



LOS ANGELES COUNTY
COMMISSION ON HIV



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Public Policy Committee Meeting

Monday, July 10, 2023

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

510 S. Vermont Ave, Terrace Conference Room TK 05

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/r92ea4554c2c5ed7afa132d9901934eeb>

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

Password: POLICY Access Code: 2593 738 3927



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, July 10, 2023 | 1:00 PM – 3:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK05
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

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

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Password: POLICY Access Code: 2593 738 3927

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton	Mary Cummings
Pearl Doan	Felipe Findley, PA-C, MPAS, AAHIVS	Leon Maultsby	Paul Nash, PhD, CPsychol, AFBPsS, FHEA
Ricky Rosales			
QUORUM: 5			

AGENDA POSTED: July 6, 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. Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | MOTION #1 | 1:05 PM – 1:07 PM |
| 4. Approval of Agenda | MOTION #2 | 1:07 PM – 1:08 PM |
| 5. Approval of Meeting Minutes | MOTION #3 | 1:08 PM – 1:10 PM |

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

6. 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

7. 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

- 8. Executive Director/Staff Report 1:15 PM – 1:25 PM
 - a. By-Laws Review Task Force-- Updates
- 9. Co-Chair Report 1:25 PM – 1:35 PM
 - a. 2023 Workplan and Meeting Calendar Review
 - b. ANAM Platform Update

V. DISCUSSION ITEMS

- 10. 2023-2024 Legislative Docket—Updates 1:35 PM – 1:40 PM
- 11. 2023-2024 Policies Priority 1:40 PM – 1:45 PM
- 12. State Policy & Budget Update 1:45 PM – 2:05 PM
- 13. Federal Policy Update 2:05 PM – 2:15 PM
- 14. County Policy Update 2:15 PM – 2:30 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
- 15. Ryan White Care Act (RWCA) Modernization 2:30 PM—2:50 PM
 - a. Determine strategy and outline presentation schedule

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 July 10, 2023

PROPOSED MOTIONS	
MOTION #1:	Approve remote attendance by members due to “emergency circumstances”, per AB 2449.
MOTION #2	Approve the Agenda Order as presented or revised.
MOTION #3	Approve the Public Policy Committee minutes, as presented or revised.



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.)



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 6.12.23)

- 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. Public comment is limited to 2 minutes per person. 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.



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COMMISSION ON HIV



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

Presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV 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**

June 5, 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 Maulsby	P
Alasdair Burton (Alternate)	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	EA
Mary Cummings	EA	Ricky Rosales	P
Pearl Doan	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez, and Jose Rangel-Garibay			

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

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

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Lee Kochems, Public Policy Committee (PPC) Co-Chair, called the meeting to order at 1:09 PM.

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

L. Kochems invited meeting attendees to introduce themselves and state conflicts of interest, if any.

3. ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR "EMERGENCY CIRCUMSTANCES"

MOTION #1: Approve remote attendance by members due to "emergency circumstances," per AB 2449. ***There was no vote.***

4. APPROVAL OF AGENDA

MOTION #2: Approve the Agenda Order as presented or revised. ***✓Passed by Consensus***

5. APPROVAL OF MEETING MINUTES

MOTION #3: Approve the April Public Policy Committee minutes, as presented or revised.

✓Passed by Consensus

II. PUBLIC COMMENT

6. 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.

No public comment.

III. COMMITTEE NEW BUSINESS ITEMS

7. 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

8. EXECUTIVE DIRECTOR/STAFF REPORT

- Cheryl Barrit, Executive Director, highlighted the “Tips for Making Effective Written and Oral Public Comments” training led by Commission staff that took place on 5/24/23. She encouraged attendees to view the recording available on the Commission website here <https://hiv.lacounty.gov/events/>
- C. Barrit shared that the “Equity Lens Decision-Making Tool” is a document that offers questions for organizations to check if decisions are being made based on an equitable framework. The document will be sent to committee members after the meeting. K. Nelson and L. Kochems recommended to consider reviewing the document as a committee. Commission staff will add an agenda item for the July meeting.
- C. Barrit noted that the By-Laws Review Taskforce (BRT) met in May and will be providing and requesting updates to/from all the Commission committees. The BRT also requested to add an agenda item for these updates to all committee agendas moving forward.
- C. Barrit added that the May Executive committee did not have quorum and did not meet. Items that were queued for approval on the May Executive committee agenda will be moved to the 6/8/23 Commission meeting agenda for approval by the full body.
- Jose Rangel-Garibay, Commission staff, reminded attendees that the 6/8/23 Commission meeting will take place at the St. Anne’s Conference Center.

- J. Rangel-Garibay noted that June 5 is HIV Long-Term Survivors Awareness Day. He shared a statement from the Health Resources and Services Administration (HRSA) which read, “On this day, we honor the resiliency of HIV long-term survivors, and remember those who lost their lives to HIV. We appreciate the continued commitment of our Ryan White HIV/AIDS Program recipients, stakeholders, and partners who help people with HIV receive care, treatment, and support services so they can live long, healthy lives.”
- J. Rangel-Garibay shared that on 5/11/23, the Food and Drug Administration (FDA) finalized their new recommendations for assessing blood donor eligibility. The FDA moved to recommend individual risk assessment to determine eligibility for blood donations. The news release noted that the questions will be the same for every donor, regardless of sexual orientation, sex, or gender. Additionally, the policy eliminates time-based deferrals and screening questions specific to men who have sex with men (MSM) and women who have sex with MSM: All prospective donors who report having a new sexual partner, or more than one sexual partner in the past three months, and anal sex in the past three months, would be deferred to reduce the likelihood of donations by individuals with new or recent HIV infection who may be in the window period for detection of HIV by nucleic acid testing. Also, individuals taking medications to treat or prevent HIV infections (ART, PrEP, and PEP) will also be deferred since their use may delay detection of HIV by currently licensed screening tests for blood donations. For more information, see the news release included in the meeting packet.

9. CO-CHAIR REPORT

a. 2023 Workplan Development and Meeting Calendar Review

- The committee decided to move the Ryan White Reauthorization discussion item to the July meeting.
- The committee decided to reschedule their July meeting from 7/2/23 to 7/10/23 and their September meeting from 9/4/23 to 9/11/23.
- The committee decided to add an agenda item to their future agendas regarding the BRT. A summary of the BRT’s May meeting will be sent to committee members in a follow-up email.

b. ANAM Platform Update

K. Nelson shared that the Overdose Prevention motion report back sent to the Board of Supervisors (BOS) in 12/6/22 is included in the meeting packet. She encouraged committee members to review the report. She noted that the next biannual report back is expected some time in June 2023. Commission staff will reach out to the Substance Abuse Prevention and Control (SAPC) program and The Wall Las Memories to understand how the PPC and the Commission can collaborate and have both entities present updates to the PPC.

V. DISCUSSION ITEMS**10. 2023-2024 LEGISLATIVE DOCKET – DEVELOPMENT**

The document is currently awaiting approval from the Executive committee and the full Commission body. The Executive committee cancelled their 5/25/23 meeting and moved all items listed for approval to the 6/8/23 Commission meeting. The full Commission body will discuss and vote on the PPC approved legislative docket at their June 8, 2023 meeting.

11. 2023-2024 POLICIES PRIORITY

The document is currently awaiting approval from the Executive committee and the full Commission body. The Executive committee cancelled their 5/25/23 meeting and moved all items listed for approval to the June Commission meeting. The full Commission body will discuss and vote on the PPC approved legislative docket at their 6/8/23 meeting.

