LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov

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Public Policy Committee Meeting

Monday February 2, 2026
1:00pm – 4:00pm (PST)
Extended Meeting

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r4295f0cadd2388609272effd5b1733d0

Public Comments

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

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

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

Accommodations

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

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

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: https://hiv.lacounty.gov/membership-and-recruitment
For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

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.)

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

☐ This meeting is a **Brown-Act meeting** and is being recorded.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

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

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

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

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

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

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

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

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MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

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

PUBLIC POLICY COMMITTEE

MONDAY, FEBRUARY 2, 2026 | 1:00 PM – 4:00 PM

****EXTENDED MEETING****

510 S. Vermont Ave

Terrace Level (9th Floor) Conference Rooms
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

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

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/r4295f0cadd2388609272effd5b1733d0
To Join by Telephone: 1-213-306-3065 U.S. Toll
Password: POLICY Meeting ID/Access Code: 2531 934 7510

Public Policy Committee Members:			
Katja Nelson, MPP *Co-Chair*	Mary Cummings *(LOA)*	OM Davis *(LOA)*	Jet Finley *(LOA)*
Terrance Jones	Lee Kochems, MA	Leonardo Martinez-Real	Paul Nash, PhD
QUORUM: 3			
*LOA: Leave of Absence			

AGENDA POSTED: January 30, 2026.

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 – 1:06 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:06 PM – 1:07 PM

II. PUBLIC COMMENT 1:07 PM – 1:10 PM

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

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

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

IV. REPORTS

7. COH Staff Report 1:15 PM – 1:25 PM
   a. Operational and Commission Updates
8. Co-Chair Report 1:25 PM – 1:35 PM
   a. Sunsetting of PPC Updates

V. DISCUSSION ITEMS 1:35 PM—3:55 PM

10. PPC Activities Transition Document

11. 2026 Policy Priorities
    MOTION #3: Approve the 2026 Policy Priorities, as presented or revised and elevated to the Executive Committee.
12. State Policy & Budget Updates
13. Federal Policy Updates
14. County Policy Updates

VII. NEXT STEPS 3:55 PM – 3:57 PM

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

VIII. ANNOUNCEMENTS 3:57 PM – 4:00 PM

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

IX. ADJOURNMENT 4:00 PM

16. Adjournment for the meeting of February 2, 2026.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Public Policy Committee minutes, as presented or revised.
MOTION #3	Approve the 2026 Policy Priorities, as presented or revised and elevate to the Executive Committee.

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

PUBLIC POLICY COMMITTEE MEETING MINUTES

Draft

November 3, 2025

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Terrance Jones	A
Arburtha Franklin	P	Lee Kochems, MA, Co-Chair	P
Mary Cummings	A	Leonardo Martinez-Real	P
OM Davis	LOA	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	P
COMMISSION STAFF AND CONSULTANTS			
Jose Rangel-Garibay			
MEMBERS OF THE PUBLIC			
John Mones			

*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

- **CALL TO ORDER & MEETING GUIDELINES/REMINDERS**
  The meeting was called to order at 10:10am.
- **INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**
  Katja Nelson, Public Policy Committee (PPC) co-chair, led introductions.
- **APPROVAL OF AGENDA**
  MOTION #1: Approve the Agenda Order as presented or revised. ***(No quorum; no vote held).***
- **APPROVAL OF MEETING MINUTES**
  MOTION #2: Approve the Public Policy Committee minutes, as presented or revised. ***(No quorum; no vote held).***

II. PUBLIC COMMENT

- **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMITTEE ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMITTEE. FOR THOSE WHO WISH TO PROVIDE PUBLIC COMMENT MAY DO SO IN PERSON, ELECTRONICALLY BY CLICKING HERE, OR BY EMAILING HIVCOMM@LACHIV.ORG.** There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

- **OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY SITUATION, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.** There were no committee new business items.

IV. REPORTS

- **LEGISLATIVE AFFAIRS AND INTERGOVERNMENTAL RELATIONS (LAIR) PRESENTATION**

"Commissioner Training: Legislative Process and Advocacy"

Amanda Meere, Special/Strategic Projects Coordinator at Chief Executive Office (CEO) LAIR, provided an overview presentation of the State Legislative Process, Federal Legislative Process, and the mechanisms for Legislative Advocacy that exist for Commissions. She emphasized that while Commissions can submit advocacy recommendations to the Board of Supervisors (BOS), Commissioners, Commission Staff and Advisory Bodies are not authorized to advocate on legislation or budget proposal on behalf of the County. A copy of the presentation is included in the meeting packet. To learn more about CEO LAIR, visit their website at https://ceo.lacounty.gov/legislative-affairs-and-intergovernmental-relations/.

- **COH STAFF REPORT**

Operational and Commission-- Updates

Jose Rangel-Garibay, COH staff, reported that the next Commission meeting will be the Annual Conference on November 13, 2025, from 9:00 AM to 4:00 PM at the St. Anne's Conference and Event Center; visit the COH website to register for the in-person event. All commissioners attending in person must register for the conference. A listen-only livestream will be available for those attending virtually. Additionally, the COH will vote on the bylaw updates at the December 11, 2025, Commission meeting. COH staff developed a FAQ Factsheet that provides an overview of the COH restructure and Bylaws revision process and includes a summary of the main changes proposed and a timeline for completing the restructure and revision process. Once the COH approves the bylaws updates, they will submit a revised ordinance to the BOS for review and approval. The proposed bylaw updates are contingent upon the BOS approval of the ordinance. See the meeting packet for a copy of the FAQ document.

- **CO-CHAIR REPORT**

2025 Committee Meeting Calendar—Updates

K. Nelson provided an overview of the 2025 committee meeting calendar. The PPC decided to cancel the December 1, 2025, meeting to prevent conflicts with World AIDS Day related programming. The PPC also decided to work on the 2026 Policy Priorities document at the January 5, 2026, meeting, and develop a transition document at the February 2, 2026, meeting. The transition document will inform the Executive Committee of the new COH cohort on the activities of the PPC and describe the process for completing the Legislative Docket. The last meeting for the PPC will be on February 2, 2026.

