i>Removes the requirement for the Family PACT to provide medical coverage for immunization against HPV to persons who are 18 years of age or younger and clarifies that this does not prohibit the Department of Health Care Services (DHCS) from providing that coverage to persons who are over 18 years of age through the Family PACT Program.</i> 3. <i>Remove tamper proof boxes and instead make condoms available to students via distribution, as specified.</i> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&search_keywords=HIV</p>	Support	<p><i>15-SEP-23</i></p> <p><i>Assembly amendments concurred in. Enrolled and presented to the Governor.</i></p>

FEDERAL BILLS				
BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 62 (Jackson Lee)	SHIELD Act	<p>SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress</p> <p>This bill established a framework to limit interference with persons seeking to provide or access reproductive health services at the state level. The bill reduces the allocation of funds under certain law enforcement grant programs for a state that has in effect a law authorizing state or local officers or employees to interfere with persons seeking to provide or access reproductive health services. The bill authorizes civil remedies for a violation, including damages and injunctive relief. Additionally, it authorizes criminal penalties for a violation involving the use of deadly or dangerous weapon or the infliction of bodily injury.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&r=5&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p>	SUPPORT	<p>09-Jan-23</p> <p>Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.</p>
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	<p>This bill prohibits federal funding of the Reproductive Healthcare Access Task Force. The Department of Health and Human Services launched the task force on January 21, 2022, to identify and coordinate departmental activities related to accessing sexual and reproductive health care.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=7</p>	OPPOSE	<p>09-JAN-23</p> <p>Introduced in House. Referred to Committee on Energy and Commerce.</p>
H. Res. 185 (Hayes)	Declaring racism a public health crisis	<p>Resolved, That the House of Representatives—</p> <p>(1) supports the resolutions drafted, introduced, and adopted by cities and localities across the Nation declaring racism a public health crisis;</p> <p>(2) declares racism a public health crisis in the United States;</p> <p>(3) commits to—</p> <p>(A) establishing a nationwide strategy to address health disparities and inequity across all sectors in the United States;</p> <p>(B) dismantling systemic practices and policies that perpetuate racism in the United States;</p> <p>(C) advancing reforms to address years of neglectful and apathetic policies that have led to poor health outcomes for communities of color in the United States; and</p> <p>(D) promoting efforts to address the social determinants of health—especially for Black, Latino, and Native-American people, and other people of color in the United States; and</p> <p>(4) charges the Nation with moving forward with urgency to ensure that the United States stands firmly in honoring its moral purpose of advancing the self-evident</p>	SUPPORT	<p>28-FEB-23</p> <p>Introduced in House. Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary.</p>