12. STATE POLICY & BUDGET UPDATE

K. Nelson provided an overview of the “A Budget to Save Lives” (B2SL) document which is a multi-year vision to move California toward a “care first” future by investing in healing and rehabilitation, divesting from incarceration and policing, and ending the economic austerity that endangers the lives of countless human beings. The document is included in the meeting packet.

L. Kochems recommended the committee consider drafting a letter to Governor Newsom regarding the Ending the Epidemic (ETE) budget asks for harm reduction and hepatitis C as well as proposing a formula for equitable distribution of funds. C. Barrit and K. Nelson will work together to gather information on the budget ask and will meet to further discuss the viability of drafting, approving, and sending a letter by the June 15 deadline.

13. FEDERAL POLICY UPDATE

K. Nelson reported that on 6/2/23, President Joe Biden signed a bipartisan debt ceiling legislation that would avert a default on the nation’s debt. The bill temporarily suspends the federal limit through 1/1/2025. The bill includes spending provisions that may make it difficult for congress to raise funding levels for health programs in Fiscal Year (FY) 2024 and FY2025 including HIV and viral hepatitis programming operated by the Centers for Disease Control and Prevention (CDC) and HRSA. K. Nelson also reported that public charge rulings are under attack again however, voting is postponed at the moment.

14. COUNTY POLICY UPDATE**a. DPH Memo in Response to STD Board of Supervisors (BOS) Motion**

The Commission co-chairs sent a letter to the BOS titled “2023-24 Recommended Budget and Support for Funding to Curb the STD Epidemic” included in the packet.

b. 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings

- Commission staff compiled a list of discussion items for committee members and commissioners to provide public comments at Health Deputies Meetings and BOS meetings. C. Barrit made an appeal to have commissioners sign up to volunteer and provide public comment at health deputy and BOS meetings. F. Findley volunteered to provide public comment at the upcoming health deputy meeting.
- Ricky Rosales shared that there is motion at the LA City Council District 1 calling to open a harm reduction center in Mac Arthur Park. The LA City Council will hear public comment for the motion on 6/7/23 and encouraged commissioners residing in LA City Council District 1 to provide public comment.

VI. NEXT STEPS**15. TASK/ASSIGNMENTS RECAP**

- ➔ Commission staff will add the agenda item “By-Laws Review Taskforce Updates” under the Co-Chairs report
- ➔ Commission staff will work with the committee co-chairs to draft a letter to the Governor regarding support for ETE budget asks on harm reduction and Hepatitis C
- ➔ Commission staff will update the public comment schedule
- ➔ Commission staff will book rooms at the Vermont Corridor to accommodate the schedule changes for the July and September committee meetings
- ➔ Commission staff will connect with SAPC and The Wall Las Memories to determine how the committee can support them on the Act Now Against Meth (ANAM) recommendations

16. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- The committee will begin discussions on Ryan White Act Reauthorization, provide updates on the public comment schedule for health deputy and BOS meetings, and the Governor’s May revise of the state budget.

VII. ANNOUNCEMENTS**17. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS**

- F. Findley shared that there will be a health and healing fair at Leimert Park hosted by Dignity and Power Now, Black Lives Matter, CHIPTS, and the Watts Health Center. The event will take place on 6/24/23 from 11am-3pm.
- Leon Maulsby shared that he will attend the NAESM National Leadership Conference on Health Disparities and Social Justice taking place on June 7-11 in Atlanta, GA.

VIII. ADJOURNMENT**18. ADJOURNMENT FOR THE MEETING OF JUNE 5, 2023.**

The meeting was adjourned by K. Nelson at 2:19 PM.



BYLAWS/ORDINANCE REVIEW TRACKER
Updated 6.27.23

The following information has been compiled from Commission discussions and 2023 HRSA site visit findings.

“Commission Bylaws Approval: The Commission’s Bylaws must be amended accordingly following amendments to the Ordinance. Amendments or revisions to these Bylaws must be approved by a two-thirds vote of the Commission members present at the meeting, but must be noticed for consideration and review at least ten days prior to such meeting (see Article XVI).” July 11, 2013 Bylaws.

AREA OF CONCERN	RECOMMENDATION	REFERENCES	ORDINANCE TRIGGER	NOTES/COMMENTS
Stipends for Unaffiliated Consumer (UC) Members	Increase max \$ of monthly stipends to UCs *current max \$150 per month	Ordinance 3.29.080 Compensation Bylaws Section 5. Commission Member Compensation	YES	Staff polled other jurisdictions; we are one of very few jurisdictions that offer stipends; refer to compilation of feedback doc. I.e., Oregon assigns an \$ amount to various meeting/event types.
Meeting Frequency	Reduce the number of required Commission meetings per year	Ordinance 3.29.060 Meetings and committees Bylaws Section 5. Regular meetings	YES	Bylaws and Ordinance currently state that the Commission must meet a minimum of 10x per year barring cancellation by COH Co-Chairs and/or EXEC Committee.
DHSP Staff, Membership & Voting Status	Per HRSA, remove DHSP representation on membership and from voting deliberations.	Ordinance 3.29.060 Meetings and committees		“Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles. The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the

AREA OF CONCERN	RECOMMENDATION	REFERENCES	ORDINANCE TRIGGER	NOTES/COMMENTS
		<p>Ordinance 3.29.030 Membership</p> <p>Bylaws IX. COMMISSION WORK STRUCTURES Section 4. Committee Membership</p> <p>Bylaws X. EXECUTIVE COMMITTEE: Section 1. Voting Membership</p> <p>Bylaws XII. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE: Section 1. Voting Membership</p> <p>Bylaws XIII. PUBLIC POLICY (PP) COMMITTEE: Section 1. Voting Membership</p> <p>Bylaws XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE: Section 1. Voting Membership</p>	<p>YES</p>	<p>LA Commission on HIV and a voting member of the Executive Committee.” (Citation: Section 2602 (7)(a) of the PHS Act.)</p> <p>“A recipient’s representative, whose positions are funded by RWHAP funds, provides in-kind services, or has significant involvement in the HIV award, shall not occupy a seat on the Planning Council, nor have a vote in the deliberation of the Planning Council.” (HRSA Findings)</p>

AREA OF CONCERN	RECOMMENDATION	REFERENCES	ORDINANCE TRIGGER	NOTES/COMMENTS
Annual Bylaw Review	Codify annual review in Bylaws; add sunset date.	Ordinance 03.29.110: Sunset Date	YES *if specifying sunset date	Ordinance currently states the sunset date as indefinite. Option to state sunset date or codify an annual review within the bylaws.
Conflict of Interest: Provider members participation in the Priority Setting & Resource Allocation (PSRA) decision making process.		Ordinance 3.29.046 Conflict of interest Bylaws III. MEMBER REQUIREMENTS: Section 3. Conflict of Interest Bylaws VII. POLICIES AND PROCEDURES: Section 5. Conflict of Interest Procedures	YES	Per HRSA site visit feedback, providers may no longer be able to participate in the PSRA decision making process regarding funding & services.
DHSP Ending the HIV Epidemic (EHE) Steering Committee	Include language re: required partnership with DHSP EHE Steering Committee and/or EHE initiative efforts			Requested by member(s)
Status Neutral Language Inclusion	TBD		TBD	Requested by member(s) and in alignment with national status neutral initiatives
Member composition does not include key alliances	Update membership composition to designate seats for key partners, i.e., County Commissions whose work intersects with the COH.	Ordinance 03.29.030: MEMBERS Bylaws II. MEMBERS: Section 2. Composition	YES	
COH's name is not comprehensive enough	Consider a more inclusive name.		YES	The Commission's name, in and of itself, is not comprehensive enough as the Commission's efforts should reach beyond HIV to truly make impactful en roads to