V. DISCUSSION ITEMS

- **2025 POLICY PRIORITIES**
  K. Nelson noted that the PPC will draft the 2026 Policy Priorities document in January 2026.
- **2025-2026 LEGISLATIVE DOCKET – UPDATES**
  K. Nelson shared updates on the 2025-26 Legislative Docket; see the packet for additional information.

APPROVED BY GOVERNOR:

- AB 45 Privacy: Health Data: Location and Research
- AB 82 Health care: Legally Protected Health Care Activity
- AB 260 Sexual and Reproductive Health Care
- AB 309 Hypodermic Needles and Syringes
- AB 543 Medi-Cal: Field Medicine
- AB 678 Interagency Council on Homelessness
- AB 688 Telehealth for All Act of 2025
- SB 41 Pharmacy Benefits
- SB 59 The Transgender Privacy Act
- SB 450 LGBTQ+ Adoption Protections
- SB 497 Legally Protected Health Care Activity
- SB 590 Inclusive Paid Family Leave

VETOED BY GOVERNOR:

- AB 554 Health Care Coverage: Antiretroviral drugs, drug devices, and drug products; Read the Governor's Veto Message.
- SB 418 Ensure Equal Access to Care for All; Read the Governor's Veto Message.

- **STATE POLICY & BUDGET UPDATE**
  There were no updates.
- **FEDERAL POLICY UPDATE**
  There were no updates.
- **COUNTY POLICY UPDATE**
  There were no updates.

VI. NEXT STEPS

- **TASK/ASSIGNMENTS RECAP**
  - COH staff send a meeting cancellation notice for the December 1, 2025, PPC meeting.
  - COH staff will coordinate with PPC co-chairs to schedule meeting with health deputies.

- **AGENDA DEVELOPMENT FOR THE NEXT MEETING**
  - Develop "2026 Policy Priorities" document.
  - Develop "PPC Activities Transition" document.

VII. ANNOUNCEMENTS

- **OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS**

There were no announcements.

VIII. ADJOURNMENT

- **ADJOURNMENT FOR THE MEETING OF NOVEMBER 3, 2025.**

The meeting was adjourned at 2:39pm.

LOS ANGELES COUNTY COMMISSION ON HIV

2025 MEMBERSHIP ROSTER| UPDATED 12.8.25

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

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

LOA: Leave of Absence

Overall total: 42

PUBLIC POLICY COMMITTEE ACTIVITIES TRANSITION DOCUMENT

Current Responsibilities for the PPC:

- Advocating public policy issues at every level of government that impact COH efforts to implement an HIV service delivery plan for Los Angeles County, in accordance with the annual comprehensive care and prevention plans.
- Initiating policy initiatives in accordance with HIV service and prevention interests.
- Providing education and access to public policy arenas for the COH members, consumers, providers, and the public.
- Facilitating communication between government and legislative officials and the COH.
- Recommending policy positions on governmental, administrative and legislative action to the COH and BOS.
- Advocating specific public policy matters to the appropriate County departments, interests and bodies.
- Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.
- Advancing specific COH initiatives related to each body's work into the public policy arena.
- Other duties as assigned by the COH or BOS.

Policy related activities beyond the scope of the Ryan White HIV/AIDS Program Part A mentioned in the Commission Bylaws, Article X, Section 3, Subsections L thru O approved by COH on 12/12/26:

l) Advance Public Policies that support the County's HIV service delivery system and align with the comprehensive HIV plan, in coordination with the County's Legislative Affairs Office, as appropriate.

m) Initiate and advance policy efforts that strengthen HIV care, treatment, prevention, and related services.

n) Facilitate communication and recommend policy positions to government and legislative officials, the Board of Supervisors, County departments, and other stakeholders, in alignment with County legislative protocols.

o) Educate and support Commission members, consumers, providers, and the public in engaging with public policy processes.

PROPOSED POLICY-RELATED ACTIVITIES FOR THE EXECUTIVE COMMITTEE STARTING MARCH 12, 2026

#	OBJECTIVE	TASKS	TIMELINE	STATUS/NOTES
1	Establish policy priorities and provide regular updates to COH leadership and COH membership, as appropriate.	• Develop policy priorities document consistent with the service priorities set by the COH through the Priority Setting and Resource Allocations (PSRA) process and the Integrated HIV Care and Prevention Plan. • Identify policy issues impacting the local HIV service delivery system. • Provide local, state, and federal legislative and budget updates to COH leadership and COH membership, as appropriate.	Ongoing	Collaborate with County Executive Office (CEO) Legislative Affairs and Intergovernmental Relations (LAIR)

LOS ANGELES COUNTY
COMMISSION ON HIV
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2025 PUBLIC POLICY PRIORITIES

The Public Policy Committee (PPC) of the Los Angeles County Commission on HIV (COH) developed the "2025 Public Policy Priorities" document with the purpose of providing a framework to guide the development of the PPC's 2025-26 Legislative Docket; Items included are not intended to be exhaustive. The PPC and COH are committed in supporting and encouraging innovative efforts to reduce bureaucracy and barriers to accessing services, increase funding, and enhance HIV and Sexually Transmitted Infection (STI) care and prevention service delivery in Los Angeles County. With a renewed urgency, the PPC remains steadfast in its commitment to preserve, protect, and maintain services critical to ending the HIV epidemic.

The PPC recommends the Commission on HIV endorse and prioritize the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations in 2025 that address the following priorities (listed in no order):

Funding

a. Maintain and preserve federal funding for Medicaid, Medicare, and HIV/AIDS programs such as the Ryan White HIV/AIDS Program (RWHAP) and the Ending the HIV Epidemic (EHE) initiative; And support stronger compatibility between the RWHAP, Medicaid, and other systems of care.