		<p>truths that all people are created equal, that they are endowed with certain unalienable rights, and that among these are life, liberty, and the pursuit of happiness.</p> <p>https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&r=15&q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D</p>		
H.R. 407 (Clyde)	Protect the UNBORN Act	<p>UNOBORN: Undo the Negligent Biden Orders Right Now</p> <p>This bill prohibits federal implementation of and funding for specified executive orders that address access to reproductive care services, including services related to pregnancy or the termination of a pregnancy.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=6</p>	OPPOSE	<p>27-JAN-23</p> <p>Introduced in House. Referred to the Subcommittee on Health.</p>
H.R. 445 (Williams)	HHS Reproductive and Sexual health Ombuds Act of 2023	<p>This bill creates a position within the Department of Health and Human Services to support access to reproductive and sexual health services (including services relating to pregnancy and the termination of a pregnancy) that are evidence-based and medically accurate. Functions of the position include (1) educating the public about medication abortions and other sexual and reproductive health services, (2) collecting and analyzing data about consumer access to and health insurance coverage for those services, and (3) coordinating with the Federal Trade Commission on issues related to consumer protection and data privacy for those services.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D</p>	SUPPORT	<p>27-JAN-23</p> <p>Introduced in House. Referred to the Subcommittee on Health.</p>
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	<p>SAFER: Secure Access For Essential Reproductive Health</p> <p>This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&r=8&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p> <p>https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&r=9&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p>	SUPPORT	<p>09-FEB-23</p> <p>Introduced in Senate. Read twice and referred to the Committee on Health, Education, Labor, and Pensions.</p>
H.R. 517 (Mace)	Standing with Moms Act	<p>This bill requires the Department of Health and Human Services (HHS) to disseminate information about pregnancy-related resources. Specifically, HHS must maintain a public website (life.gov) that lists such resources that are available through federal, state, and local governments and private entities.</p>	OPPOSE	<p>25-JAN-23</p> <p>Introduced in House. Referred to the House Committee on</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
		The bill excludes form life.gov, the portal and the hotline resources provided by entities (1) perform, induce, refer for, or counsel in favor of abortions; or (2) financially support such entities. The bill also requires HHS to report on traffic to life.gov and the portal, gaps in services available to pregnant and postpartum individuals, and related matters. https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=19		Energy and Commerce.
H.R. 561 (Lee)	EACH Act of 2023	This bill requires federal health care programs to provide coverage for abortion services and requires federal facilities to provide access to those services. The bill also permits qualified health plans to use funds attributable to premium tax credits and reduced cost sharing assistance to pay for abortion services. https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&s=8&r=8	SUPPORT	21-FEB-23 Introduced in House. Referred to the Subcommittee on Indian and Insular Affairs
H.R. 1224 (Trahan)	INFO for Reproductive Care ACT OF 2023	<i>INFO= Informing New Factors and Options</i> This bill requires the Department of Health and Human Services to carry out a campaign to educate health care professionals (and health care professions students) about assisting patients to navigate legal issues related to abortions and other reproductive health care services. https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=4	SUPPORT	27-FEB-23 Introduced in House. Referred to the House Committee on Energy and Commerce.
S. 701 (Baldwin)	Women's Health Protection Act of 2023	To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services. https://www.congress.gov/bill/118th-congress/senate-bill/701/text?s=8&r=14&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	08-MAR-23 Introduced in Senate. Placed on Senate Legislative Calendar under General Orders.

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

Footnotes:

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

Notes:

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

RYAN WHITE CARE ACT MODERNIZATION PROJECT: POLICY BRIEF OUTLINE

I. INTRODUCTION

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

II. BACKGROUND AND JUSTIFICATION

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

III. RECOMMENDATIONS

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

IV. CONCLUSION

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



RYAN WHITE CARE ACT MODERNIZATION PROJECT: ISSUE PRIORITIZATION MATRIX *(Last updated 9/15/23)*

INSTRUCTIONS: Review the on Page 4 of this document and select 3-5 issues you consider a priority to include in the Ryan White Care Act Modernization Policy Brief the PPC is developing. When providing your selections, please submit any additional comments/notes that describe your reasoning/justification (see below for examples). Please reach out to Commission staff if you have any questions.

COMMITTEE MEMBER	ISSUE/RECOMMENDATION	COMMITTEE MEMBER COMMENTS/JUSTIFICATIONS
RR, AB, PN	3B: Reauthorization Principle #5: “Emergency” and “Urgency” are not synonymous.	<ul style="list-style-type: none"> • Reduce documentation burden for clients (<i>RR</i>) <ul style="list-style-type: none"> ◦ Having to recertify [HIV] status • Review and revise early intervention prior to crisis to improve health outcomes and be more cost-effective (<i>PN</i>) • Prevention integrated into this as a way to preventing crisis (<i>PN</i>) • Look at prevention around housing to prevent crisis (<i>PN</i>)
RR, PN, LK	2C: Meet the needs of PLWH age 50 years old and older	<ul style="list-style-type: none"> • Workforce capacity to include continuous education, retention, and burnout prevention (<i>RR</i>) • Specific challenges. Biopsychological and social [challenges] of new aging population. Include training but support greater needs assessment. Address needs, clinical [needs] (<i>PN</i>)
KN, RR, PN	1D: Adding service categories that allow for local customization and flexibility	<ul style="list-style-type: none"> • Possibly a good idea because of huge variations across jurisdictions (<i>KN</i>) • Add service categories for: Overdose Prevention, Harm Reduction (e.g. syringe services), and STI services (<i>RR</i>) • Reflecting concerns about new/intersectional/marginalized communities that reflect need on the ground rather than paper based “one-size fits all” need (<i>PN</i>) • EHE really needs patient-centered care which needs local service development and delivery flexibility (<i>PN</i>)
AB, KN	3A: Reauthorization Principle #4: Ryan White’s “Last Resort” response is not practical. [ii] Re-engineer Ryan White as a critical wrap-around and supplementary component resource intended to enhance and expand other HIV prevention, care, and treatment	<ul style="list-style-type: none"> • Concern that Ryan White Program is supported as “Last Resort Funder” (<i>AB</i>) <ul style="list-style-type: none"> ◦ Need to avoid losing support by trying to do too much • Again, focus on closing the gap of missing services/coverage (<i>KN</i>)