AREA OF CONCERN	RECOMMENDATION	REFERENCES	ORDINANCE TRIGGER	NOTES/COMMENTS
				ending HIV locally. "HIV-only days are over". See May 11, 2023 BRT Meeting Summary
<p>Determine the minimum authorized/prescribed number of PC/PB members according to PC/PB bylaws</p>	<p>Specify minimum number of members authorized on the PC – half of membership seats</p>		<p>YES</p>	<p>HRSA has inquired as to what is the minimum number of members authorized per our bylaws. The bylaws do not currently prescribe a minimum number.</p>



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PUBLIC POLICY COMMITTEE 2023 MEETING SCHEDULE
(updated 06.22.23)

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>	RWCA Modernization Presentation 1
September 4 1pm to 3pm <i>(In-Person)</i>	Consider rescheduling or canceling due to <u>Labor Day</u> Holiday on 9/4/23 <i>Note: The United States Conference on HIV/AIDS (USCHA) 9/6/23—9/9/23</i> RWCA Modernization Presentation 2
October 2 1pm to 3pm <i>(In-Person)</i>	Outline the framework for modernized RWCA Modernization white paper
November 6 1pm to 3pm <i>(In-Person)</i>	COH Annual Meeting
December 4 1pm to 3pm <i>(In-Person)</i>	Consider cancelling; poll committee members



LOS ANGELES COUNTY
COMMISSION ON HIV



2023-2024 Legislative Docket | Approval Date: **Approved by PPC on 4/5/23 and 5/1/23. Approved by COH 6/8/23.**

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.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5</p>	Support	<p><i>13-JUN-23</i></p> <p><i>From committee: Be adopted and re- refer to Com. on APPR.</i></p>
ACA 8 (Wilson)	Slavery	<p>This measure would instead prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion.</p> <p>https://leginfo.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>18-MAY-23</i></p> <p><i>Read second time. Ordered to third reading.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Covered California: Expansion	<p>This bill required Covered California to apply for a federal waiver to allow Covered California to offer coverage under a qualified health plan (QHP) for an individual who, due to their immigration status, is not currently eligible.</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>07-JUN-23</i></p> <p><i>Order to Senate. Referred to Com. on HEALTH.</i></p>
AB 5 (Zbur)	The Safe and Supportive Schools Program	<p>This bill requires the California Department of Education (CDE), by July 1, 2025, to finalize the development of an online training delivery platform and online training curriculum CDS had already started developing to support lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) cultural competency training for teachers and other certificated employees. The bill specifies CDE may use funding it received as part of the Budget Act of 2021 to fulfill these requirements. The bill also requires local education agencies (LEAs) to provide and require a LGBTQ+ cultural competency training for certificated staff.</p> <p>This bill requires, commencing with the 2025-26 school year, and continuing through the 2029-30 school year, a local education agency to provide and require at least one hour of training annually to all teachers and other certificated employees serving pupils in grades seven to 12.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&search_keywords=transgender</p>	Support	<p><i>31-MAY-23</i></p> <p><i>In Senate. Referred to Com. on ED.</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>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&search_keywords=transgender</p>	Support	<p><i>14-JUN-23</i></p> <p><i>In Senate. To Com. on RLS. From Committee: Do Pass.</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>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&search_keywords=sexual+health</p>	Support	<p>14-JUN-23</p> <p><i>In Senate. Referred to Com. on HEALTH.</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 from automatically being shared with individuals and entities in another state.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&search_keywords=sexual+health</p> <p><i>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.</i></p>	Support with follow-up questions	<p>14-JUN-23</p> <p><i>In Senate. Referred to Coms. On JUD. And HEALTH.</i></p>
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><i>"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.</i></p>	Watch	<p>27-APR-23</p> <p>In committee: Set, final hearing. Failed passed. Reconsideration granted.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470	Support	<i>05-JUN-23</i> <i>In Senate: Referred to Com. on APPR.</i>
AB 598 (Wicks)	Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Health Kids Survey	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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&search_keywords=HIV	Support	<i>14-JUN-23</i> <i>In Senate: Referred to Com. on ED.</i>
AB 719 (Boerner Horvath)	Medi-Cal benefits	This bill requires the Department of Health Care Services (DHCS) to require Medi-Cal managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical medical transportation (NMT) and nonemergency medical transportation trips (NEMT) provided by a public transit operator. The bill further requires rates reimbursed by the managed care plan to the public transit operator to be based on fee-for-service (FFS) Medi-Cal rates for NMT and NEMT services. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&search_keywords=HIV	Support	<i>07-JUN-23</i> <i>In Senate: Referred to Com. on HEALTH.</i>
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&search_keywords=gender <i>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.</i>	Support with Amendments	<i>12-JUN-23</i> <i>In Senate: Read second time, amended, and re-referred to Com. on JUD.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 793 (Bonta)	Privacy: reverse demands	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. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793	Support with Amendments	14-JUN-23 <i>In Senate: Referred to Coms. On PUB S. and JUD.</i>
AB 920 (Bryan)	Discrimination: housing status	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. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920	Support	18-MAY-23 <i>In committee: Held under submission.</i>
AB 957 (Wilson)	Family law: gender identity	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. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957	Support	14-JUN-23 <i>In Senate. Referred to Com. on JUD. Do Pass.</i>
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	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. https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&search_keywords=HIV	Support	02-MAR-23 Referred to Com. on HEALTH.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	<p>This bill makes changes to the requirements on local school governing boards related to adopting instructional materials for use in schools.</p> <p>The bill also requires California Department of Education (CDE) to issue guidance related to how to help school districts, county offices of education, charter schools, and school personnel manage conversations about race and gender, and how to review instructional materials to ensure they represent diverse perspectives and are culturally relevant.</p> <p>Specifically, this bill revises the list of culturally and racially diverse groups a school governing board must include when adopting instructional materials to include materials that accurately portray the contributions of people of all gender expressions, rather than only men and women; the role and contributions of Latino Americans, rather than only Mexican Americans; the roles of LGBTQ+ Americans, rather than only lesbian, gay, bisexual, and transgender Americans; and other ethnic, cultural, religious, and socioeconomic status groups, rather than only ethnic and cultural groups</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&search_keywords=transgender</p>	Support	<p><i>07-JUN-23</i></p> <p><i>In Senate. Referred to Com. on ED.</i></p>
AB 1163 (Luz Rivas)	State forms: gender identity	<p>This bill requires, by January 1, 2025, nine specified state agencies to revise their public use forms that collect demographic data be inclusive of individuals who identify as transgender, gender non-conforming, or intersex.</p> <p>Each agency must also collect data pertaining to the specific needs of the transgender, gender nonconforming, and intersex community. Specifically, this bill impacts the following state agencies: (1) Business, Consumer Services, and Housing Agency (BCSH), (2) Department of Aging (CDA), (3) California Health and Human Services Agency (HHS), (4) State Department of Health Care Services (DHCS), (5) Labor and Workforce Development Agency, (6) Department of Housing and Community Development (HCD), (7) State Department of Social Services (DSS), (8) Civil Rights Department, and (9) California Commission on Disability Access.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&search_keywords=transgender</p>	Support	<p><i>14-JUN-23</i></p> <p><i>In Senate: Referred to Coms. On G.O. and JUD.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1314 (Essayli and Gallagher)	Gender identity: parental notification	<p>This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child's sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child's sex on their birth certificate, other official records, or sex assigned at birth. 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>	Oppose	13-MAR-23 Referred to Com. on ED.
AB 1431 (Zbur)	Housing: the California Housing Security Act	<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>	Support	26-APR-23 In Committee: Set, first hearing. Hearing canceled at the request of author.
AB 1432 (Carrillo)	Health insurance: policy	<p>This bill subjects an out-of-state group health plan contract, policy, or certificate of group health insurance that is marketed, issued, or delivered to a California resident to specified provisions of the Health and Safety Code and Insurance Code 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>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432</p>	Support	31-MAY-23 <i>In Senate: Referred to Com. on HEALTH.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
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><i>In Committee: Held under submission.</i></p>
AB 1645 (Zbur)	Health care coverage: cost sharing	<p>This bill prohibits a health plan contract or health insurance policy from requiring cost sharing for office visits of specified preventive care services and screenings and for items or services that are integral to the provision of those preventive care services.</p> <p>This bill also prohibits a health plan contract or insurance policy from requiring cost sharing, utilization review, or other specified limits on a recommended sexually transmitted infection (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to an STI screening. The bill requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening a specified amount for the screening tests and related items and services and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for an STI screening from an enrollee or insured.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&search_keywords=sexual+health</p>	Support	<p>14-JUN-23</p> <p><i>In Senate: Referred to Com. on HEALTH.</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><i>May 18 hearing: Held in committee and under submission.</i></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> <ol 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	<p><i>18-MAY-23</i></p> <p><i>May 18 hearing: Held in committee and under submission.</i></p>
SB 339 (Wiener)	HIV preexposure prophylaxis	<p>This bill requires health plans and insurers to cover HIV preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing. Permits a pharmacist to furnish up to a 90-day course of PrEP, or beyond 90-days if specified conditions are met.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&search_keywords=HIV</p>	Support	<p><i>26-MAY-23</i></p> <p><i>In Assembly: Referred to Com. On HEALTH and B. & P.</i></p>
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>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&search_keywords=gender</p>	Support	<p><i>12-JUN-23</i></p> <p><i>In Assembly: Re-referred to Com. on B. & P.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	This bill would prohibit health plans and insurers from requiring step therapy or prior authorization, as specified, or imposing any cost-sharing or utilization review requirements, for antiretroviral drugs, devices, or products that are either approved by the federal Food and Drug Administration (FDA) or recommended by the Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV, as specified. https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&search_keywords=HIV	Watch	<i>13-JUN-23</i> <i>In Assembly: Re-referred to Com. on HEALTH.</i>
SB 524 (Caballero)	Pharmacists: testing and treatment	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 https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&search_keywords=HIV	Support	<i>18-MAY-23</i> <i>May 18 hearing: Held in committee and under submission.</i>
SB 525 (Durazo)	Minimum wage: health care workers	This bill would enact a \$25 minimum wage for health care workers, as specified. Increases to this minimum wage would be indexed annually to the change in the Consumer Price Index https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&search_keywords=%22health+care%22 Support with amendments:	Support with Amendments	<i>15-JUN-23</i> <i>Referred to Com. on L. & E.</i>
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	This bill requires schools, on or before the start of the 2024-25 school year, to make internal and external condoms available for free to all students in grades 9 through 12. This bill also requires the existing Family Planning Access Care Treatment (PACT) program to provide coverage for immunization against human papilloma virus (HPV) to persons 18 years of age or younger. https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&search_keywords=HIV	Support	<i>15-JUN-23</i> <i>In Assembly: Referred to Coms on ED. And HEALTH.</i>