Systemic and Structural Racism

a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; and criminalization.
b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in Black/African American, Latino, and other at higher risk for the acquisition and transmission of HIV disease.
c. Address the impact of humanitarian crises on the HIV continuum of care and service delivery including HIV/STI prevention services.

Racist Criminalization and Mass Incarceration

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

Housing

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

Mental Health

a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

Sexual Health and Wellness

a. Increase access to care and treatment for People Living with HIV/AIDS (PLWHA).
b. Increase access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs.

Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction.

c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
d. Advance and enhance routine HIV testing and expanded linkage to care.
e. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
f. Preserve funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Use and Harm Reduction

a. Advocate for substance use services to PLWHA including services and programs associated with methamphetamine use and HIV transmission.
b. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.

Consumers

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

Aging (Older Adults 50+)

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

Women's Health and Wellness

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

Transgender Health and Wellness

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

General Health Care

a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
b. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
c. Provide trauma informed care and harm reduction strategies in all HIV health care settings.

Service Delivery

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

Data

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

Workforce

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

Proposed 2026 Public Policy Priorities

The Executive Committee (EC) of the Los Angeles County Commission on HIV (COH) developed the "2026 Public Policy Priorities" document to provide a framework for guiding the development of the 2025-26 Legislative Docket. The EC recommends the COH endorse and prioritize the following issues as an effort to preserve, protect, and expand services critical to ending the HIV epidemic:

Funding for local, state, and federal HIV/AIDS Programs

- Maintain and defend federal funding for Medicaid, Medicare, and HIV/AIDS programs such as the Ryan White HIV/AIDS Program (RWHAP), the Ending the HIV Epidemic (EHE) initiative, the Housing Opportunities for Persons with AIDS (HOPWA) program, and HIV prevention funding at the Centers for Disease Control and Prevention (CDC)
- Maintain and expand funding for HIV, Sexually Transmitted Infections (STIs), and viral hepatitis prevention and healthcare services.
- Maintain and expand funding for Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)
- Maintain and expand funding for the Transgender Wellness and Equity initiative.

Access to Prevention and Healthcare Services for People Living with HIV/AIDS (PLWH)

a. Expand access to and reduce barriers for HIV healthcare services for PLWH focusing on those most vulnerable to HIV including women, transgender individuals, and older adults 50+.
b. Expand access to and reduce barriers for HIV/STI prevention and healthcare services for those most vulnerable to HIV including women, transgender individuals, and older adults 50+.
c. Expand access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP) for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs. Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction services (e.g. syringe exchange programs, safe administration sites, and over-dose prevention strategies).
d. Expand mental health services for people living with, affected by, or at risk of acquiring HIV/AIDS.
e. Promote and protect women's bodily autonomy in all areas of reproductive healthcare including full access to abortions, contraception, fertility services, and family planning.
f. Improve systems, strategies and proposals that expand affordable housing and prevent homelessness for PLWH and those most vulnerable to HIV.

Eliminating Systemic and Structural Racism

- Promote and defend health equity by addressing social determinants of health including healthcare, housing, education, quality jobs, and safe environments.
- Adress the impact of humanitarian crises on the HIV continuum of care and service delivery including HIV/STI prevention services.
- Reduce criminalization of PLWH and those most vulnerable to HIV including those who exchange sex for money (e.g. commercial sex work).

Service Delivery Improvements

- Adress barriers to accessing and utilizing HIV/STI prevention and healthcare services such as social stigma (e.g. homophobia, transphobia, misogyny) and administrative barriers.
- Increase incentives for people to join and stay in the HIV workforce to combat staff shortages
- Promote collecting, analyzing, and using data while protecting privacy to improve health outcomes and eliminate health disparities among PLWH.
- Incentivize and encourage the empowerment and engagement of PLWH and those most vulnerable to HIV in planning bodies and community advisory boards.

The Executive Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 3, no Ryan White HIV/AIDS Program (RWAHP) Part A funds are used to support policy-related activities. Activities beyond the scope of the RWHAP Part A are conducted in alignment with County legislative protocols and are supported through non-RWHAP resources.

Los Angeles County Board of Supervisors

Fiscal Year 2026-27 Department of Homeless Services and Housing Measure A, Measure H, and HHAP Spending Plan Board Letter

February 3, 2026

LA COUNTY Homeless Services & Housing

FY 2026-27 Projected Measure A Revenue

Measure A (By Proportion)		Initial FY 26-27 Revenue Projection (as of August 2025)	Revised FY 26-27 Revenue Projection (as of January 2026)	Variance
LA County Auditor-Controller	0.50%	$5,235,000	$5,414,000	$179,000
Comprehensive Homelessness Services	60%	$625,059,000	$646,448,000	$21,389,000
Local Solutions Fund	*15%*	*$93,759,000*	*$96,967,000*	*$3,208,000*
Homelessness Solutions Innovations	*1.65%*	*$10,313,000*	*$10,666,000*	*$353,000*
Comprehensive Homelessness Services	*83.35%*	*$520,987,000*	*$538,815,000*	*$17,828,000*
Accountability, Data, and Research	1.25%	$13,022,000	$13,468,000	$446,000
LA County Development Authority	3.00%	$31,253,000	$32,322,000	$1,069,000
LA County Affordable Housing Solutions Agency	35.75%	$372,431,000	$385,176,000	$12,745,000
Total Collections		**$1,047,000,000**	**$1,082,828,000**	**$35,828,000**

Included in the FY 2026-27 Measure A Spending Plan

Deficit Drivers and Mitigation Strategies

Deficit Drivers

- New/expanded cost obligations and loss of or reductions in state, federal, and one-time funding: **$271M**
- Projected Measure A revenue decrease: **$14.5M***
- Difference in one-time carryover between FY 2025-26 and FY 2026-27: **$18M**

Initial Projected Deficit in FY 2026-27: $303.5M

*Based on initial projections from August 2025

Mitigation Strategies

- Programmatic efficiencies: **$41.5M**
- Additional Revenue & One-Time Funding Sources: **$65M**
- Reduction in new funding for Pathway Home: **$92M**
- Reductions/curtailments: **$105M**