	services—or supply those services where there are none.	
AB, RR	2A: Increase Health Literacy among PLWH	<ul style="list-style-type: none"> • Increase Health Literacy amongst our communities, including PLWH (AB) • Increase Health Literacy among PLWH and people at risk for infection, if we are pushing for status neutral [approach] (RR)
AB	<p>3F: Making rapid start of ART the expectation for HIV health care systems is an urgent priority.</p> <ul style="list-style-type: none"> • [ii] Ryan White Program solutions for rapid start: (2) Develop models for rapid start of ART in tandem with retention in care 	<ul style="list-style-type: none"> • Develop models and protocols (AB)
PN	<p>3G: When Congress next enacts a reauthorization to the Ryan White HIV/AIDS Program, they may consider a range of changes to improve outcomes and better support retention in care and adherence to treatment, including giving HRSA new tools to promote presumptive eligibility for ADAP and ensure that Medicaid, Medicare, and the marketplaces have the pharmacy benefits structures and staff capacity to operationalize rapid start of ART.</p>	<ul style="list-style-type: none"> • As part of a review get a consensus about not only [what] doesn't work but solution focused to change presumptive eligibility, etc. (PN) • Could potentially address many of above/other concerns by looking at solution focused re-wording (PN)
KN	<p>3D: Despite the expected benefits of the ACA to PLWH, access and linkage to care, reducing inequity in HIV risk and access to care, and coping with comorbidities remain pressing challenges.</p>	<ul style="list-style-type: none"> • Focus on closing gap of access/Long-Term Care for RW eligible folks (KN)
LK	<p>3C: Reauthorization Principle #9: Financially support quality and efficiency.</p>	<ul style="list-style-type: none"> • <i>Notes pending.</i>
LK	<p>3E: Increase Ryan White program investments to build health department data management systems and capacity to better partner with Medicaid, Medicare, health plans, and HIV prevention programs to monitor</p>	<ul style="list-style-type: none"> • <i>Notes pending.</i>



	engagement in care and intervene when care is interrupted.	
FF	1B: Expanding RWP to individuals and populations that carry the burden of new HIV infections.	<ul style="list-style-type: none">• Add “regardless of citizenship status” (FF)
FF	2E: Develop models of care for meeting the health care needs of people living with HIV who use drugs	<ul style="list-style-type: none">• Add “develop models of care to meet [...] mental health needs” (FF)

DRAFT



RYAN WHITE CARE ACT MODERNIZATION PROJECT: ISSUES SUMMARY *(Last updated 9/15/23)*

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

2. **ISSUES/NEEDS NOTED ON LOS ANGELES COUNTY COMMISSION ON HIV--COMPREHENSIVE HIV PLAN¹:**
 - a. Increase Health literacy among PLWH
 - b. Increase workforce capacity
 - c. Meet the needs of PLWH age 50 years old and older
 - d. Provide holistic services for cisgender and transgender women
 - e. Develop models of care for meeting the health care needs of people living with HIV who use drugs

3. **ISSUES/NEEDS IDENTIFIED IN RESOURCE DOCUMENTS**
 - a. Reauthorization Principle #4: Ryan White's "Last Resort" response is not practical².
 - i. Recipients must first demonstrate that they have exhausted all other sources of funding before tapping into Ryan White resources.
 - ii. Re-engineer Ryan White as a critical wrap-around and supplementary component resource intended to enhance and expand other HIV prevention, care, and treatment services-- or supply those services where there are none.
 - b. Reauthorization Principle #5: "Emergency" and "Urgency" are not synonymous³.
 - i. Urgency is needed more, indicating a purposeful response, guided by expedited but thorough planning and implementation. Refocus efforts to facilitate health care access and early interventions (Rapid linkage to care). Review program administration and reduce outdated procedures that slow down service delivery. Devote expenditures to integrated prevention and care (Status neutral approach).
 - c. Reauthorization Principle #9: Financially support quality and efficiency⁴
 - i. Electronic Medical Record (EMR) systems can lead to more efficient administrative processes.
 - ii. Disease management models that rely on high quality care, incorporate inter-disciplinary, team-oriented service delivery, medical and primary health care accountability, and patient-centered focus.

¹ [Microsoft Word - LA County Integrated HIV Prevention and Care Plan, 2022-2026.docx \(kc-usercontent.com\)](#)

² "Ryan White Reauthorization Principles" Policy Brief No. 4, Los Angeles County Commission on HIV

³ "Ryan White Reauthorization Principles" Policy Brief No. 4, Los Angeles County Commission on HIV

⁴ "Ryan White Reauthorization Principles" Policy Brief No. 4, Los Angeles County Commission on HIV



- d. Despite the expected benefits of the ACA to PLWH, access and linkage to care, reducing inequity in HIV risk and access to care, and coping with comorbidities remain pressing challenges.⁵
- e. Increase Ryan White program investments to build health department data management systems and capacity to better partner with Medicaid, Medicare, health plans, and HIV prevention programs to monitor engagement in care and intervene when care is interrupted⁶
- f. Making rapid start of ART the expectation for HIV health care systems is an urgent priority.⁷
 - i. The Ryan White HIV/AIDS Program is uniquely poised to lead the way, both in changing how its recipients operate and in demonstrating to Medicaid, Medicare, and private insurers how to make rapid start of ART (within 7 days of diagnosis) a reality
 - ii. Ryan White Program solutions for rapid start:
 - 1. Make rapid start of ART a priority
 - 2. Develop models for rapid start of ART in tandem with retention in care
 - 3. Measure "time to ART" and "time to viral suppression"
 - iii. Prioritize competitive funding for rapid start of ART
 - 1. Prioritize funding through the ADAP supplemental grant programs
 - 2. Revise guidance for the Part C program to promote the development of rapid start initiatives
 - iv. Expediate ADAP eligibility and procure starter courses of drugs
 - 1. Show states how to streamline ADAP eligibility
 - 2. Facilitate purchase of ART starter packs
 - v. Support practice transformation
 - 1. Special Projects of National Significance
 - 2. AIDS Education and Training Centers
- g. When Congress next enacts a reauthorization to the Ryan White HIV/AIDS Program, they may consider a range of changes to improve outcomes and better support retention in care and adherence to treatment, including giving HRSA new tools to promote presumptive eligibility for ADAP and ensure that Medicaid, Medicare, and the marketplaces have the pharmacy benefits structures and staff capacity to operationalize rapid start of ART.

⁵ [The Ryan White HIV/AIDS Program after the Patient Protection and Affordable Care Act full implementation: a critical review of predictions, evidence, and future directions - PubMed \(nih.gov\)](#)

⁶ [AligningwithInsurance1.pdf \(georgetown.edu\)](#)

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

REVISED MOTION BY SUPERVISORS LINDSEY P. HORVATH

October 3, 2023

AND KATHRYN BARGER

Los Angeles County’s Response to the Sexually Transmitted Infection (STI) Crisis

Los Angeles County is in the midst of an ongoing STI crisis that has seen case rates skyrocket over the past decade, with the highest ever combined annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. Recent data from the Los Angeles County Department of Public Health (Public Health), Division of HIV and STI Programs (DHSP) showed a 450% increase in syphilis rates among females and a 235% increase in males over the last decade. Congenital syphilis rates have increased by 1260% over the last 12 years, with 136 congenital syphilis cases reported in 2022 compared to just 10 in 2010. STIs disproportionately impact young persons (particularly in communities of color), gay and bisexual men, transgender individuals, and cis-gender men and women experiencing substance use disorder, particularly methamphetamine use disorder.

In partnership with community-based organizations, the Department of Public Health funds a wide array of programs and projects to address the STI crisis in Los Angeles County.

MOTION

SOLIS _____

MITCHELL _____

HORVATH _____

BARGER _____

HAHN _____

‡ **WE, THEREFORE, MOVE** that the Board of Supervisors:

Direct the Department of Public Health to present at the October 17, 2023, Board Meeting on current investments and programs that address the STI crisis. The presentation should include current strategies that address STI health disparities and inequities among disproportionately impacted communities, a review of the planned investment of new resources, and new strategies to reduce rates of infection.

#

LPH:af