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	09-Jan-23 Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	<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	09-JAN-23 Introduced in House. Referred to Committee on Energy and Commerce.
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	28-FEB-23 Introduced in House. Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary.

		<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.



PUBLIC POLICY COMMITTEE (PPC)¹ **2023-2024 POLICY PRIORITIES**

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to trauma informed care and supportive services, including comprehensive harm reduction services, to ensure that all people living with HIV and communities most impacted by HIV and STDs, live full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. Nevertheless, like the HIV epidemic, (globally, nationally, and locally), it is our most marginalized communities, including youth, who are disproportionately impacted with higher rates of disease and death. In addition, the COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding, enhance HIV prevention, and care service. This effort is to address the negative impacts of COVID-19 and restore pre-COVID service levels, preferably exceeding the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar years 2022 and 2023. (Issues are in no order.)

Systemic and Structural Racism

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

Racist Criminalization and Mass Incarceration²

¹ The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by [Los Angeles County Code 3.29.090](#). Consistent with [Commission Bylaws Article VI, Section 2](#), no Ryan White resources are used to support Public Policy Committee activities.

² Black/African Americans, while making up only 8% of the LA County population, represent over 30% of the jail population. In the [Los Angeles County Alternatives to Incarceration Report](#), “Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth.” As documented in the [Los Angeles County HIV/AIDS Strategy for 2020 and Beyond](#): “Incarceration destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for

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

Housing⁴

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

Mental Health

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

Sexual Health

- a. Increase access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
- b. Increase comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.

already marginalized populations. Incarceration is associated with harmful effects on viral suppression, lower CD4/T-cell counts, and accelerated disease progression.”

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

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

- c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases; especially among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
- f. Promote women centered prevention services including domestic violence and family planning services for women living with and at high-risk of acquiring HIV/AIDS.
- g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Abuse

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

Consumers

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

Aging

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

Women

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

Transgender

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

General Health Care

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

Service Delivery

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

Data

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



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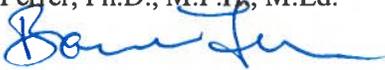
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Fourth District

Kathryn Barger
Fifth District

May 3, 2023

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director 

SUBJECT: **ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE STD RATES IN LOS ANGELES COUNTY (ITEM 58-A, BOARD AGENDA OF MAY 29, 2018; ITEM 8, BOARD AGENDA OF AUGUST 2, 2022)**

This quarterly memorandum provides updates related to the progress implementing several directives to help reduce the rates of sexually transmitted disease (STD) in Los Angeles County (LAC), including directives tied to legislative and budget developments, engagement of external partners, STD screening and treatment capacity, and consumer and community awareness, among other critical areas. The updates described below cover the period August 2022 through April 2023, unless otherwise noted.

Please note that Public Health’s COVID-19 response and our recent mpox¹ response have and may continue to impact Public Health’s direct and indirect response to STDs.

Review of Recent and Related Board Motions

Since the last quarterly memorandum to your Board, three STD-related Board Motions were introduced. On August 2, 2022, your Board approved two STD-related Board Motions: 1) *Advocating for Federal and State Resources to Combat the STI Epidemic (Supervisor Solis)* and 2) *Responding to Los Angeles County’s Sexually Transmitted Disease Crisis (Supervisors Mitchell and Solis)*. Separately, on November 1, 2022, your Board introduced and approved a motion related to the August 2, 2022 motion and further directed Public Health to: 1) include in the response to the August 2, 2022 motion, a summary of STD data by service planning area (SPA) and 2) work with the CEO to identify additional funding for STD services to address the growing need and incorporate this content into the report. On February 7, 2023, Public Health submitted a combined response to these three motions to your Board.