Strategies to Address the Deficit: $303.5M

Overview: Measure A Proposed Allocations

Budgets	FY 2025-26 Approved Allocation	FY 2026-27 Proposed Allocation
Comprehensive Homelessness Solutions	**$637,269,000**	**$652,533,000***
Coordinate	$8,332,000	$1,056,000
Prevent	$4,690,000	$0
Connect/Outreach	$54,126,000	$26,706,000
Interim Housing	$187,030,000	$277,545,000
Permanent Housing	$259,333,000	$238,737,000
Stabilize	$12,155,000	$5,361,000
Local Jurisdictions	10,000,000	$5,000,000
Programmatic Staffing	$101,714,000**	$60,375,000
Administration		$37,753,000
Homelessness Solutions Innovations	**$10,600,000**	**$11,010,000**
Accountability, Data, and Research	**$13,384,000**	**$16,468,000**
TOTAL PROPOSED ALLOCATION	**$661,253,000**	**$680,011,000**

*Inclusive of $72.5M of Homeless Housing, Assistance, and Prevention Round 6.

**The HSH Programmatic Staffing and Administration total of $101,714,000 consists of the Chief Executive Office-Homeless Initiative, Department of Health Services-Housing for Health and LAHSA administrative line items that were previously funded in FY 2025-26.

Board Letter Recommendations

Spending Plan Board Letter

IT IS RECOMMENDED THAT THE BOARD:

1. **Approve the use of the combined total of $652,533,000** consisting of $538,815,000 from FY 2026-27 Measure A **Comprehensive Homelessness Services** funds, $41,236,000 of one-time Measure A Comprehensive Homelessness Services carryover and $72,482,000 from State HHAP Round 6 funding, as detailed in Attachment I.

2. **Approve the use of the combined total of $11,010,000** consisting of $10,666,000 from FY 2026-27 Measure A from **Homelessness Solutions Innovations** funds and $344,000 in one-time Measure A Homelessness Solutions Innovations carryover, as detailed in Attachment II.

3. **Approve the use of the combined total of $16,468,000** consisting of $13,468,000 from FY 2026-27 Measure A **Accountability, Data, and Research** funds and $3,000,000 in one-time Measure A Accountability, Data, and Research carryover, as detailed in Attachment III.

Spending Plan Board Letter

IT IS RECOMMENDED THAT THE BOARD:

4. **Approve the Local Solutions Fund (LSF) allocation of $96,967,000** from FY 2026-27 Measure A funds to cities, Councils of Governments (COGs), and/or the County on behalf of its unincorporated areas.

5. **Approve the use of the combined total of $19,137,000** consisting of $17,977,000 from FY 2025-26 one-time Measure A carryover funds and $1,160,000 of one-time Measure H carryover funds for various **Los Angeles Homeless Services Authority (LAHSA)** programs/services to pay prior year invoices, as detailed in Attachment IV.

6. **Approve the use of $25,850,000** in one-time FY 2025-26 Measure H carryover for the **Pathway Home** program, as detailed in the funding recommendations in Attachment V.

7. **Approve the use of $21,380,000** of one-time FY 2025-26 Measure H carryover for **One-Time Investments,** as detailed in Attachment VI.

Board Letter Attachments

Attachment I

Comprehensive Homelessness Services

- In addition to community and partner feedback, the proposed allocations are driven by the expectations of the Measure A Ordinance
- Measure A mandates progress toward target and equity metrics formulated by ECRHA based on LTRHA recommendations and adopted by the Board of Supervisors

TOTAL FOR APPROVAL

$652,533,000

$538,815,000 Measure A
$41,236,000 One-Time Measure A Carryover
$72,482,000 HHAP 6

Homelessness Solutions Innovations

- Funds new strategies and demonstration projects designed to achieve the goals stated in the ordinance

TOTAL FOR APPROVAL
$11,010,000
$10,666,000 Measure A
$344,000 One-Time Measure A Carryover

Accountability, Data and Research

- Funds stabilize and strengthen essential regional data systems required under Measure A, including:
  - HMIS and Champ
  - Homeless Count
  - Countywide InfoHub
  - Improved referral tracking and data integration
  - Implement the required Annual Evaluation Agenda
  - Dedicated support for jurisdictions

- These allocations strengthen accountability, oversight, and transparency across the homelessness system for clearer visibility into outcomes.

TOTAL FOR APPROVAL

$16,468,000

$13,468,000 Measure A

$3,000,000 One-Time Measure A Carryover

LAHSA One-Time Carryover

- Reflects the proposed allocations for the Los Angeles Homeless Services Authority's (LAHSA) one-time carryover strategies approved by the Board of Supervisors in Fiscal Year (FY) 2025-26

TOTAL FOR APPROVAL
$19,137,000
$17,977,000 Measure A Carryover
$1,160,000 One-Time Measure H Carryover

Attachment V

Pathway Home

- Primarily funded by one-time sources and must scale down to align with remaining funding
- Program's scale is reduced while maintaining operations in every supervisorial district and requires ongoing Measure A funding to ensure participants can remain housed or transition to permanent housing
- Budget consists of $18,260,000 in ongoing Measure A revenue (Attachment I), $25,850,000 in one-time Measure H carryover (Attachment V), and $32,264,000 from other funding sources to be requested through the FY 2026-27 County budget process.

TOTAL FOR APPROVAL
$25,850,000
One-Time Measure H Carryover

Attachment VI

One-Time Investments

- Programs selected for one-time funding were:
  - Included in Board motions where Chief Executive Office-Homeless Initiative, now HSH, was directed to identify funding sources for these programs
  - And/or identified as key unfunded and underfunded programs or commitments that would strengthen implementation of the Local Emergency for Homelessness proclamation.

TOTAL FOR APPROVAL
$21,380,000
One-Time Measure H Carryover

Attachment VII

Community Engagement

- From July through December 2025, HSH led an expanded, community-informed process to develop the FY 2026-27 Spending Plan
- Community feedback helped shape the framework, tools, and criteria that ultimately formed the basis for a two-phase evaluation process of the Spending Plan
- The attachment summarizes the most common or frequently heard community and partner feedback, input elevated during the Spending Plan process, and what actions HSH is taking and/or proposes to take to respond

ARDI: Equity Considerations

- HSH partnered closely with ARDI to ensure that all proposed allocations were aligned with the County's equity commitments, responsive to community priorities, and grounded in HSH's operational needs and system-performance goals

- ARDI and HSH's approach focuses on identifying groups experiencing the greatest barriers or inequitable outcomes and tailoring strategies to meet those needs, while keeping the overarching system goals universal

- The FY 2026-27 Spending Plan advances equity not by isolating reductions to any one population or program type, but by prioritizing investments that sustain system function and reduce disparities in outcomes across the rehousing system

Building on Progress

- **Deepening coordination with jurisdictional and systemwide partners to align resources,** including:
  - LACAHSA and LSF investments to strategically address funding gaps
  - Philanthropic partnerships to support DPH’s Emergency Housing, access centers, regional coordination, and expanded housing and services for youth

- **Pursuing and leveraging additional funding opportunities,** including:
  - Contracts with health plans for Transitional Rent and Enhanced Care Management to integrate those programs and funding directly into the County's homeless and housing system
  - State grant funding to support Pathway Home

- **Working with County departments and system partners** to identify alternative funding sources to sustain existing services, including:
  - DPH's CENS and interim housing inspections
  - DEO's Employment for Adults Experiencing Homelessness
  - MVA's document readiness services


Thank You

NASTAD

Federal Policy Changes and Their Impact on AIDS Drug Assistance Programs

State and territorial AIDS Drug Assistance Programs (ADAPs) are facing an unprecedented fiscal storm. A wave of federal policies threatens to unravel key pillars of the U.S. health care safety net and roll back the coverage gains that have kept people with HIV insured and in care since the passage of the Affordable Care Act (ACA).

The *One Big Beautiful Bill Act* (OBBBA), or "H.R. 1," enacted July 4, 2025, includes deep cuts to Medicaid, Medicare, and the ACA's Health Insurance Marketplaces. The Congressional Budget Office (CBO) estimates that H.R. 1, combined with the expiration of enhanced Premium Tax Credits (ePTCs) at the end of 2025, will leave 14.2 million more Americans uninsured by 2034. Another 750,000 to 1.8 million Marketplace enrollees are expected to lose coverage under the 2025 *Marketplace Integrity Rule*, finalized in June 2025. Together with proposed federal funding cuts for Fiscal Year 2026, this confluence of pressures are poised to push ADAPs past their fiscal limits.

At the same time, rising insurance premiums and drug prices are intensifying existing fiscal pressures. As health coverage becomes less affordable, more clients may shift from ADAP-supported insurance plans to direct medication assistance—an increasingly unsustainable model.

As the payer of last resort for low-income people with HIV, the Ryan White HIV/AIDS Program (RWHAP) and ADAPs will bear the burden of ensuring continued medication access when these policies take effect. This analysis outlines the major threats, their potential impact on ADAP operations, and strategies already under consideration in several states to preserve program viability and continuity of care.

UNWINDING THE SAFETY NET: MEDICAID COVERAGE LOSSES

The One Big Beautiful Bill Act (H.R. 1) is the primary driver of forthcoming cuts to Medicaid, a foundational source of coverage for many people with HIV and the largest source of public spending for HIV care in the U.S. The law's new eligibility restrictions and administrative red-tape requirements are expected to increase the number of uninsured Americans nationwide by 10 million by 2034, potentially creating an unprecedented influx of new RWHAP and ADAP clients over the next decade.

Medicaid work reporting requirements for Medicaid expansion group

Beginning January 1, 2027, most adults covered under the ACA Medicaid expansion must document at least 80 hours of "qualifying activities" each month to stay enrolled. Enrollees who fail to report compliance with work requirements (or obtain an exemption) will be terminated from Medicaid, and new applicants who are not already working will be denied enrollment. Clients who lose Medicaid because they cannot meet the new reporting rules will not qualify for Premium Tax Credits (PTCs) in the ACA Marketplaces, ultimately shifting a much larger share of their health care costs to Part B and ADAPs. The CBO estimates that H.R.1's work requirements will leave 4.8 million more people uninsured by 2034.

Medicaid work requirements have consistently failed to promote employment or reduce unemployment and often cause eligible people to lose coverage due to onerous red tape. The experience of Arkansas, which briefly implemented work requirements in 2018, is instructive: more than 18,000 people lost coverage, primarily due to confusion and difficulties with the online reporting system, and there was no positive impact on overall employment rates. Even under existing rules, roughly 10 percent of Medicaid renewals nationwide result in "procedural disenrollment" – in other words, people losing coverage for paperwork reasons despite being eligible for the program. Under H.R.1, Medicaid renewals will be *more* frequent and *more* burdensome than they are now, leading to greater risk of procedural disenrollments. Researchers estimate that at least two out of three enrollees who lose Medicaid under H.R.1's work requirements will already be working or qualify for an exemption due to a disability, student status, or other factors.