Mpox Response and Impact on STD Control Efforts

As mpox is more and more being recognized as a STD, the general oversight and management of local mpox control efforts is now transitioning from Public Health’s Division of Acute Communicable Disease Control (ACDC) to Public Health’s Division of HIV and STD Programs (DHSP). This shift is aligned with Public Health’s deactivation of the Incident Command System (ICS) for mpox and influenced by the epidemiology of mpox transmissions. At this time, the majority of mpox cases have been diagnosed among men who have sex with men (MSM), among persons at elevated risk for or diagnosed with HIV or

¹ Please note that effective November 28, 2022, the World Health Organization adopted the use of the new preferred term “mpox” as a synonym for monkeypox. Public Health has adopted the use of this term accordingly.

STDs and among transgender persons. To prevent a possible resurgence of cases as we go into Pride season, we are implementing another education and vaccination effort that is slated to begin in May 2023 and run through the summer.

2022 STD Surveillance Update

As of November 2022, reported syphilis, congenital syphilis, and chlamydia cases continue to rise in LAC while reported gonorrhea cases have decreased slightly. There has been a slight (2%) decrease in neurosyphilis cases reported in 2022 compared to 2021 as well as a 61% decrease in reported Disseminated Gonococcal Infections (DGI). Public Health, along with State and federal partners, will continue to monitor these trends.

Continued Increase in Congenital Syphilis

As previously shared with your Board, LAC continues to experience increases in congenital syphilis. During the period of January through November 2022, LAC observed a 14% increase in reported congenital syphilis cases (123) compared to the same eleven-month period in 2021 (108 cases). As part of the 123 congenital syphilis cases reported in 2022, thirteen (13) stillbirth deaths were also reported. The thirteen stillbirths to date reflect a 19% decrease in congenital syphilis-related stillbirths compared to the same time period in 2021 when 16 stillbirths were reported. We are continuing to closely monitor risk factors among mothers of congenital syphilis cases, including patterns of methamphetamine use and homelessness.

For more information on STD trends in the previous twelve months, please visit the LAC HIV and STD Surveillance Dashboards at <http://publichealth.lacounty.gov/dhsp/Dashboard.htm>.

Improve Early Identification of Cases

Public Health continues to work to improve screening rates and build screening capacity across several healthcare delivery systems as the impact of the COVID-19 pandemic subsides. Below are updates that occurred since the last reporting period.

Expanded STD Screening and Treatment Capacity

Community-Based Provider Contract Update

- On November 23, 2022, Public Health's STD Screening, Diagnosis, and Treatment Services (STD-SDTS) contractors were informed that Public Health will exercise the delegated authority approved by your Board (on November 24, 2020) to extend these contracts for an additional two years, effective January 1, 2023, and through December 31, 2024, with no change to the current maximum funding obligation.
- Public Health's support for STD-SDTS contractors involved two parts: 1) staffing and supply costs tied to STD-SDTS services and 2) separately covering costs tied to processing STD specimens sent to the Public Health Laboratory (PHL) for four agencies. Effective January 1, 2023, Public Health is no longer covering the laboratory specimen processing costs for contracted community-based providers.
- As a condition of the renewed contract, agencies were notified of the requirement to screen all clients for third-party payors and conduct third-party billing for STD-SDTS and related laboratory specimen processing costs. Services reimbursed by a third-party payor cannot be billed to Public Health. As part of these renewed contracts, contractors may add a "laboratory" line item to their budget to cover laboratory specimen processing costs not covered by third-party payors.
- Public Health-funded Community Health Alliance of Pasadena (CHAP) secured a federal Health Resources and Services Administration (HRSA) grant which will support a full-time Program

Manager. This will allow CHAP to resume STD screening diagnosis and treatment services in mid-2023.

STD Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers

- Many of the STD services that were curtailed or discontinued during the COVID-19 pandemic have resumed, and Public Health is providing confidential STD screening, diagnosis, treatment, and counseling services at nine clinics.
- Several Public Health clinics are undergoing necessary deferred maintenance; services are being offered in on-site custom medical trailers while the deferred maintenance projects are completed.
- In April 2023, Public Health resumed STD services at Torrance Health Center and reopened STD services at the Simms-Mann Health and Wellness Center, with a new mobile STD unit.
- Although clinic volume has not yet reached pre-pandemic levels, sexual health encounters across Public Health's network of clinics have increased. The delivery of 12,701 sexual health encounters between January 1 and December 31, 2022, highlighted Public Health clinic surge capacity during STD and sexual health-related outbreaks. Notably, there was a marked increase in visits between August 2022 and September 2022, coinciding with the height of the local mpox outbreak, and the role that clinics played delivering mpox screening, treatment, and vaccination services.

Billing by Public Health of Third-Party Payors for STD Services

At Public Health Centers, STD-related provider, laboratory, and diagnostic services continue to be offered to residents at no charge and regardless of insurance status. Along with the STD-SDTS contractors, Public Health is now screening all clients for third-party payors and billing Medi-Cal, Medicare, and health plans for services that are provided to insured individuals.

- Public Health submitted *Family PACT* reapplications for eight of its higher volume clinics that provide eligible STD and family planning services.
 - Five clinics were approved for participation, have completed the required training, and have started providing covered services covered by this payor.
 - One clinic was approved, and services will begin after the required training has been completed.
 - Approvals for the two remaining clinics are pending.
- Public Health is in the process of receiving Title X designation, which will allow our pharmacy to procure family planning medications and devices for clients served by STD and Family Planning Clinics at a reduced cost.
- Public Health has initiated the application to the California Department of Public Health, Office of AIDS to become a PrEP Assistance Program (PrEP-AP) enrollment site.
- Public Health contracted a vendor to provide revenue enhancement and billing consultation services for clinical, pharmacy, and laboratory services, including STD and Family Planning services. Public Health staff are working closely with this vendor to develop and implement a revenue enhancement plan.

Collaboration with Federally Qualified Health Centers (FQHCs)

- Public Health has secured two spaces from John Wesley Community Health (JWCH) via Public Health's Leavey Central Satellite Clinic for Tuberculosis (TB) to provide STD screening services at the Central Satellite Clinic for TB and the Downtown Women's Center.

- Public Health collaborated with the Community Clinic Association of Los Angeles County (CCALAC) to provide STD-related updates and seminars targeting community clinics and FQHCs. As part of this collaboration, Public Health has offered to provide regular updates as part of CCALAC's Training Center services.

Collaboration with Commercial Health Plans

- Public Health met with key stakeholders, including healthcare plans, since the last quarterly report to your Board. As a result of these meetings, Public Health will continue to work with the cross-section of managed care health plans that operate in LAC to adopt Public Health STD-related recommendations tied to PrEP promotion for HIV at-risk clients, STD screening (including three-site (urethra, throat, and rectum sampling) for gonorrhea and chlamydia for gay and bisexual men, transgender persons, and other at-risk groups, and syphilis and congenital syphilis control efforts.

Expanded Syphilis Screening Efforts

Expanding syphilis screening opportunities for those at risk is critical to identifying undiagnosed, infectious syphilis cases, treating those cases, and identifying contacts to prevent the forward transmission of this bacterial STD. Since the last memorandum to your Board, Public Health:

- Created a unit to implement congenital syphilis coordination activities managed by Public Health Nurses (PHNs).
- Added hepatitis C testing and a more responsive “test and treat” (i.e., same-day treatment) model to the refurbished mobile testing unit that provides rapid syphilis, HIV, gonorrhea, and chlamydia screening services to persons experiencing homelessness and women of reproductive age, primarily in LAC SPAs 2 and 4.
- Launched the POWER (Prevention and Outreach for Women at Elevated Risk for HIV and Syphilis) pilot program with Bienestar Human Services (Bienestar) at their Pomona-based Engagement and Overdose Prevention Hub (previously referred to as a Syringe Service Program).
- Developed processes to conduct syphilis screening and appropriate follow-up services, including among women of childbearing age consistent with population-based syphilis screening recommendations in partnership with DHS Emergency Department leadership.

Extra-genital (Three-site) Testing for Gonorrhea and Chlamydia

As reported in previous memoranda, Public Health continues to support the implementation of three-site testing for gonorrhea (GC) and chlamydia (CT) among at-risk patient populations. Since the last report:

- All DHSP-funded Ambulatory Outpatient Medical and STD-SDTS providers became compliant with conducting three-site testing for GC and CT of their clients.
- Public Health-supported marketing focused on the *I Know Program*, including providing posters to over 100 LAUSD High Schools and materials to promote www.dontthinkknow.org.
- Public Health provided a presentation of the *I Know Program* at the Comprehensive Sex Education Network (CSEN) convening coordinated by the Los Angeles County Office of Education. Over 226 home test kits were distributed during this reporting period.

Collaboration with Local High Schools

As reported in the previous memorandum, Public Health partnered with the Department of Mental Health (DMH), local school districts, your Board, and Planned Parenthood Los Angeles (PPLA) to launch 40 Student Wellbeing Centers (WBC) beginning in December 2019. Each participating school site is expected to offer confidential STD screening and treatment services for students as well as activities aimed at equipping teens with information about substance use prevention, behavioral health, and sexual health in the spirit of promoting healthy relationships, protecting their health, and planning for their future. Since the last report:

- The WBCs fully reopened to serve high school students with sexual health education and services at 38 sites (covering all five Supervisorial Districts),
- The WBCs provided 1,577 students with sexual health visits, also making 196 referrals for additional services at partner providers. The Planned Parenthood clinics within the centers provided 1,090 student visits between October and December 2022. The Teen Call Line, which responds to student questions and facilitates them making clinic appointments, received 312 calls, 292 resulting in patient appointments. Wellbeing Center educators provided 147 education sessions in high school classrooms reaching 4,410 students with sexual and mental health and substance use prevention education. Parent education was provided to 139 parents in one-to-one phone calls, with 83 receiving guidance in strategies to enhance family communication around sensitive sexual health and substance use issues.
- In October 2022, Public Health received a Title X grant through Essential Access Health (EAH) to support the 10 WBCs sites that do not have a PPLA clinic partnering with them. Services to be provided include STI testing and treatment, pregnancy testing and options counseling, condom availability, and sexual health education. These services will be provided by a Public Health PHN who is supervised by a Public Health physician. These limited sexual health services were launched in March 2023.

Interrupt Disease Transmission through the Treatment of Cases and Their Partners

Patient Delivered Partner Therapy (PDPT)

Public Health continues to partner with EAH to promote the availability and use of PDPT services, particularly for young persons diagnosed with gonorrhea and chlamydia. PDPT ensures that antibiotics or a prescription for antibiotics are given to a person diagnosed with chlamydia and/or gonorrhea (the index patient) to subsequently deliver to their sexual partner(s) to both prevent repeat infection and interrupt the chain of transmission to other partners. Although PDPT is not intended as a first-line partner management strategy, it is an evidence-based alternative for the treatment of sexual partners who are unable to and/or unlikely to visit a sexual health clinic or their primary care provider for evaluation and treatment. Since the last report,

- Two additional LAC-based clinic sites were registered on the EAH PDPT platform between July and December 2022.
- Between January 2022 and December 2022, a total of 4,360 PDPT doses of antibiotics were distributed via EAH's PDPT Program Portal reflecting a small decrease compared to the 5,203 doses distributed from January 2021 through October 2021. The decrease was largely influenced by the limited availability of cefixime to treat gonorrhea.
- EAH conducted a 4-week PDPT Public Awareness campaign that included bus tails and interior bus cards and social media messaging targeting women of color.
- Public Health hosted a mandatory, virtual training for DHSP-funded STD service providers. A total of 55 staff attended the EAH-delivered training that included a review of chlamydia and gonorrhea infection, a review of PDPT-related laws and regulations, a review of myths tied to PDPT, a review

of EAH's PDPT Distribution Program and other PDPT resources and a discussion on the options for partner management of STDs.

- Public Health supported capacity building and marketing efforts to improve PDPT activities at the DeNovo Health Center, Ali Abaian Medical Clinic, San Judas Community Clinic, Angelus Community Health Center, Behavioral Health Services, Los Angeles Christian Health Centers, and Men's Health Foundation.

Partner Services (PS)

Public Health's HIV/STD Partner Services (PS) operations continued to face significant pressure as Public Health Investigator (PHI) caseloads tied to syphilis continued to rise and available PHI staff resources remained limited. Since the last Board report:

- The COVID-19 Continuity of Operations Plan (COOP) was re-instated due to the increase in local COVID-19 morbidity in the summer and winter of 2022. Public Health re-deployed PHI and PHN staff to COVID-19 response efforts impacting their ability to fully focus on STD-related activities. The COOP was lifted on January 23, 2023.
- During COOP, a highly focused syphilis case prioritization protocol (also known as the syphilis reactor grid) was implemented to inform which syphilis cases would be investigated and which syphilis cases would be administratively closed.
- Public Health transitioned syphilis cases to field PHIs in the Department's Community Field Services (CFS) Division from DHSP to allow for a more balanced workload.
- DHSP integrated mpox case investigations, enhanced the HIV case reporting system, advanced HIV cluster detection activities and response, and focused more intensively on pregnant clients diagnosed with HIV and/or syphilis,
- Public Health launched a multi-disciplinary Specialized Investigation Team (SIT), comprised of PHIs, PHNs, social workers, and, on occasion, a Public Health physician, that can deliver street-based medical care. This team locates pregnant women with syphilis who also face homelessness and substance use disorder and provides interventions to ensure prompt syphilis treatment to reduce the risk of congenital syphilis among newborns. PHIs also link these clients to other needed services, including prenatal medical care, treatment for substance use disorder, and housing.
- Public Health increased access to antibiotics to treat syphilis through the Bicillin Delivery Program by over 135 doses between January 2022 and October 31, 2022 (75 doses were delivered in 2021). The increase in 2022 largely resulted from referrals from street medicine teams and overall increases in syphilis morbidity.
- Public Health established monthly Congenital Syphilis Morbidity and Mortality Reviews to review cases to identify areas of program improvement. These case reviews continue to highlight the strong nexus between congenital syphilis cases and homelessness, methamphetamine use disorder, undiagnosed and untreated mental illness, and poor access to prenatal care among pregnant persons.

Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons

The universal syphilis screening services for women at the Century Regional Detention Facility (CRDF) that had been suspended (due to COVID-19 protocols in the jails) were re-launched late March 2022. With increased collaboration from the DHS Correctional Health Services (CHS) team, the syphilis testing processing time had improved and the time between an individual receiving a positive syphilis result and their medical appointment had significantly decreased. Since its relaunch in March 2022, the CRDF testing program conducted 1,058 syphilis tests which resulted in 133 preliminary positive results (13% positivity rate).

However, as of January 2023, these services have been placed on hold again as the program works with DHS CHS to comply with DHS's point of care testing (POTC) ORCHID policies and procedures. Public Health is working closely with DHS CHS to promptly resolve this issue and resume syphilis testing at CRDF.

Educate Consumers and Community to Raise Awareness of STDs

STD Awareness and Partnership with Grassroots Community Organizations

Since the last memo, Public Health conducted five STD/HIV trainings for community providers and staff. In addition, Public Health staff continued to support outreach services at venues such as Tiny Homes Village, the Sidewalk Project, and Downtown Women's Center, and provided STD/HIV testing, medical evaluations, treatment services, and referrals as needed.

STD Awareness Among Youth

- *Youth Pocket Guide* - www.PocketGuideLA.org - Public Health reviewed data from providers that have diagnosed a young person (ages of 15-19) with an STD to determine if they met the minimum eligibility requirements for inclusion in the Pocket Guide. At least 15 clinics met the eligibility requirements and will be included in the next iteration of this resource guide. Public Health continues to assess the resources needed to fully update the Pocket Guide and strengthen the synergy with the www.WeCanStopSTDsLA.org engagement initiative.
- *"Secret Shopper" Initiatives for Youth-Serving Clinics* – EAH reported the results of their Public Health-funded "Secret Shopper" initiative that evaluated the sexual and reproductive health services serving youth in South Los Angeles. Community clinics listed in the Youth Provider Guide, including the SWCs, were randomly selected, and assessed across several domains: accessibility, comfort, quality of HIV/STD testing and prevention services, and confidentiality and privacy components. As part of the secret shopper initiative, trained youth evaluators completed 29 visits across 14 clinics, including 24 in-person visits and 5 telehealth visits. Clinical sites that participated in the study will receive an individualized scorecard highlighting overall and evaluation criteria scores on all components and recommendations on how to improve youth friendliness. Targeted training and technical assistance focusing on best practices for implementing recommendations will be offered to sites that participated in the study, with priority given to school-based wellness centers.

STD Awareness Among Faith-Based Communities

The South Los Angeles Community Advisory Coalition (CAC)/www.WeCanStopSTDsLA.org initiative developed a faith-based STD prevention tool kit with resources to empower and engage communities and improve the response to the high rates of STDs in South Los Angeles. Since the last report to your Board, the tool kit has been finalized and three churches have been selected to implement the activities in the tool kit. WeCanStopSTDsLA.com Initiative staff will be conducting a "train-the-trainer" program in early 2023.

Create Effective Policies to Impact Health Care Provider Behavior

As previously shared, Governor Newsom signed California Senate Bill 306 (SB 306), the STD Coverage and Care Act, into law on October 4, 2021. The law provides a comprehensive approach to addressing California's STD public health crisis during the COVID-19 pandemic and beyond. The new law aims to strengthen California's public health infrastructure and expand access to STD coverage and care to improve health outcomes and create a more equitable health system. The intent of SB 306 is for

California and local jurisdictions to reinforce and ensure a comprehensive and robust approach to strengthening our public health infrastructure, expanding access to STD services, and reducing barriers to STD services, particularly in communities most impacted by the STD crisis.

Public Health continues to advance the following efforts consistent with the spirit of SB 306:

- Expanding access to STD services and treatment for low-income and uninsured patients through the *Family PACT* program, including in Public Health clinics;
- Creating enhanced screening opportunities through the re-launch of the *I Know Home Testing* program;
- Collaborating with an expanded number of partners to provide home STD and HIV test kits;
- Continuing to support the delivery and increased utilization of PDPT; and
- Supporting outreach and education efforts that promote three-site testing for gonorrhea and chlamydia and, separately, syphilis screening among pregnant persons during the first and third trimesters.

Funding and Federal and State Appropriations Proposals and Updates

Disease Intervention Specialist (DIS) Workforce Development Grant Funding Update

As shared in the last report to your Board, as part of the American Rescue Plan Act of 2021, the CDC launched the DIS Workforce Development Funding Opportunity that took place effective June 20, 2021. As part of this effort and new funding, Public Health has secured 35 staff items, including 18 new Public Health Investigator (PHI) items, for allocation to the Public Health budget. Since the last memo to your Board, a total of 33 of the 35 positions have been filled, a PHI Training Needs Assessment was finalized, and findings and recommendations were presented to Public Health leaders. The training vendor has now finalized a PHI Training Plan. Separately, Public Health's DIS Advisory Group is reviewing the needs assessment results and collaborating with the training vendor to update the training program for PHIs.

California Department of Public Health's (CDPH) Future of Public Health Funding Award

As authorized by your Board on September 13, 2022, Public Health received \$47,328,331 from the California Department of Public Health's (CDPH) Future of Public Health Funding Award to support and strengthen local public health infrastructure. Public Health allocated approximately \$900,000 to augment the current Community Embedded Disease Intervention Specialist (CEDIS) program with approximately 10 additional specialists. The CEDIS program embeds a trained, community-based organization (CBO) staff person in a clinic with high HIV or STD (primarily syphilis) morbidity for the immediate provision HIV/STD partner services. The intent is to improve Partner Services outcomes by building upon the strong rapport established by a trusted health care provider and offering partner services as close to the point of diagnosis as possible (instead of referring these cases to Public Health).

California Department of Public Health's STD Control Branch Funding Update

As previously reported to your Board, Governor Newsom included \$30 million to be allocated over the next three years to address rising rates of syphilis, including congenital syphilis, in California's FY 2022-23 budget. Specifically, the budget includes \$10 million per year for syphilis elimination projects in the eight counties with the highest rates of early syphilis and congenital syphilis. Since LAC has among the highest rates of both early syphilis and congenital syphilis, we were pleased that the resulting state formula will allocate \$3.957 million per year to LAC for the next three years. Public Health is awaiting approval of the proposed budget sent to California DPH partners.

Federal Advocacy Efforts

In response to your August 2, 2022, STD-related Board Motion, *Advocating for Federal and State Resources to Combat the STI Epidemic (Supervisor Solis)*, Public Health made appeals for additional resources to aid our efforts. The first letter was sent to Secretary Becerra on August 4, 2022, and urged Secretary Becerra to seek additional federal funding for a “Sexually Transmitted Diseases (STD) Control Pilot Program” for LAC as part of the operationalization of a national “Ending the STD Epidemic” initiative. The appeal also requested that the Secretary help improve compliance with the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure tied to annual chlamydia screening focused on young sexually active women ages 16 to 24 and for the adoption of a new HEDIS measure tied to annual chlamydia screening for men under 30 years of age. In September and October 2022, Public Health also sent a letter to members of Los Angeles County’s Congressional delegation urging support across a range of budget appropriation requests, including those related to domestic STD funding levels. This letter was sent as part of the federal Fiscal Year (FY) 2023 Appropriations budget and negotiation process. As part of this appeal, Public Health requested an increase in the federal appropriations for local public health infrastructure, including \$750 million in core public health infrastructure and \$250 million in public health data modernization. These resources would be used to support a wide range of public health activities, including STD prevention, TB control and prevention, and chronic disease prevention.

The congressional letter also included a request for increased STD-specific federal investments in the Substance Abuse Prevention and Treatment Block Grant supported through the Substance Abuse and Mental Health Services Administration (SAMHSA), given the strong nexus between substance use and STD risk, and increased funding through Health Resources and Services Administration (HRSA) to support Federally Qualified Health Centers (FQHC) and the Ryan White Program working with populations at risk for both syphilis and HIV.

Finally, as part of this appeal, Public Health requested a federal STD prevention and control appropriation of \$272.9 million for the CDC, an increase of \$108.6 million compared to federal Fiscal Year (FY) 2022 final funding levels. In the letter, Public Health highlighted the historic inequities in STD funding, the consistent year to year rise in syphilis and congenital syphilis levels, and the two recent motions approved by your Board.

The Consolidated Appropriations Act of 2023 (H.R. 2617) included increases in a number of the above-mentioned areas including public health infrastructure (increased \$150 million from the prior year) and STD prevention and control (\$10 million over the prior year). In March 2023, the President’s FY 2024 budget proposes flat funding the CDC’s Division of STD Prevention at FY 2023 levels (\$174.3 million).

State Advocacy Efforts

In 2022, Public Health supported the End the Epidemics Coalition’s (Coalition) budget proposal, which included a funding request of \$49 million in state general funding to address soaring early syphilis and congenital syphilis cases in the 8 most impacted counties in California, including Los Angeles County.

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As noted above, the Coalition was ultimately successfully in securing \$30 million over three years in the final FY 22-23 State budget, which brings \$3.957 million for the next three years to LA County beginning July 1, 2022. The Coalition is currently working on their budget request for FY 23-24 and Public Health will continue highlighting the need for increased state funding for STD control efforts.

LA County also supported the request from community advocates for funding for mpox response. The State FY 22-23 budget included \$41 million for mpox response, and LA County received \$5.35 million in resources to assist in community response for this declared local emergency.

Public Health will continue to keep your Board updated on developments related to our STD control efforts. If you have any questions or need additional information, please let me know.

BF:rs:mjp

c: Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel

QUICK TAKE

THE RYAN WHITE HIV/AIDS PROGRAM

ENACTED IN 1990 AND NAMED FOR A BOY WITH HEMOPHILIA who was a courageous public face in the early days of the HIV epidemic, the Ryan White HIV/AIDS Program is the nation's safety net program for people with HIV. Reauthorized several times with strong bipartisan support, the program is a cornerstone for much of our country's progress against HIV.

1.1 MILLION AMERICANS ARE LIVING WITH HIV and almost half receive services from the Ryan White Program. Four in five of the program's 535,000 clients have other forms of health insurance and rely on the program to assist with cost-sharing to prevent interruptions in care and to cover services inadequately covered by insurance.

The goal of HIV treatment is to achieve viral suppression, meaning that when a person takes their antiretroviral therapy (ART) medication as instructed, the level of virus in their blood is below 200 copies/mL. When people are virally suppressed, they can stay healthy and live an essentially normal lifespan. Additionally, people who are virally suppressed cannot transmit HIV to others sexually, so supporting people to achieve and maintain viral suppression is our most important way to stop further transmission.

VIRAL SUPPRESSION AMONG RYAN WHITE PROGRAM CLIENTS IS INCREASING



NOTES: Data presented are for the 50 states, District of Columbia, Puerto Rico, and the US Virgin Islands. Viral suppression is defined as at least one outpatient visit with at least one viral load reported, with all viral load results under 200 copies/mL.

SOURCE: HRSA HIV/AIDS Bureau, December 2018.

WHY IS THE RYAN WHITE PROGRAM NEEDED IF PEOPLE WITH HIV HAVE HEALTH INSURANCE COVERAGE?

The program serves an especially vulnerable population and provides essential services to get and keep people with HIV engaged in care and adherent to ART. By law, the program is the **payer of last resort** and cannot cover services that could be covered by public or private insurance.

CDC research from the Medical Monitoring Project (MMP) shows that low-income people served in centers funded by the Ryan White Program have better outcomes than low-income persons served in centers not funded by the program. Services that support engagement in care include:

- Case management, care coordination, and insurance navigation
- Medical transportation, emergency housing, and legal services
- Mental health, substance use disorder, and oral health services
- Cost-sharing assistance

Additionally, the program expands the capacity of the health system to provide quality HIV care by:

- Developing models of integrated care
- Monitoring HIV outcomes
- Training the medical and non-medical workforce
- Ensuring that quality HIV care is available in all parts of the country

THE RYAN WHITE HIV/AIDS PROGRAM IS LEADING THE WAY IN GETTING PEOPLE WITH HIV VIRALLY SUPPRESSED BY ENSURING STABLE ACCESS TO HIV PRIMARY CARE AND MEDICATION, ALONG WITH CRITICAL SUPPORT SERVICES.

The Ryan White Program is administered by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA). For FY 2019, Congress appropriated \$2.32 billion for the program. More than 80% of funding is awarded to states and territories and heavily impacted metropolitan areas through Parts A and B. Nearly \$900 million was earmarked by Congress for the AIDS Drug Assistance Program (ADAP) to ensure access to lifesaving HIV medications. ADAP programs provide assistance to more than half of all people with HIV on ART in the US.

HIV does not affect all groups equally. It is concentrated in the southern US and disproportionately impacts gay and bisexual men, transgender people (especially transgender women), people who inject drugs, racial/ethnic minorities, and people with low incomes. The Ryan White Program reduces disparities in HIV health outcomes. Nearly two-thirds of clients live at or below the federal poverty level and approximately three-fourths are racial/ethnic minorities. HRSA research shows that in recent years, disparities in viral suppression and other outcomes have been reduced along lines of age, race, and gender.

THE PARTS OF THE RYAN WHITE HIV/AIDS PROGRAM

- **PART A** funds local communities that are severely affected by HIV. In 2018, 52 metropolitan areas received funding from Part A
- **PART B** funds states and territories. Congress earmarks the largest portion of the Part B program to support AIDS Drug Assistance Programs (ADAPs)
- **PART C** funds local community-based clinics and organizations to support outpatient medical care and support services
- **PART D** provides funding to support family-centered care to women, infants, children, and youth with HIV
- **PART F** supports the Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), Dental, and Minority AIDS Initiative Programs

THE VAST MAJORITY OF RYAN WHITE PROGRAM CLIENTS HAVE VERY LOW INCOMES



NOTES: Data presented are for the 50 states, District of Columbia, Guam, Puerto Rico, and the US Virgin Islands.

SOURCE: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program (ADAP) data.

THE 116TH CONGRESS may choose to reauthorize the program (the last authorization lapsed in 2013) to adapt the program to broader health system changes and HIV clinical advances. With or without a new authorization, however, the program remains critically important for meeting the health care needs of people with HIV and addressing new challenges, such as responding to an aging population of people with HIV (more than half of whom are over age 50) and developing models of care for meeting the health care needs of people with HIV who use drugs as we grapple with a growing opioid crisis.

TO LEARN MORE

READ OUR POLICY BRIEF, *The Ryan White HIV/AIDS Program: Protecting and Advancing HIV Public Health Gains During Health System Reform*, March 2017, at the link below.

For information on federal investments in HIV programs, see *U.S. Federal Funding for HIV/AIDS: Trends Over Time*, November 2017, available at kff.org/hiv aids/.

For information and interactive maps that visualize the impact of the HIV epidemic on communities across the US, visit AIDSvu.org.

For a wealth of federal resources on the Ryan White HIV/AIDS Program, see the HIV/AIDS Bureau of the Health Resources and Services Administration at hab.hrsa.gov.

THE RYAN WHITE HIV/AIDS PROGRAM IS SAVING AND IMPROVING LIVES AND IS AT THE CENTER OF OUR EFFORTS TO END THE HIV EPIDEMIC.