Other Medicaid eligibility restrictions and costs

Work reporting requirements are only one of several H.R. 1 provisions estimated to strip millions of Medicaid coverage and shift costs to Part B and ADAP programs. Other provisions include:

- **More frequent renewals for Medicaid expansion group:** Beginning in 2027, Medicaid enrollees will be required to renew their eligibility *at least* every 6 months. Under current rules, Medicaid coverage must be renewed annually, consistent with the commercial market. More frequent renewals create a high risk that people with HIV will lose coverage for procedural reasons and increase workloads on ADAPs and RWHAP case managers.
- **Shortened retroactive coverage:** Beginning in 2027, retroactive Medicaid coverage will be shortened to one month for Medicaid expansion enrollees and two months for other eligibility groups. Under current law, all Medicaid enrollees may receive up to three months of retroactive coverage. Cuts to retroactive coverage are proven to increase medical debt for low-income individuals and increase uncompensated care costs for hospitals and providers. This will raise costs for ADAPs that rely on retroactive coverage to reimburse medications dispensed while a client's Medicaid application is pending, especially as churn between ADAPs and Medicaid grows due to H.R. 1's broader coverage losses.
- **Cost-sharing for Medicaid expansion group:** Under H.R. 1, cost-sharing will apply to the Medicaid expansion population with incomes above 100% of the federal poverty level (FPL). The law includes exemptions for certain services and care settings, including primary care, mental health, substance use disorder (SUD) care, federally qualified health centers (FQHCs), and rural health clinics. Evidence shows that out-of-pocket costs generally have a deterrent effect, and that even small copays are associated with reduced use of care. Under H.R. 1, out-of-pocket expenses are expected to rise substantially—particularly for Medicaid expansion enrollees with chronic conditions—potentially causing Medicaid enrollees living with HIV to forego care altogether. (Medicaid rules related to prescription copays are unchanged.)

DESTABILIZING THE ACA MARKETPLACES

The Health Insurance Marketplaces face a dual shock: new enrollment barriers under H.R. 1 and the *2025 Marketplace Integrity and Affordability Final Rule*, and a looming "affordability cliff" that will make coverage prohibitively expensive when enhanced Premium Tax Credits (ePTCs) expire at the end of 2025. ADAPs will increasingly become the primary payer not only for a growing number of uninsured individuals, but also for premiums and cost-sharing that insured clients can no longer afford. This marks a reversal of the cost-effective, ACA-era model—where ADAPs leveraged federal subsidies to provide comprehensive coverage to eligible clients—and a return to the far more expensive pre-ACA "full-pay" model for a growing number of uninsured clients.

- **The *2025 Marketplace Integrity and Affordability Rule*[1]:** Finalized in June 2025, this rule is projected to cause between 725,000 and 1.8 million people to lose their health insurance in 2026 due to higher premiums and out-of-pocket costs, new red-tape administrative requirements, and reduced opportunities for enrollment.
- **Expiration of enhanced Premium Tax Credits (ePTCs):** Enacted during the pandemic, ePTCs made Marketplace coverage significantly more affordable and increased enrollment by millions. Without them, an estimated 4.2 million people are expected to lose coverage. Healthcare.gov plan premiums are set to rise an average of 26%. Unless Congress acts, monthly premium payments for currently subsidized enrollees are estimated to rise by about 114% on average. The impact will be disproportionately felt by older adults, a key demographic for ADAPs.

[1] *As of this writing, major provisions of the 2025 Marketplace Rule are paused pending litigation and will not be implemented at this time.*

COMPOUNDING PRESSURES: BROADER HIV PROGRAM FUNDING CUTS

As coverage losses mount and costs rise, federal funding cuts across the HIV care and prevention infrastructure will compound ADAPs' financial strain and weaken the entire safety net. The House of Representatives proposed flat federal funding for RWHAP Part B and ADAP, while eliminating RWHAP Parts C and D, the AIDS Education & Training Centers (AETCs), Special Projects of National Significance (SPNS), the Part F dental programs, and all support for the Ending the HIV Epidemic (EHE) initiative. Together, these eliminations would reduce RWHAP funding by $525 million in FY2026. In contrast, the Senate FY2026 bill proposed maintaining flat funding for all RWHAP components. To close any resulting shortfalls, RWHAP Part B may need to divert funds typically reserved for ADAP and core medical and support services at a time when clients need them most.

Furthermore, key HIV prevention funds from the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) are eliminated or consolidated in the President's and House FY2026 proposals. This domino effect weakens the entire HIV safety net and raises the risk of new HIV transmissions, forcing RWHAP and ADAPs to stretch already-strained budgets and threatening to erase years of public health progress.

These federal policy challenges are particularly alarming because they layer on top of already significant growth in ADAP enrollment and spending. An analysis of NASTAD's National RWHAP Part B ADAP Monitoring Project Annual Report for calendar years 2019-2023 shows that ADAPs are already managing increased demand—total nationwide client enrollment grew by 8%, new client enrollment grew by 28%, and prescription-drug expenditures rose by 10% over this five-year period.

A REVIEW OF ADAP SUSTAINABILITY AND CLIENT PROTECTION OPTIONS

To remain sustainable, ADAPs can explore various strategies, which generally fall into two categories: proactive cost-saving opportunities that maximize available resources, and reactive cost-cutting measures that reduce expenditures. It is recommended that *cost-saving* strategies be exhausted before resorting to *cost-cutting*.

Ensuring continuity of care

Throughout any period of programmatic change, continuity of care must come first. Client-centered approaches for ADAPs include:

- **Establishing robust support systems:** This includes implementing pathways for emergency medication access (e.g., a 30-day supply), strengthening case management and peer navigation to help clients with complex eligibility requirements, and establishing rapid response teams to address sudden coverage disruptions.
- **Partnership and transparent communication:** ADAPs must communicate openly with clients, providers, and community members about anticipated changes. In a climate of fear, trusted communication can prevent clients from disengaging from care. It is also vital to enhance coordination with other safety net programs—including RWHAP Parts A, C, and D; FQHCs; and other 340B entities—to create a seamless referral system for clients who may lose ADAP eligibility.

Proactive cost-saving strategies

To address a potential budget shortfall, ADAPs can first consider a range of cost-saving measures designed to enhance efficiency and secure all available resources.

- **Sophisticated budgeting:** One key strategy is the adoption of dynamic "cost per client" methodologies that provide a more accurate forecast of fiscal pressures than traditional methods based on historical data.
- **Aggressive pursuit of funding:** Another option is to proactively explore all available federal (e.g., ADAP ERF, RWHAP Part B Supplemental Funds), state, and local funding streams, with the understanding that the demand for funding is expected to increase considerably across jurisdictions and programs, ultimately resulting in available funds becoming increasingly scarce.

- **Intensifying "Vigorous Pursuit":** Programs can maximize enrollment in other health coverage programs for every eligible client, using resources from the ACE TA Center to enhance staff expertise.
- **Strategic health care coverage selection:** The use of tools like the NASTAD Cost-Effectiveness Tool, available to ADAP staff via NASTAD's secure HIV Care Online Resources (HCORe) portal, allows for the selection of plans that are both clinically sound and financially advantageous.
- **Enhancing 340B rebate procedures:** Maximizing revenue from the 340B Drug Pricing Program is possible through the development of formal policies for monitoring, reconciliation, and dispute resolution.

Cost-cutting measures

If cost-saving measures prove insufficient, ADAPs may then be forced to consider more drastic cost-cutting measures. These decisions have a direct impact on clients and are typically approached with extreme caution.

- **Formulary management:** ADAPs can assess their formularies for potential cost reductions, such as removing non-HIV medications or implementing prior authorization for high-cost drugs. A demographic impact analysis is essential to ensure changes do not disproportionately harm specific populations.
- **Restricting eligibility:** Options include lowering income thresholds (e.g., from 500% FPL to 400% FPL)–for new clients and/or existing clients–or requiring more frequent recertification. Both carry risks of clients losing eligibility and increased administrative burden.
- **Reprioritizing RWHAP Part B services:** Programs may consider reducing or eliminating certain non-ADAP Part B services based on a careful assessment of utilization, cost, and the ability of subrecipients to secure alternative funding.
- **The last resort: initiating an ADAP waitlist:** Establishing a waitlist is the most drastic measure and requires prior approval from HRSA. It necessitates comprehensive policies addressing prioritization (e.g., clinical need vs. first-come, first-served) and referral pathways to alternative medication sources like Patient Assistance Programs (PAPs).

THE PATH FORWARD

The confluence of recent federal policies presents an immense challenge to the stability of ADAPs and the entire HIV care safety net. Navigating this crisis requires a dual approach: shrewd, proactive fiscal management and an unwavering, client-centered commitment to mitigating harm. ADAP administrators, public health officials, providers, and advocates must work in close collaboration, leveraging every available tool. The path ahead is difficult, but it is a defining moment for our community, and one we must face together.

Please contact Tim Horn or Dori Molozanov with any questions.

AGN. NO.

MOTION BY SUPERVISOR HOLLY J. MITCHELL March 3, 2026

Protecting the Privacy of Transgender Los Angeles County Residents

On December 18, 2025, the Trump Administration announced two proposed rules from the Centers for Medicare and Medicaid Services, along with a declaration from Robert F. Kennedy Jr., Secretary of US Department of Health and Human Services, aimed at restricting reimbursement for, and access to gender-affirming care for transgender youth. In addition, the Trump administration has issued numerous executive orders, and multiple states have introduced legislation restricting the rights of Transgender, Gender-expansive and Intersex (TGI) people.

On October 11, 2025, California Governor Gavin Newsom signed Senate Bill (SB) 497, authored by State Senator Scott Wiener, into law. Codified as California Civil Code Section 56.109, the bill strengthens protections for individuals seeking gender-affirming care. SB 497 establishes safeguards against the enforcement of other states' laws that attempt to penalize individuals for obtaining gender-affirming care that is legal in California. It protects transgender individuals' medical data from being shared with other states or federal law enforcement without a judicial warrant. It also prohibits access to prescription history without a warrant, subpoena, or court order and imposes penalties for warrantless intrusions. SB 497 was adopted as an urgency statute and took effect immediately.

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TGI people continue to face disproportionate levels of harassment, intimidation, and harm. Los Angeles County remains committed to taking all the steps necessary to protect them, their family members, and the communities that support them.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Directors of the Departments of Health Services, Mental Health Services, Public Health, Public Social Services, and Human Resources, in consultation with County Counsel, to:
   a. Report back to the Board in writing in 30 days on their plans to implement Senate Bill (SB) 497 (Weiner), including safeguards to ensure compliance with the law and to prevent unauthorized disclosure of protected health information.
   b. Develop and implement staff training protocols for all relevant existing and new employees on SB 497's requirements, including privacy protections, prohibitions on data sharing, and mandatory procedures for addressing suspected violations, and report back to the Board in writing in 90 days on progress toward training and implementation of these protocols.

# # #

(YV/VG)

AGN. NO.

MOTION BY SUPERVISOR HOLLY J. MITCHELL February 3, 2026

Reimagining the Distribution of Opioid Settlement Funds in Los Angeles County

On July 21, 2021, opioid manufacturer Janssen Pharmaceuticals/Johnson & Johnson, along with distributors McKesson, AmerisourceBergen and Cardinal Health (collectively, "the Entities"), agreed to a $26 billion nationwide settlement to resolve more than 3,000 opioid-related lawsuits. The State of California (State) is expected to receive approximately $2.05 billion over an 18-year period, with the State Department of Health Care Services responsible for administering the funds to counties. Each county implements and manages these funds according to its own procedures.

On August 8, 2023, the Los Angeles County (County) Board of Supervisors (Board) approved the County's Opioid Settlement Funds Spending Plan[1] and delegated authority to the Chief Executive Officer (CEO) to oversee its implementation in consultation with relevant County departments. The Board further directed the Department of Public Health (DPH) to submit annual reports detailing the impact of programs supported by these funds.

At times, the County receives less opioid settlement funding than originally projected due to the terms and conditions of the settlement agreements. The CEO accounted for this potential variability in the development of the Phase 1 and Phase 2 spending plans. BrownGreer, the settlement administrator, has established a portal that

[1] https://file.lacounty.gov/SDSInter/bos/supdocs/183022.pdf

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provides detailed information regarding projected settlement information by entity and the anticipated duration of each settlement. This portal has enhanced the County's visibility into expected payment amounts and timelines, thereby improving the County's ability to operationalize and refine spending plans for the Board's consideration.

Despite the increased transparency provided through the portal, several factors continue to contribute to variability in the County's receipt of opioid settlement funds. These factors include: 1) entities entering bankruptcy proceedings, which may result in one-time or time-limited payments that are difficult to predict; 2) annual decisions by cities to opt-in or opt-out of receiving their direct allocations, with opt-outs redirecting their funds to the County); 3) state-specific formulas that allocate funds among states, counties, and cities which vary by year and settlement amount; and 4) BrownGreer's reliance on multi-year assumptions that, if unmet, may impact the amounts actually paid. Given these uncertainties, careful review and consideration of potential variability is warranted when preparing future spending plan recommendations for the Board's consideration.

At a time of uncertainty regarding federal and State revenue streams, opioid settlement funds present a rare opportunity to strategically invest in the County's substance use disorder (SUD) prevention and treatment system and to strengthen the health and resilience of neighborhoods and communities. DPH's Bureau of Substance Abuse Prevention and Control (DPH-SAPC) has long served as a leader in advancing innovation in SUD services. In partnership with its provider network, and in collaboration with numerous County partners and community stakeholder organizations, DPH-SAPC delivers prevention, harm reduction, and treatment programs through a comprehensive system uniquely structured to meet the County's needs. The County's SUD system has achieved groundbreaking progress in expanding access to treatment across all levels of care. Between 2023 and 2024, the County recorded the most substantial decline in drug-related overdose deaths and poisonings in its history, due to expanded prevention and harm reduction initiatives implemented under DPH-SAPC's leadership. DPH-SAPC'S approach to opioid settlement investments emphasizes building a continuum of SUD services capable of addressing the full spectrum of SUD needs.

As the County prepares to receive future opioid settlement funding, thoughtful and

transparent funding allocation by public health experts remains essential. This need is heightened by proposed federal reductions to drug prevention and treatment funding, as well as recent challenges to evidence-based harm reduction strategies. Opioid use continues to constitute a severe public health crisis both nationally and locally. In 2023, more than 105,000 people in the United States died from drug overdoses, with nearly 80,000 involving opioids. Within the County there were 11,128 opioid-related emergency department visits and 15,623 hospitalizations in 2022, followed by 2,085 deaths in 2023. Of these deaths, 792 occurred among Latinx residents and 435 among Black/African American residents.[2] According to the County's overdose prevention program, overdose rates among Black, Latino, and Indigenous residents are increasing rapidly, underscoring the urgent need for equity-driven investments.

Other jurisdictions have adopted proactive strategies to guide the allocation and expenditure of opioid settlement funds. For example, The Johns Hopkins Bloomberg School of Public Health (Johns Hopkins) has issued nationally recognized guidance for local governments on the effective use of these funds. In developing this guidance, Johns Hopkins collaborated with a coalition of 60 substance use expert organizations, including physicians, addiction medicine specialists, and leaders in recovery, treatment, and harm reduction. The resulting principles have been incorporated into opioid settlement planning in more than 25 states, including Wisconsin, Connecticut, Tennessee and Arizona.[3] The recommended principles include: 1) Spending money to save lives; 2) Using evidence to guide spending; 3) Investing in youth prevention; 4) Focusing on racial equity; and 5) Developing a fair and transparent process for deciding where to spend the funding.

In the current political and fiscal environment, it is more important than ever that the County use a public health-driven and expert-informed approach when allocating opioid settlement funds. Currently, the CEO has delegated authority to develop new spending plans and adjust existing plans, with notice provided to the Board. DPH manages the day-to-day operations, including tracking expenditure of funds and

[2] Opioid Deaths – LA County Alcohol and Other Drug Surveillance Dashboard
[3] Develop a Fair and Transparent Process for Deciding Where to Spend the Funding | Opioid Principles

preparing the annual reports required by the State.

The County should transition to a collaborative process for the development of spending plans, in which DPH-SAPC partners with relevant departments and convenes stakeholders to inform funding priorities. This collaborative process should occur throughout the year, or at multiple points during the year, to ensure that DPH-SAPC maintains up-to-date recommendations on potential projects, and that the implementation of any new process does not delay the timely distribution of opioid settlement funds received by the County. This shift will align with national best practices, while promoting efficacy, transparency, accountability, equity and fulfillment of community needs through a collaborative process that involves subject matter expert input, without impacting spending plans previously approved by the Board.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Chief Executive Officer (CEO), in collaboration with the Director of the Department of Public Health (DPH), to determine the total amount of existing unallocated opioid settlement funding available, and to develop a proposed approach for estimating future funding that accounts for the variability associated with this funding source. Prospectively, the departments should meet no less than quarterly to review available opioid settlement funds and anticipated future allocations, including carryover funds, that may be available for future programming.
2. Direct the Director of DPH, in consultation with the Directors of the Department of Health Services, the Justice Care and Opportunities Department, the Department of Youth Development, and other relevant County departments, to convene community stakeholders, including individuals with lived experience and subject matter experts in addiction and substance use, to provide guidance and recommendations to inform the development of proposed spending plans. These recommendations shall be submitted to the CEO to inform their recommendations to the Board related to the use of unallocated and future opioid settlement funding.
3. Direct the Director of DPH, in coordination with the CEO, to manage a smooth transition to a collaborative spending-plan development process and to prevent

any unintended disruptions in services.

4. Direct the CEO to prioritize and implement recommendations generated through the DPH-led stakeholder process for submission to the Board for approval, and to identify any additional staffing needs within DPH necessary to support implementation of these new processes.
5. Direct the Director of DPH and the CEO to report back to the Board in writing in 90 days on progress made, and to provide an annual report one year following, that evaluates the effectiveness and impact of the collaborative stakeholder process and recommendations on the actual funding distribution and outcomes.

# # #

(VG/YV/KK)

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Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles
Public Health
Division of HIV and STD Programs

We're Listening

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HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs