



LOS ANGELES COUNTY
COMMISSION ON HIV



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PUBLIC POLICY COMMITTEE

REGULAR MEETING

Monday, June 3, 2024

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

Vermont Corridor

510 S. Vermont Ave. Terrace Conference Room TK05

****Valet Parking: 523 Shatto Place, LA 90020****

Agenda and meeting materials will be posted on our website
at <http://hiv.lacounty.gov/Meetings>

As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting to access the Terrace Conference Room (9th Floor).

Members of the Public May Join in Person or Virtually.

For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rfba67dcce6a27aaa1e4e0fa796a46ae6>

To Join by Telephone: +1-213-306-3065 U.S. Toll

Password: POLICY Meeting ID/Access Code: 2531 416 3124

Notice of Teleconferencing Sites:

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



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.*

together.

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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>

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

MONDAY, JUNE 3, 2024 | 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.

NOTICE OF TELECONFERENCING SITE:
Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rfba67dcce6a27aaa1e4e0fa796a46ae6>

To Join by Telephone: 1-213-306-3065 U.S. Toll

Password: POLICY Meeting ID/Access Code: 2531 416 3124

Public Policy Committee Members:			
Katja Nelson, MPP <i>Co-Chair</i>	Lee Kochems, MA <i>Co-Chair</i>	Mary Cummings	Leonardo Martinez-Real
Paul Nash, PhD, CPsychol, AFBPsS, FHEA	Ricky Rosales	Ronnie Osorio <i>(Alternate)</i>	
QUORUM: 4			

AGENDA POSTED: May 28, 2024.

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you

may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

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

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

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT 1:10 PM – 1:15 PM

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

III. COMMITTEE NEW BUSINESS ITEMS 1:15 PM – 1:20 PM

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

IV. REPORTS

- 7. Executive Director/Staff Report 1:20 PM – 1:30 PM
 - a. Operational and Programmatic Updates
- 8. Co-Chair Report 1:30 PM – 1:40 PM
 - a. 2024 Workplan and Meeting Calendar—Updates
 - b. Committee-Only Application Review
 - c. Act Now Against Meth and other Harm Reduction Initiatives—Updates

V. DISCUSSION ITEMS

10. 2024 Legislative Docket—Updates 1:40 PM – 3:00 PM

VI. DISCUSSION ITEMS CONT.

11. 2023-2024 Policy Priorities 3:00 PM – 3:05 PM

12. State Policy & Budget—Updates 3:05 PM – 3:10 PM

13. Federal Policy-- Updates 3:10 PM – 3:15 PM

14. County Policy-- Updates 3:15 PM – 3:20 PM

a. DPH Memo in response to STD Board of Supervisors (BOS) motion

VII. NEXT STEPS

3:20 PM – 3:25 PM

13. Task/Assignments Recap

14. Agenda development for the next meeting

VIII. ANNOUNCEMENTS

3:25 PM – 3:30 PM

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

IX. ADJOURNMENT

3:30 PM

16. Adjournment for the meeting of June 3, 2024.

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



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 3.22.23)

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

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

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

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

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

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

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/10/24

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FERGUSON	Kerry	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	Invisible Men	No Ryan White or prevention contracts
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

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

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

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



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

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

May 6, 2024

Draft

COMMITTEE MEMBERS			
P = Present A = Absent EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	EA
Lee Kochems, MA, Co-Chair	P	Ricky Rosales	A
Alasdair Burton	P	Ronnie Osorio	A
Mary Cummings	P		
Felipe Findley, PA-C, MPAS, AAHIVS	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

The meeting was called to order at 1:05pm.

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

Lee Kochems, Public Policy Committee (PPC) co-chair, led introductions and asked PPC members to state their conflicts of interest.

Mario Perez, Director of the Division on HIV and STD Programs (DHSP) introduced Jaime Cervantes De Rein stein as the new policy analyst for DHSP. Jaime will be the dedicated liaison between DHSP and the PPC. He is involved in a variety of policy-related assignments at DHSP and will work to make sure LA County has the most progressive program and budget policy in the country. Jaime added that he is a recent graduate of the University of California Los Angeles (UCLA) Luskin School of Public Affairs and holds a masters in public policy and maters in social work. He has experience working with local and state agencies and is looking forward to sharing his expertise with the PPC.

3. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order as presented or revised. *(Passed by consensus).*

4. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the April 1, 2024 Public Policy Committee minutes, as presented or revised. *(Passed by consensus).*

II. PUBLIC COMMENT

5. **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMITTEE ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMITTEE. FOR THOSE WHO WISH TO PROVIDE PUBLIC COMMENT MAY DO SO IN PERSON, ELECTRONICALLY BY CLICKING [HERE](#), OR BY EMAILING HIVCOMM@LACHIV.ORG.**

There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

6. **OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY SITUATION, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.**

There were no committee new business items.

IV. REPORTS

7. EXECUTIVE DIRECTOR/STAFF REPORT

- C. Barrit reminded PPC members that the next COH meeting will take place on May 9, 2024 at the Vermont Corridor. The meeting will include a presentation on the “Linkage and Retention Program” led by the Division on HIV and STD Program (DHSP), and will highlight work of the Ryan White Program Part F. The meeting materials are available on the COH website.
- C. Barrit reported that the staff from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) will conduct a site visit of the COH from May 21st 2024 thru May 23rd, 2024. The site visit will focus on a series of technical assistance modules aimed at improving COH operations and core functions. The site visit sessions are mandatory for COH staff and optional for COH leadership interested in participating. She added that the final session will take place during the Operations Committee meeting. COH staff will provide a report back to the COH body at the June COH meeting.
- C. Barrit reported that COH staff received mixed feedback on the draft statement on Palestine and reminded the PPC of her guidance that this item is outside the scope of purview of the COH. The PPC discussed the draft statement and proposed revisions to the statement in an attempt to move the item forward. The PPC did not reach consensus on the draft statement and decided to remove the item from future agendas.

8. CO-CHAIR REPORT

a. Draft 2024 Workplan and Meeting Calendar

Katja Nelson, PPC co-chair, noted that the 2024 Policy Priorities document was

approved by the PPC in April and will be under review/vote by the COH body at the May COH meeting. See the meeting packet for a copy of the workplan document.

b. Act Now Against Meth (ANAM) | Updates

K. Nelson reported that since Jose Magana left the COH earlier this year the PPC will need to reach out to Richard Zaldivar from The Wall Las Memorias and ask him to recommend someone from their staff to report back to the PPC on any updates related to the ANAM project including opportunities to collaborate.

V. DISCUSSION ITEMS

9. 2023-2024 LEGISLATIVE DOCKET – UPDATES

L. Kochems reminded the PPC members that the task of compiling the Legislative Docket and taking a position on bills is an activity the PPC engages on an annual basis. Once completed and approved by the COH full body, the document is transmitted to the County Board of Supervisors. He added that the PPC engages in debate and deliberations on the bills but does not rewrite the bills. The PPC can pose questions to the bill authors to help inform how the PPC takes a position on a bill.

Jose Rangel-Garibay, COH staff, noted that the packet includes a list of bills the Transgender Caucus reviewed and offered their recommended positions for the PPC to consider during their legislative docket deliberations. See the meeting packet for more details.

The Committee reviewed 2023-24 Legislative Docket and made the following decisions:

- AB 2007 | SUPPORT
- AB 2034 | OPPOSE
- AB 2523 | WATCH; determine how this would impact Los Angeles County.
- AB 2229 | SUPPORT
- AB 2258 | SUPPORT
- AB 2442 | SUPPORT
- AB 2498 | SUPPORT
- AB 3031 | SUPPORT
- SB 953 | SUPPORT
- SB 954 | SUPPORT
- SB 957 | SUPPORT
- SB 959 | SUPPORT
- SB 990 | SUPPORT
- SB 996 | OPPOSE; may impact/delay implementation of California Healthy Youth Act (CHYA) and prevent middle school and high school youth receive comprehensive sexual health education.
- SB 1022 | SUPPORT
- SB 1278 | SUPPORT
- SB 1290 | WATCH; follow-up with legislative office to understand what measures are in place to make sure that the new benchmark plan is not worse than the current one.

- SB 1333 | SUPPORT
- SB 1346 | SUPPORT
- SB 1368 | STRIKE FROM DOCKET; the item is not relevant to the purview of the COH.
- AB 1487 | SUPPORT
- S. 3892 | SUPPORT
- S. 644 | SUPPORT

MOTION #3: Approve the 2023-24 Legislative Docket, as presented or revised, and elevate to the Executive Committee (*Passed. Yes: 7 A. Burton, M. Cummings, L. Kochems, F. Findley, K. Nelson, L. Martinez-Real, J. Green; No: 0; Abstain: 0*).

10. 2024 POLICY PRIORITY

The COH will hold a vote to approve the 2024 Policy Priorities document at the 5/9/24 COH meeting.

11. STATE POLICY & BUDGET UPDATE

K. Nelson shared that the Ending the Epidemics (ETE) coalition held their “Day of Action” in Sacramento in April in which members met with various legislative aides and staff to remind them of the budget and policy asks the ETE coalition has proposed. Among the asks is a request that the proposed \$500 million loan to the state government from the AIDS Drug Assistance Program (ADAP) fund be reduced to at least \$250 million to ensure the ADAP is able to sustain the program it supports. C. Barrit reminded the PPC that the April COH meeting packet includes a formal response from the state regarding the practice of borrowing money from the ADAP fund. Additional ETE coalition asks is to increase the Pre-Exposure Prophylaxis (PrEP) eligibility from 500% federal poverty level (FPL) to 600% FPL; changing the ADAP formulary to an open formulary which allows increased real-time access to necessary drugs by bypassing the lengthy approval process for adding drugs; a one-time increase to harm reduction clearinghouse budget by \$2 million dollars; increase the health insurance premium payment program for a cap on premium payments; increase by \$5 million the Transgender, Gender nonconforming, and Intersex (TGI) Wellness and Equity fund; a request for a needs assessment that analysis to identify gaps in current needs for client navigation and retention services; request for a needs assessment for the PrEP navigation program to identify ways to improve the program; one-time \$6 million ask out of opioid settlement funds to fully fund the California overdose prevention harm reduction initiative. K. Nelson will share a copy of the ETE Coalition budget and policy ask document with COH staff to disseminate to the PPC and the COH full body.

PPC members asked for any status updates on recruiting someone for the Medi-Cal representative seat. C. Barrit noted that she appealed to other jurisdictions (San Francisco, Orange County, San Diego County, and Inland Empire) in California to write a joint letter to Secretary Michelle Bass asking to identify someone for the Medi-Cal representative seat. The state acknowledge receipt of the letter however there has not been any further communication or movement.

K. Nelson provided a brief overview of the documents included in the meeting packet; see the meeting packet for additional details.

12. FEDERAL POLICY UPDATE

K. Nelson noted that the meeting packet includes a letter from the Federal AIDS Policy Partnership (FAPP) AIDS Budget and Appropriations Coalition which outlines HIV community funding requests for FY2025 Domestic HIV programs. See the meeting packet for a copy of the document.

13. COUNTY POLICY UPDATE

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

K. Nelson will work with COH staff to encourage Commissioners to participate in BOS meetings when HIV-related items are on the meeting agenda.

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

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

VI. NEXT STEPS

14. TASK/ASSIGNMENTS RECAP

- ➡ COH staff will follow-up with the legislative offices regarding the PPC's questions on bills.
- ➡ COH staff will send a reminder regarding the upcoming Health and Mental Health Cluster meeting on 5/8/24 and the meeting with the Supervisorial District #1 Health Deputy.

15. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- Share feedback from Health Deputy meetings.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

17. ADJOURNMENT FOR THE MEETING OF MAY 6, 2024.

The meeting was adjourned at 2:57pm.



2024 WORK PLAN – PUBLIC POLICY COMMITTEE—ADOPTED

Committee Name: PUBLIC POLICY COMMITTEE (PPC)				
Co-Chairs: Katja Nelson, Lee Kochems			Committee Adoption Date: 3/4/24	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2024				
#	TASK/ACTIVITY	DESCRIPTION	TARGET DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2024 workplan	COH staff to review and update 2024 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/04/23, 01/04/24, 1/31, 2/29, 3/28, 4/30, 5/24
2	Develop 2023-2024 Legislative Docket and update as needed.	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses, and workgroups to develop the Commission docket, and discuss legislative position for each bill.	COMPLETE	The COH staff will monitor bill status and update docket as needed.
3	Develop 2023-2024 Policy Priorities document and update as needed.	The Committee will revise the Policy Priorities document to include the alignment of priorities from Commission stakeholder groups	COMPLETE	The Committee will review and update their policy priorities document as needed.
4	Continue to advocate for an effective County-wide response to the STI crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of sexual health and HIV services. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STIs, Viral Hepatitis and other sexual health issues.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STI crisis in Los Angeles County. Commissioners are encouraged to provide public comments at BOS meetings.
5	Continue to advocate for an effective County-wide response to the Act Now Against Meth (ANAM) platform.	The Committee will review government actions that impact funding and implementation of sexual health and HIV services. Assess and monitor federal, state, and local government policies and budgets that impact activities under the ANAM platform.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the ANAM platform. Commissioners are encouraged to provide public comments at BOS meetings.
6	Monitor and support Harm Reduction efforts in LA County and LA City	The Committee will review government actions that impact funding and implementation of harm reduction efforts in Los Angeles and Los Angeles County.	Ongoing	Track and monitor legislation related to the investment of Opioid settlement funds.
7	Efforts to Modernize the Ryan White Care Act (RWCA)	The Committee developed a policy brief outline. The policy brief will summarize key issues to address and include in a modernized RWCA legislation.	Postponed to 2025	Committee co-chairs met with COH staff and determined to postpone the development of a white paper on RWCA modernization to 2025.



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COMMISSION ON HIV



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PUBLIC POLICY COMMITTEE 2024 MEETING CALENDAR

(updated 05.24.24)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
Jan. 9, 2024 1pm to 3pm <i>Pending</i>	Elect Co-Chairs for 2024 Review and adopt 2024 Workplan and Meeting Calendar
Feb. 5, 2024 1pm to 3pm <i>Room TK05</i>	Update Legislative Docket 2024 Policy Priorities Action Plan Development
Mar. 4, 2024	MEETING CANCELLED
Apr. 1, 2024 1pm to 4pm <i>Room TK11</i>	Review and approve Public Policy Priorities Document
May 6, 2024 1pm to 3:30pm <i>Room TK11</i>	Review and update Legislative Docket
Jun. 3, 2024 1pm to 3pm <i>Pending</i>	Governor's Budget May Revise Discussion
Jul. 1, 2024	MEETING CANCELLED
Aug. 5, 2024 1pm to 3pm <i>Room TK11</i>	
Sep. 2, 2024 1pm to 3pm	Consider cancelling or rescheduling due to Labor Day Holiday
Oct. 7, 2024 1pm to 3pm <i>Pending</i>	
Nov. 4, 2024 1pm to 3pm <i>Pending</i>	COH Annual Conference 11/14/2024
Dec. 2, 2024 1:30pm to 3:30pm <i>Pending</i>	Co-chair nominations Reflect on 2024 accomplishments Draft 2025 Committee Workplan and Meeting Calendar

#4

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, March 17, 2024 5:24:48 PM
Last Modified: Sunday, March 17, 2024 5:40:50 PM
Time Spent: 00:16:02
IP Address: 76.255.137.125

Page 1: Introduction

Q1 **NEW**

Are you applying as a NEW or RETURNING Committee member?

Q2

Contact Information

Name and Pronoun (For example: "John Smith, he/him/his") **OM Davis (He/They)**

Do you work for an agency/organization? If yes, please state agency/org name and if not, please indicate "N/A" for not applicable. **N/A**

Address **[REDACTED]**

City/Town **Burbank**

State/Province **CA**

ZIP/Postal Code **91504**

Primary Email Address **odavi008@ucr.edu**

Primary Phone Number **[REDACTED]**

Q3

Were you recommended by an individual or organization? **No,**
 If so, please state the name of the recommending entity. **Recommending individual/organization::**
****Not required; suggested for applicants representing agencies/organizations**** **N/A**

Q4

No

Are you affiliated with a Ryan White Program-funded agency? **Affiliated is defined as one who is either a board member, employee, or a consultant of an agency who receives Ryan White Program funding through the Los Angeles County Division of STD and HIV Programs (DHSP). Volunteers are considered unaffiliated. Click [here](#) for a list of Ryan White Program-funded agencies; subject to change**

Page 2: Committee Selection

Q5

Public Policy (SBP) Committee

Based on your expertise and the Committee description, role and responsibilities, please select below which Committee you would be interested in participating on.

Page 3: Background & Experience

Q6

Why do you want to join the Committee selected?

I am eager to join the Public Policy Committee to leverage my extensive experience in LGBTQ+ advocacy and my personal connection to the impact of HIV/AIDS. Both of my uncles passed away during the AIDS epidemic in the 1990s, which has fueled my commitment to advocating for policies that support affected communities. I believe my background equips me to contribute meaningfully to the development and advancement of inclusive policies that address the needs of those affected by HIV/AIDS.

Q7

What skills, abilities, and/or experience do you have that can be helpful to the selected Committee?

Communication and Collaboration: I excel in communicating with diverse stakeholders and collaborating with fellow advocates to advance policy objectives.

Advocacy Expertise: I possess strong advocacy skills honed through my involvement in LGBTQ+ rights activism.

Networking: My involvement in advocacy has enabled me to build a robust network within the LGBTQ+ community and related organizations, providing valuable connections for gathering insights, fostering collaboration, and mobilizing support for policy initiatives.

Strategic Thinking: My advocacy work has sharpened my strategic thinking, allowing me to plan effectively, anticipate obstacles, and adapt strategies to achieve desired outcomes.

Q8

If you have a resume or other documents (i.e. certificates, awards, letters of recommendation, biosketch, curriculum vitae) that will support your membership application, please upload here. ****This is optional and not required to be considered for membership****

Resume%20(19).pdf (93.4KB)

Q9

How can we support you so that you are able to fully participate and be effective on the selected Committee? Do you need special accommodations, i.e. translation or interpretation services, etc?

Clear and timely communication of meeting schedules, agendas, and relevant documents would help me prepare and contribute effectively.

Page 4: Statement of Qualifications

Q10

Respondent skipped this question

Please save and upload your completed/signed SOQ here or email to Commission staff at hivcomm@lachiv.org. For additional information, please contact Commission staff.

Page 5: Application Submission

Q11

Yes

Please be sure to check the appropriate box below affirming your commitment and certifying all information is true and accurate.

Olga Marie Davis

E-mail: odavi008@ucr.edu

Mobile: +1(818) 414-6902

www.linkedin.com/in/olga-marie-davis-3023a7281

Education:

- B.A. Political Science, University of California, Riverside, June 2023

Skills:

- Leadership, Advocacy, Collaboration, Networking, Event-Planning, Communication, Community Engagement, Strategy Development, Data Collection, Confidentiality, Google Suite, Microsoft 365

Professional Experience:

Behavior Technician, ALP, Glendale CA, Sep 2023 - February 2024

- Delivered personalized Applied Behavior Analysis (ABA) services to clients, tailoring intervention strategies to individual needs.
- Conducted thorough data analysis, contributing to the advancement of client progress reports for clinical stakeholders.
- Enhanced client experience by establishing trusting relationships and collaborating closely with family members.

Referendum Student Advisory Committee (RSAC) Representative, University of California, Riverside, Sep 2022 - June 2023

- Oversaw a \$1 million budget allocation for the Highlander Empowerment Student Services Referendum, directly impacting eight Ethnic & Gender Centers.
- Influenced outcomes in cross-functional stakeholder meetings through impactful participation, aiding in the development of balanced fiscal and resource plans.

Leadership and Extracurricular Activities:

Equality California LGBTQ+ Leadership Academy 2024 Cohort Member, March 2024 - Present

- Leveraged networking opportunities with prominent political figures, including participation in events such as the LGBTQ+ Legal Roundtable, LGBTQ+ Leadership Academy, and other relevant engagements.
- Enhanced leadership skills and acquired valuable resources through training, mentorship, and various opportunities, fostering personal and professional development.

Queer Student Leadership Council (QLC) Chair, University of California, Riverside, March 2022 - March 2023

- Championed advocacy efforts, leading to the creation of a gender-inclusive facility through strategic partnerships across campus.
- Cultivated a vibrant community dialogue, engaging diverse groups in the Council's activities and initiatives.
- Developed robust outreach strategies, enhancing the Council's presence and impact within and beyond the campus.

President of the Drag Club at University of California, Riverside, March 2020 - March 2023

- Elevated student involvement in drag performance art, enhancing campus cultural diversity and expression.
- Spearheaded event logistics from conceptualization to execution, including performer coordination and venue management.

Achievements and Awards:

- LAMBDA Steven Shum Activism Award 2022-2023
- LAMBDA New Involvement Impact Award 2021-2022
- The National Society of Leadership and Success (NSLS) 2020-2021



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2023-2024 Legislative Docket | Approval Date: Last approved by COH on 6/8/23. **Last approved by PPC on 05/06/24.**

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

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 2007 (Boerner)	Establish Unicorn Homes Pilot Program	Establishes a 3-year pilot program—the Unicorn Homes Transitional Housing for Homeless LGBTQ+ Youth Program—to place unhoused LGBTQ+ youth with affirming volunteer host families and provide trauma-informed crisis intervention care, with the ultimate goal of reunification with the youth’s family when possible. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2007	SUPPORT	<i>16-MAY-24</i> <i>In APPR. Committee: Held under submission.</i>
AB 2034 (Rodriguez)	Crimes: loitering for the purpose of engaging in a prostitution offense	This bill would make it a misdemeanor to loiter in a public place with the intent to commit prostitution, as defined, and make other conforming changes. By creating a new crime, this bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2034	OPPOSE	07-MAR-24 In Committee Hearing postponed.
AB 2523 (Patterson)	Needle and syringe exchange services	This bill would require the department to send a written and an email notice to the affected city, county, or city and county. The bill would require the department to provide the biennial report to the city, county, or city and county. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2523	OPPOSE	01-APR-24 Re-referred to Com. on HEALTH.
AB 2229 (Wilson)	California Healthy Youth Act: menstrual health education	This bill would include in the definition of “comprehensive sexual health education” the topic of menstrual health, defined to mean a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle. The bill would that instruction and materials also teach pupils about the menstrual cycle, premenstrual syndrome and pain management, menstrual hygiene, menstrual disorders, menstrual irregularities, menopause, menstrual stigma, and any other relevant topics related to the menstrual cycle. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2229	SUPPORT	<i>22-MAY-24</i> <i>In Senate. Read first time. To Com. on RLS. for assignment.</i>
AB 2258 (Zbur)	Health care coverage: cost sharing	This bill would prohibit a group or individual non-grandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after 1/1/2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of preventive care services and screenings. The bill would require those contracts and policies to cover items and services for preventive care services and screenings, including home test kits for sexually transmitted disease and specified cancer screenings. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2258	SUPPORT	<i>24-MAY-24</i> <i>In Senate. Read first time. To Com. on RLS. for assignment.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 2442 (Zbur)	Expedite Licensure for Gender-Affirming Care Providers	Expands the network of gender-affirming care providers in the state to improve accessibility of care by expediting licensure applications for health care providers who intend to provide gender-affirming health care or gender-affirming mental health care in California. This bill's provisions will be sunset on January 1, 2029. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2442	SUPPORT	<i>22-MAY-24</i> <i>In Senate. Referred to Com. on B., P. & E. D.</i>
AB 2498 (Zbur and Quirk-Silva)	Housing: the California Housing Security Act	This bill would establish the California Housing Security Program to provide a housing subsidy to eligible persons to reduce housing insecurity and help Californians meet their basic housing needs. The bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties and to establish guidelines that include the amount of the subsidy 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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2498	SUPPORT	<i>22-MAY-24</i> <i>In Senate. Read first time. To Com. on RLS. for assignment.</i>
AB 3031 (Lee and Low)	LGBTQ+ Commission	Establishes a statewide LGBTQ+ Commission representing California's diverse LGBTQ+ community to shine a light on the unique challenges LGBTQ+ people face, assess and monitor programs and legislation to address systemic barriers, and make recommendations to improve the health, safety, and well-being of LGBTQ+ Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3031	SUPPORT	<i>23-MAY-24</i> <i>In Senate. Read first time. To Com. on RLS. for assignment.</i>
SB 953 (Menjivar)	Medi-Cal: Menstrual products	This bill would add menstrual products as a covered benefit to the Medi-Cal schedule of benefits, subject to federal approval and federal financial participation. Requires DHCS to seek any federal approval necessary to implement this benefit. Defines "menstrual products" as a device for use in connection with a person's menstrual cycle. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB953	SUPPORT	<i>16-MAY-24</i> <i>May 16 hearing: Held in committee and under submission.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 954 (Menjivar)	Sexual health: contraceptives	This bill requires all public high schools to make condoms available to students by the start of the 2025-26 school year and requires schools to provide information to students on the availability of condoms, as well as other sexual health information. Prohibits public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Prohibits from restricting sales of nonprescription contraception on the basis of age. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB954	SUPPORT	<i>23-MAY-24</i> <i>In Assembly. Read first time. Held at desk.</i>
SB 957 (Wiener)	Data collection: sexual orientation and gender identity	Requires the California Departments of Public Health (CDPH) to collect demographic data, including sexual orientation, gender orientation (SOGI), and intersexuality data, from third parties on any forms of electronic data systems, unless prohibited by federal or state law. Adds SOGI to the information reported for the purpose of statewide or local immunization information systems. Requires CDPH to prepare an annual report concerning SOGI data. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB957	SUPPORT	<i>22-MAY-24</i> <i>In Assembly. Read first time. Held at desk.</i>
SB 959 (Menjivar)	Trans-inclusive care: resources and support services	Creates an online resource for transgender, gender non-conforming, and intersex (TGI) Californians and their families to combat misinformation and provide accurate information about access to trans-inclusive health care, existing legal protections for patients and providers, and other available support services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB959	SUPPORT	<i>22-MAY-24</i> <i>In Assembly. Read first time. Held at desk.</i>
SB 990 (Padilla)	Office of Emergency Services: State Emergency Plan: LGBTQ+ individuals	Requires California to update the State Emergency Plan to include LGBTQ+ inclusive policies and best practices to ensure that LGBTQ+ people can access affirming services and resources before, during, and after an emergency or natural disaster. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB990	SUPPORT	<i>21-MAY-24</i> <i>In Assembly. Read first time. Held at desk.</i>
SB 996 (Wilk)	Comprehensive Sexual health Education and HIV Prevention Education	This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are made available at each school site and publicly posted on the school district's internet website or on a school district's parent or guardian portal. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB996	OPPOSE	<i>16-MAY-24</i> <i>May 16 hearing: held in committed and under submission.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 1022 (Skinner)	Enforcement of Civil Rights	Enables the Civil Rights Department to investigate and prosecute long-running civil rights violations affecting groups or classes of people by making technical changes to the Fair Employment and Housing Act more effectively. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1022	SUPPORT	<i>22-MAY-24</i> <i>In Assembly. Read first time. Held at desk.</i>
SB 1278 (Laird)	World AIDS Day	This bill would require the Governor to annually proclaim December 1 as World AIDS day. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1278	SUPPORT	<i>20-MAY-24</i> <i>Referred to Com. on G.O.</i>
SB 1290 (Roth)	Health care coverage: essential health benefits	This bill would sunset the Kaiser Foundation Health Plan Small Group HM 30 plan as CA's Essential Health Benefit benchmark for individual and small group health plan contracts and health insurance policies after the 2026 plan year. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1290	WATCH	<i>21-MAY-24</i> <i>In Assembly. Read first time. Held at desk.</i>
SB 1333 (Eggman and Roth)	Communicable diseases: HIV reporting	This bill authorizes the California Department of Public Health (CDPH) and local health departments (LHDs) to disclose personally identifying information in public health records of persons with HIV/AIDS for the coordination of, linkage to, or reengagement in care, as determined by CDPH or LHD. This bill removes certain limitations on disclosure, such as that disclosure is authorized only when certain coinfections are involved. The bill requires CDPH and LHD employees and their contractors to sign confidentiality agreements annually, rather than signing the agreements once, and deletes the requirement that CDPH and LHDs review the confidentiality agreements annually. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1333	SUPPORT	<i>24-MAY-24</i> <i>In Assembly. Read first time. Held at desk.</i>
SB 1346 (Durazo)	Worker's compensation: aggregate disability payments	This bill allows the Worker's Compensation Appeals Board the discretion to extend the potential duration of temporary disability payments for up to 90 days if an injured employee prevails at a worker's compensation independent medical review. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1346	SUPPORT	<i>16-MAY-24</i> <i>May 16 hearing: Held in committee and under submission.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1487 (Santiago)	Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund	Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experiences carceral systems. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1487	SUPPORT	13-OCT-23 Approved by Governor.
ACA 8 (Wilson)	Slavery	This would prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion. Follow-up questions regarding the phrasing: The ACA removed “Involuntary servitude is prohibited except to punish a crime” from phrasing and added “Slavery in any form.” https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8	Support with follow-up questions	13-SEP-23 In Senate. To Com. on RLS for assignment.
AB 4 (Arambula)	Covered California: Expansion	Requires Covered California to develop options for expanding access to affordable health care coverage to Californians regardless of immigration status and report these options to the Governor and Legislature. Follow-up questions regarding the phrasing: Starting Jan. 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 did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4	Support with follow-up questions	13-JUL-23 In Senate. Read second time and amended. Re-referred to Com. on APPR.
AB 598 (Wicks)	Sexual health education and HIV prevention education: school climate and safety: CA Health Kids Survey	This bill requires local educational agencies and charter schools to provide students participating in comprehensive sexual health education to receive physical or digital resources and administer the California Healthy Kids Survey in specified grades, related to sexual and reproductive health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB598	Support	05-JUL-23 In Senate. Hearing canceled at the request of author.
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.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793	Support with Amendment	30-JUN-23 In Senate. Hearing canceled at the request of author.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	<p>Prohibits a non-grandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS. Prohibits a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention HIV/AIDS, to prior authorization or step therapy, but authorizes prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. Does not require coverage by an out-of-network pharmacy, unless in the case of an emergency or if there is an out-of-network benefit. Delays implementation of this bill for an individual and small group health plan contract or insurance policy until 1/1/2025</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB427</p>	Watch	26-FEB-24 From inactive file. Ordered to third reading.
AB 367 (Maienschein)	Controlled Substances: Enhancements	<p>This bill, until 1/1/2029, 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>Follow-up questions: The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders.</p> <p>https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367</p>	Watch	01-FEB-24 Filed with the Chief Clerk pursuant to Joint Rule 56.
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	<p>This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization’s authority to use video telehealth to conduct all assessments, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1022</p>	Support	01-FEB-24 Filed with the Chief Clerk pursuant to Joint Rule 56.

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.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314</p>	Oppose	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
AB 1431 (Zbur)	Housing: the California Housing Security Act	<p>This bill would establish the California Housing Security Program to provide a housing subsidy to eligible persons 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.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1431</p>	Support	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
AB 1549 (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).</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1549</p>	Support	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</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/billNavClient.xhtml?bill_id=202320240SB36</p>	Support	<p>01-FEB-24</p> <p>Returned to Secretary of Senate pursuant to Joint Rule 56.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	This bill establishes the Older Adults and Adults with Disabilities Housing Stability Pilot Program to provide housing subsidies to older adults and adults with disabilities who either are experiencing or at risk of experiencing homelessness, in up to five geographic regions or counties. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB37	Support	29-JAN-24 In Assembly. Held at Desk.
SB 524 (Caballero)	Pharmacists: furnishing prescription medications	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 test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB524	Support	01-FEB-24 Returned to Secretary of Senate pursuant to Joint Rule 56.
AB 957 (Wilson)	Family law: gender identity	Requires a court to consider a minor's gender identity or gender expression when determining the best interest of the child, as specified. <u>Governor's Veto Message:</u> This legislation would require a court, when determining the best interests of a child in a child custody or visitation proceeding, to consider, among other comprehensive factors, a parent's affirmation of the child's gender identity or gender expression. I appreciate the passion and values that led the author to introduce this bill. I share a deep commitment to advancing the rights of transgender Californians, an effort that has guided my decisions through many decades in public office. That said, I urge caution when the Executive and Legislative branches of state government attempt to dictate - in prescriptive terms that single out one characteristic - legal standards for the Judicial branch to apply. Other-minded elected officials, in California and other states, could very well use this strategy to diminish the civil rights of vulnerable communities. Moreover, a court, under existing law, is required to consider a child's health, safety, and welfare when determining the best interests of a child in these proceedings, including the parent's affirmation of the child's gender identity. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957	Support	22-SEP-23 <u>Vetoed by Governor.</u>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1060 (Ortega)	Health care coverage: naloxone hydrochloride (NH)	<p>Requires coverage of prescription or nonprescription NH under a health plan contract or health insurance policy, and the Medi-Cal program and prohibits a them from imposing any cost-sharing requirements exceeding \$10/package of NH or another drug approved by the U.S. Food and Drug Administration (FDA) for the complete or partial reversal of an opioid overdose.</p> <p>Governor's Veto Message: This bill would require health plans to cover prescription and over the counter naloxone and all other U.S. FDA approved drugs for opioid overdose reversal, with a maximum of \$10 cost sharing. Combating the opioid crisis is one of my top priorities. I appreciate the author's shared commitment to this critical public health and public safety imperative. Together with the Legislature, we have invested more than \$1 billion to combat overdoses, support those with opioid use disorder, raise awareness, and crack down on trafficking. Further, the 2023 Budget Act included \$30 million for the CaRx Naloxone Access Initiative, to support partners in developing, manufacturing, procuring, and distributing a low-cost naloxone nasal product. While I support providing access to opioid antagonists to individuals with opioid use disorder or other risk factors, this bill would exceed the state's set of essential health benefits, which are established by the state's benchmark plan under the provisions of the federal Affordable Care Act. As such, this bill's mandate would require the state to defray the costs of coverage in Covered California. This would not only increase ongoing state General Fund costs, but it would set a new precedent by adding requirements that exceed the benchmark plan. A pattern of new coverage mandate bills like this could open the state to millions to billions of dollars in new costs to cover services relating to other health conditions. This creates uncertainty for our healthcare system's affordability. For these reasons, I cannot sign this bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1060</p>	Support	07-OCT-23 <u>Vetoed by Governor.</u>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1432 (Carrillo)	Health insurance: policy	<p>This bill subjects an out-of-state policy, or certificate of group health insurance that is marketed, issued, or delivered to a Californian resident to specified provisions of the Insurance Core requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill would require any out-of-state health insurance plan regulated by the California Department of Insurance that is marketed, issued, or delivered to a California resident to provide coverage for abortion, abortion-related services, and gender-affirming care. I commend the author for working to provide additional assurances that California residents can access abortion services and gender affirming care. It is a priority of my Administration to ensure that abortion and gender-affirming care are safe, legal, and accessible. However, it is not evident that out-of-state health insurance plans serving Californians do not already cover this care. Further, though well intentioned, this bill could invite litigation where an adverse ruling would outweigh a potential benefit.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432</p>	Support	07-OCT-23 <u>Vetoed by Governor.</u>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1645 (Zbur)	Health care coverage: cost sharing	<p>Prohibits a large group health plan contract or health insurance policy issued, amended, or renewed on or after 1/1/2024, or an individual or small group contract or policy issued, amended, or renewed on or after 1/1/2025, from imposing a cost-sharing requirement for office visits of specified preventive care services and screenings and for items or services that are integral to their provision. Prohibits health plan contracts and insurance policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to a STI screening, as specified. Requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening, specified rates for screening tests and integral items and services rendered and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for a STI screening from an enrollee or insured.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill would prohibit health plans from imposing cost sharing for specified preventive or screening services and associated office visits and would require plans to directly reimburse nonparticipating essential community providers for STI screenings and services. I appreciate the author's efforts to increase access to preventive health care, including HIV and STI testing, colorectal screening, and other services. However, components of this proposal depart from structures in federal and state law, such as the existing policies for reimbursement to non-contracted providers. Further, because this bill exceeds the cost-sharing provisions under the Affordable Care Act, it would result in increased costs to health plans passed on to consumers through premiums. The State must weigh the potential benefits of all new mandates with the comprehensive costs to the entire delivery system.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1645</p>	Support	07-OCT-23 <u>Vetoed by Governor.</u>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	<p>This measure seeks to address the sexually transmitted infection epidemic among California youth and improve equitable public health outcomes statewide by expanding teen access to condoms and the HPV vaccine.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill requires all public high schools to make free condoms available to students and would prohibit retailers from refusing to sell condoms to youth. While evidence-based strategies, like increasing access to condoms, are important to supporting improved adolescent sexual health, this bill would create an unfunded mandate to public schools that should be considered in the annual budget process. In partnership with the Legislature, we enacted a budget that closed a shortfall of more than \$30 billion through balanced solutions that avoided deep program cuts and protected education, health care, climate, public safety, and social service programs that are relied on by millions of Californians. This year, however, the Legislature sent me bills outside of this budget process that, if all enacted, would add nearly \$19 billion of unaccounted costs in the budget, of which \$11 billion would be ongoing. With our state facing continuing economic risk and revenue uncertainty, it is important to remain disciplined when considering bills with significant fiscal implications, such as this measure.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB541</p>	Support	08-OCT-23 <u>Vetoed by Governor.</u>
ACA 5 (Low)	Marriage Equality	<p>This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5</p>	Support	20-JUL-23 <u>Chaptered by Secretary of State.</u>
AB 5 (Zbur)	The Safe and Supportive Schools Program	<p>Requires the California Department of Education to complete the development of an online training curriculum and online delivery platform by 7/1/2025 and requires local educational agencies to provide and require at least one hour of training annually to all certificated staff, beginning with the 2025-26 school year through the 2029-30 school year, on cultural competency in supporting lesbian, gay, bisexual, transgender, queer, and questioning students.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB5</p>	Support	23-SEP-23 Approved by Governor.
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/billNavClient.xhtml?bill_id=202320240AB223</p>	Support	23-SEP-23 Approved by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 254 (Bauer-Kahan)	Confidentiality of Medical Info. Act: reproductive or sexual health application info.	This bill includes “reproductive or sexual health application information” in the definition of “medical information” and the businesses that offer reproductive or sexual health digital services to consumers in the definition of a provider of health care for purposes of the Confidentiality of Medical Information Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB254	Support	27-SEP-23 Approved by Governor.
AB 352 (Bauer-Kahan)	Health Information	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. Follow-up questions regarding phrasing: “Sensitive services” are gender affirming care, abortion and abortion-related services, and contraception. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB352	Support with follow-up questions	27-SEP-23 Approved by Governor.
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	This bills specifies how an association that accredits continuing medical education courses taken by Medical Board of California licensed physicians and surgeons should update standards for those courses, if they choose to update any standards. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470	Support	07-OCT-23 Approved by Governor.
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. Support w/Amendments: Due to 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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB760	Support with Amendments	23-SEP-23 Approved by Governor.
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	Makes various changes to the adoption of instructional materials for use in schools, including a provision that would prohibit a governing board from disallowing the use of an existing textbook, other instructional material, or curriculum that contains inclusive and diverse perspectives, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1078	Support	25-SEP-23 Approved by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1163 (Luz Rivas)	Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act	This bill expands the data collection requirements in the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, to additionally apply to the State Department of State Hospitals, the Department of Rehabilitation, the State Department of Developmental Services, and the Department of Community Services and Development. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1163	Support	13-OCT-23 Approved by Governor.
SB 339 (Wiener)	HIV preexposure prophylaxis and postexposure prophylaxis	This bill authorizes a pharmacists to furnish up to a 90-day course of preexposure prophylaxis (PrEP), or beyond 90-days if specified conditions are met and requires the Board of Pharmacy to adopt emergency regulations to implement these provisions by 7/1/2024. This bill requires a health care service plan and health insurer to cover PrEP and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB339	Support	06-FEB-24 Approved by Governor.
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	This bill requires a board within the Department of Consumer Affairs to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB372	Support	23-SEP-23 Approved by Governor.
SB 525 (Durazo)	Minimum wages: health care workers	This bill (1) enacts a phased in multi-tiered statewide minimum wage schedule for health care workers employed by covered healthcare facilities, as defined; (2) requires, following the phased-in wage increases, the minimum wage for health care workers employed by covered healthcare facilities to be adjusted, as SB 525; (3) provides a temporary waiver of wage increases under specified circumstances; (4) and establishes a 10-year moratorium on wage ordinances, regulations, or administrative actions for covered health care facility employees, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB525	Support with Amendments	13-OCT-23 Approved by Governor.

FEDERAL BILLS				
Bill	Title	Description / comments	Recommended position	Status
H.R. 62 (Jackson Lee)	SHIELD Act	SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress This bill establishes 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. 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	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	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. 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	OPPOSE	09-JAN-23 Introduced in House. Referred to Committee on Energy and Commerce.
H. Res. 185 (Hayes)	Declaring racism a public health crisis	This resolution declares racism a public health crisis and support efforts to address health disparities and inequities across all sectors. 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	SUPPORT	10-MAR-23 Referred to the Subcommittee on Health.
H.R. 407 (Clyde)	Protect the UNBORN Act	UNOBORN: Undo the Negligent Biden Orders Right Now 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. 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	OPPOSE	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.

H.R. 445 (Williams)	HHS Reproductive and Sexual health Ombuds Act of 2023	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. https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D	SUPPORT	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	SAFER: Secure Access For Essential Reproductive Health This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act. 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 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	SUPPORT	09-FEB-23
H.R. 517 (Mace)	Standing with Moms Act	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. The bill excludes from 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	OPPOSE	03-FEB-23 Referred to the Subcommittee on Health.
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

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
				on Indian and Insular Affairs
H.R. 1224 (Trahan)	INFO for Reproductive Care ACT OF 2023	INFO= Informing New Factors and Options 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. 644 (Markey)	Modernizing Opioid Treatment Access Act	This bill expands access to methadone for an individual's unsupervised use to treat opioid use disorder (OUD). The bill (1) waives provisions of the Controlled Substances Act that require qualified practitioners to obtain a separate registration from the Drug Enforcement Administration (DEA) to prescribe and dispense methadone to treat OUD, and (2) requires the Substance Abuse and Mental Health Services Administration and the DEA to jointly report on the waiver. Additionally, the bill directs the DEA to register certain practitioners to prescribe methadone that is dispensed through a pharmacy for an individual's unsupervised use. Qualified practitioners must be licensed or authorized to prescribe controlled substances, and they must either work for an opioid treatment program or be a physician or psychiatrist with a specialty certification in addiction medicine. Individuals who receive methadone for unsupervised use must continue to have access to other care through an opioid treatment program. https://www.congress.gov/bill/118th-congress/senate-bill/644	SUPPORT	01-FEB-2024 Placed on Senate Legislative Calendar under General Orders.
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	SUPPORT	09-MAR-23 Placed on Senate Legislative Calendar under General Orders.

Footnotes:

(1) Under Joint Rule 56, 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.

End the Epidemics (EtE) Budget Request

The AIDS Drug Assistance Program – Continued Investment in Reducing Disparities and Getting to Zero

Problem

The Governor's 2024-25 budget has proposed that the Administration take a loan of \$500 million from the California AIDS Drug Assistance Program (ADAP) rebate fund, leaving only an estimated \$176,666 million in the operating budget. This amount is inadequate to maintain continuity of funding for the existing program or any necessary modernizations. An adequate ADAP rebate fund is essential to ensure the most vulnerable Californians living with, and at risk for, HIV receive life-saving care and treatment. The set of services funded by the ADAP rebate fund is a critical part of California's efforts to reduce disparities and, ultimately, to end the HIV epidemic.

The ADAP rebate fund is a revolving fund that purchases lifesaving drugs, supports access to HIV care and treatment, and provides other essential services for people living with and vulnerable to HIV. The rebate fund makes up slightly more than two-thirds of the overall funding, with federal funding accounting for the remainder. California's effective rebate collection has allowed programs to change and grow to meet client needs without utilizing any state general fund since 2008.

The rebate fund is extremely volatile given the nature of pharmaceutical rebate collections and program expenses. On any given day, the balance in the fund can substantially increase or decrease by tens of millions of dollars as rebate collection lags behind pharmaceutical purchases anywhere from 6 to 12 months. Most rebates have a mandatory and voluntary component. The voluntary rebates are negotiated on an annual basis by the ADAP Crisis Team convened by the National Association of State and Territorial AIDS Directors. The rebates are intended to strengthen services for people living with HIV. If the state continues to borrow money from these funds, voluntary rebates could diminish dramatically, leaving the program unable to fund essential services.

Considering the intent, importance, and volatility of the rebate fund, and in light of a recent \$400 million loan to the state general fund, we are opposed to the Administration's 2024-25 plan to take an additional \$500 million from the fund. EtE urges the Legislature to reduce the loan amount to \$250 million.

Finally, equally concerning in this proposal, there is no clear guarantee of when or how much money would be repaid to the fund, putting both current and necessary expansion programs at imminent risk.

End the Epidemics (EtE) Budget Request

Solution

The End the Epidemics Coalition (EtE) requests the legislature reduce the proposed ADAP rebate fund loan amount to \$250 million and support the Administration's proposals to modernize programs to meet emerging client needs better and reduce health disparities. The proposals in the current Governor's budget include:

- **Expanding the ADAP formulary to include Lenacapavir (Sunleca)**
- **Client Health Care Coverage Outreach and Navigation**
- **Medicare Premium Payment Program Expansion to Dental and Vision**
- **Pay above the Medicare Part D Benchmark Premiums**
- **ADAP Pilot Program for County Jails**
- **Adding Cabotegravir (Apretude) to the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)**
- **PrEP and PEP Initiation and Retention Initiative (PIRI)**

In addition to the above proposals, EtE proposes the following modernizations to meet emerging client needs and reduce disparities using ADAP rebate fund dollars.

- **Increase ADAP and PrEP-AP eligibility from 500% Federal Poverty Level (FPL) to 600% FPL - \$3.5 million for Fiscal Year (FY) 2024-25; \$2.7 million for FY 2025-26.** ADAP, PrEP-AP, and their associated programs provide essential access to medication and health care services to Californians living with and vulnerable to HIV. They are key to the efforts to end the HIV epidemic in California.

Notably, there has been no expansion of program income eligibility since 2015, when the flat cap of \$50,000 annual income was changed to 500% of the FPL. However, the cost of living in California continues to rise. In fact, it costs Californians 46.8% more to live than the national average, the third highest living cost after Hawaii and the District of Columbia.¹ Additionally, the cost of medical care has historically grown faster than inflation, with health care spending in the US soaring over the past decade.² People 65 and over who receive a fixed income and depend on Medicare are hit hardest by increased cost of living, especially because they spend more on health care than younger people, on average. Traditional Medicare only covers 80% of health care costs, forcing most people over 65 to buy supplemental coverage. On top of that, many pharmaceutical assistance programs do not work with Medicare, putting Medicare beneficiaries living with HIV at risk for higher co-pays and co-insurance. Medicare beneficiaries with HIV who also have Ryan White support, have higher rates of viral suppression than beneficiaries without Ryan White support (73% v. 58%)³.

¹ Cal Matters – [High living costs solidify California's two-tier economy.](#)

² [Why Are Americans Paying More for Healthcare? \(pgpf.org\)](#)

³ <https://www.kff.org/hiv/aids/issue-brief/medicare-and-people-with-hiv/#footnote-582485-7>

End the Epidemics (EtE) Budget Request

While this income eligibility increase would have a small impact on the number of clients served, it would make an enormous impact on the people who qualify by granting access to life-saving medication and related medical services for HIV prevention, treatment, and care.

- **Change the ADAP formulary to an open formulary.** Currently, thirteen states have open formularies, which allow for increased and real-time access to necessary drugs since it bypasses a lengthy approval process. This is particularly important for older people living with HIV, who have more comorbidities and need timely access to a more expansive formulary. All open formulary states create formulary guidelines. Because 90% of ADAP spending is on anti-retroviral medications and the purchase of medications generates rebates, opening the formulary has a minimal cost effect on the program. A recent study has found that "less restrictive formulary designs, which allow patients with HIV to initiate potentially safer and more efficacious regimens based on their proclivity to [adverse events], yield better outcomes and reduce costs."⁴
- **Harm Reduction Clearinghouse Increase of \$10 million one-time.** The Harm Reduction Supply Clearinghouse was established by the California Budget Act of 2015 to provide needed health promotion and HIV prevention supplies to California syringe access programs to reduce transmission of infectious diseases, prevent injury and overdose, and improve access to treatment and harm reduction services in the state. [fact sheet linked [here](#)]

The clearinghouse model is a cost-effective strategy for bulk purchasing, reducing costs, and streamlining supply ordering. Through the clearinghouse, programs across California can access needed supplies to maintain their operations. As the overdose crisis has grown across the state, California has responded by expanding harm reduction programs in underserved areas, including rural counties and tribal communities. Funding for the Clearinghouse needs to be increased to ensure that the new and expanded programs have sufficient supplies to meet their HIV, hepatitis C, and overdose prevention needs.

Increase the Health Insurance Premium Payment (HIPP) program cap on premium payments from \$1938 per month to \$2996 per month. \$3.5 million for FY 2024-25; \$7 million for FY 2025-26. The HIPP program currently has a cap of \$1,938 on the monthly amount it can pay for insurance premiums. Since the cap's establishment six years ago, premium costs have substantially increased. Today, the monthly premiums for the comprehensive health care plans that people living with HIV need can exceed the HIPP cap. This makes payment of the excess premium both costly and complicated for clients

⁴ <https://pubmed.ncbi.nlm.nih.gov/30020747/>

End the Epidemics (EtE) Budget Request

and can potentially disrupt continuity of care. Ensuring that clients have continuity with their insurance, which is particularly important for people living with HIV and supports optimal health outcomes. Furthermore, insurance coverage ultimately saves costs in ADAP.

For FY 2025-26, EtE requests \$3.5 million for 438 monthly clients (the projected range is from \$2.8 million to \$4.2 million for 351 to 526 clients). For FY 2026-27, the request is for \$7.0 million for 438 monthly clients (ranging from \$5.6 million to \$8.4 million for 351 to 526 clients).

- **Transgender, Gender Non-Conforming, and Intersex Wellness and Equity Fund Increase of \$5 million ongoing.**

The Transgender, Gender Nonconforming, and Intersex (TGI) Wellness and Equity Fund founded in 2020 and renamed in 2022. With a purpose of funding grants to organizations serving people that identify as TGI, to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers.

Recent studies⁵ have shown TGI people are disproportionately burdened by HIV. TGI people also face significantly more barriers and burdens when accessing healthcare than cisgender people. This can be compounded when they are seeking care for the HIV/AIDS diagnosis. The intersectional struggle of TGI people accessing healthcare was the genesis for the TGI Wellness and Equity fund. Giving TGI-led organizations the resources they need to support their community by building and expanding on services provided by and for TGI people. The fund was allocated \$13 million one time in 2021-22. Those funds have been largely disrupted. This ongoing allocation would be a historic investment in some of the most marginalized communities to create targeted services designed to empower TGI people to live their full and authentic lives regardless of their HIV status.

- **Needs assessment and analysis to identify gaps and current needs for client navigation and retention services - \$200,000 one-time.** We appreciate the Office of AIDS' proposal to establish a client navigation program focused on uninsured ADAP clients. We also know that many other people living with HIV need health care navigation and retention services. As California has expanded access to health care, more and more people living with HIV have been able to access comprehensive health care coverage. Ryan White is a "payer of last resort," meaning that it is intended to wrap around health care coverage or provide HIV services to those who have no other coverage. It has become increasingly complex to maintain services as people navigate the health care system and Ryan White benefits. It is especially challenging to maintain coverage and services as people

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8635361/>

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transition between insurance coverages, for example, moving from private insurance to Medicare.

This intricate system means that client navigation is exceptionally important in BIPOC communities and among older adults living with HIV, where there are often less resources, more need, and people may face systemic barriers to traditional health care systems. People with HIV who are aging are also more likely to face additional challenges maintaining services, including cognitive issues and mobility limitations. This needs assessment, and analysis will allow California to understand the navigation and retention service gaps and current needs for some of the most vulnerable people living with HIV.

- **Needs assessment and analysis for Pre-Exposure Prophylaxis (PrEP) Navigation Program - \$200,000 one-time.** We appreciate the start-up of the PrEP and PEP Initiation and Retention Initiative outlined in the Office of AIDS' November estimate. We also know that the need for PrEP navigation and retention is not fully met by the programs that were funded under the initiative. A number of promising programs intended to serve high-need areas were unable to be funded.

Even though PrEP is one of the most effective tools for preventing new HIV infections, uptake remains too low in California, especially among Black and Latinx gay and bisexual men, transgender women, and other populations disproportionately impacted by HIV. As of 2021, Latinx gay and bisexual men comprise slightly over half of new HIV infections (almost 52%), but Black/African-American men have the highest rate of HIV incidence at 33.8 per 100,000 in California.⁶ Studies have identified PrEP navigation and retention services to be critical for helping vulnerable individuals access and remain adherent to PrEP. Unfortunately, these programs remain limited in California due to a lack of a stable funding source.

While the newly launched initiative will be beneficial, there remains a need to understand the gaps and demands that still exist to improve uptake and reduce the disparities in access to PrEP. This needs assessment will allow us to target funding effectively to the most vulnerable individuals and communities.

Finally, EtE urges strengthening the control and repayment language authorizing any previous or current ADAP loan. It is critical that the program have access to its funds if there are unexpected changes in federal funding, rebate revenue, and/or program expansion needs. At this time, repayment language appears solely based upon whether the Administration decides that general fund monies are available to repay the loan, or the program has an unspecified need – this simply

⁶ California Department of Public Health, Office of AIDS Surveillance & Prevention Evaluation & Reporting Branch, Released December 2023. P.25.

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is not enough to protect these critical programs in times when there are estimates of multi-year deficits.

Fully fund the California Overdose Prevention Harm Reduction Initiative - \$6 million one-time from Opioid Settlement Funds

- In 2023 the California legislature created the California Overdose Prevention Harm Reduction Initiative (COPHRI), an expansion of the successful California Harm Reduction Initiative (CHRI)⁷ and funded it with \$61 million in (OSF). Accidental drug overdose rates continue to climb in California. These programs are the front line in preventing overdose and linking people to substance use disorder treatment and other services.⁸ This investment is essential to reducing overdose deaths as well as HIV and viral hepatitis transmission.

However, some participants in the settlements have chosen to file for bankruptcy instead of meeting the settlement terms, and California has had a shortfall in expected payments. COPHRI is slated to be cut by \$6 million as a result. However, California continues to win new settlement payments, thanks to the work of the Attorney General. EtE respectfully requests that COPHRI be made whole and fully funded with the first \$6 million in new OSF (non-general fund) dollars.

Funding for SB 954 (Menjivar) - Youth Health Equity + Safety Act of \$5 million one-time general fund

- **Youth Health Equity + Safety Act.** EtE requests funding of \$5 million one-time general fund to fund The Youth Health Equity + Safety Act over three years, which seeks to address the sexually transmitted infection (STI) epidemic among California youth and improve equitable public health outcomes statewide by expanding teen access to condoms in schools and communities. STI rates across the country and in California have skyrocketed over the last ten years and reached crisis levels even before the COVID-19 pandemic, with the STI epidemic disproportionately affecting youth of color and LGBTQ+ youth living in low-income communities. This bill aligns with the overall efforts of the EtE coalition.

EtE looks forward to working with both the Administration and the Legislature on these critical budget proposals that will serve many of California's highest-need populations.

⁷ https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CHRI_Factsheet_ADA.pdf

⁸ <https://www.rti.org/insights/impact-of-california-harm-reduction-initiative>



California Budget
& Policy Center

First Look: Understanding the Governor's 2024-25 May Revision

May 2024 | By California Budget & Policy Center

Introduction

Governor Gavin Newsom released a summary of the May Revision to his proposed 2024-25 California state budget on May 10, projecting a \$44.9 billion shortfall, or \$27.6 billion shortfall, when taking into account early budget action taken by the legislature in April to reduce the shortfall by \$17.3 billion. While many of the details are forthcoming, the governor proposes to close the budget gap through the partial use of reserves, spending cuts, and delays or deferrals of spending authorized in earlier years. While the \$201 billion General Fund spending plan would protect many investments made in prior years, it also includes cuts and delays to programs and services that affect the day-to-day lives of Californians, particularly foster youth, Californians with disabilities, immigrant communities, students, and families with young children. Notably, the administration's strategy demonstrates continued resistance to adopting long-term revenue solutions, putting corporate profits over families. This shortsighted approach exacerbates wealth inequality, stalls progress, and undermines the governor's vision of a California for all.

The rapid shift from a budget surplus, as was the case in recent fiscal years, to the budget shortfall we face today, is a lingering effect of the unprecedented COVID-19 pandemic and its impact on the economy.

The projected budget shortfall is primarily the result of state revenue collections that the administration now projects are \$12.5 billion lower over the three-year budget window (fiscal years 2022-23 through 2024-25) than was anticipated in the governor's January proposal. The shortfall reflects the steep stock market decline in 2022 — after significant growth in 2020 and 2021 — that negatively impacted income tax collections from high-income Californians and corporations, as well as the economic dampening effects of the Federal Reserve's interest rate hikes.

Lower state revenues over the three-year budget window result in automatic adjustments to constitutionally-required funding allocations, including to the state's main reserve and education reserve accounts, as well as reduced funding for K-12 schools and community colleges.

The governor's proposed solutions to cover the shortfall would partially draw down on various [state reserves](#). The solutions include using \$12 billion enacted through legislative early action in April, however, *just* \$3.1 billion would be used in 2024-25, and \$8.9 billion would be shifted to 2025-26. The administration also proposes draining the Safety Net Reserve (\$900 million), withdrawing \$2.6 billion from the Public School System Stabilization Account for education, and leaving an estimated \$22.9 billion for future use.

The administration's proposals include billions in cuts, delays, and deferrals of critical investments intended to improve the health and well-being of all Californians. Reductions that will disproportionately affect the lives of low-income communities, Californians of color, Californians with disabilities, and families with children include, among others:

- Ongoing cuts to CalWORKs for supportive services, home visiting, and mental health/substance abuse services (despite draining the Safety Net Reserve intended to be used to *avoid* cuts to CalWORKs) and a one-time cut in employment services,
- Cuts to programs that help address homelessness and provide affordable housing,
- Indefinitely delaying further expanding child care slots,
- Various reductions in investments in behavioral health, including cuts to infrastructure, housing, workforce, and youth behavioral health initiatives,
- Cuts in ongoing support for public health and one-time investments in the health workforce,
- Cuts to services for Californians who are undocumented, including ongoing support for the expansion of In-Home Support Services (IHSS) and delayed expansion of the California Food Assistance Program (CFAP),
- Pulling back investments in transitional kindergarten (T-K) facilities and pre-kindergarten (pre-K) inclusivity of students with disabilities.

The revised budget also continues to utilize a controversial accounting maneuver to shift \$8.8 billion in K-12 schools and community college (K-14) costs — on paper — from 2022-23 to later fiscal years and pay for these delayed expenses using non-K-14 funds.

The May Revision proposals would protect and maintain some progress made in prior budget years to help improve economic security and opportunities for Californians with low incomes and Californians of color, including expanding full-scope Medi-Cal coverage to all Californians, maintaining investments in cash assistance through the CalEITC, Young Child Tax Credit, and Foster Youth Tax Credit, and temporary rate increases for child care providers.

However, state leaders have the tools and resources to prevent other harmful cuts. By further tapping into the state's main rainy day fund and permanently reducing tax breaks for profitable corporations, state leaders can ensure corporations pay their fair share and avoid cuts to services that help Californians stay healthy, housed, and put food on the table.

This *First Look* report outlines key pieces of the May Revision to the 2024-25 California budget proposal, and explores how the governor prioritized spending and determined cuts to balance the budget amid a sizable projected state budget shortfall.

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Budget Overview

Revised Budget Projects Moderate Job and Wage Growth

The administration's economic outlook projects trends in major economic indicators that affect state tax collections and revenues in the budget. The revised outlook projects steady, but slowing national economic growth into next year, with California job gains expected to remain relatively weak through 2025. The number of nonfarm jobs in the state is forecast to increase by just 0.1% in 2024 and 0.4% in 2025, following a stronger increase of 0.9% in 2023 and 1.5% in 2019, just before the pandemic. California's unemployment rate is projected to remain relatively higher in the near term as well: 5.2% in 2024 and 5.3% in 2025, up from 4.7% in 2023 and 4.1% in 2019. Wages and incomes are also expected to grow more slowly this year and next than just prior to and coming out of the pandemic downturn. The revised budget does not project a recession in the near term, but does note that if inflation remains elevated, the Federal Reserve could maintain higher interest rates which could slow economic activity by more than projected.

While the administration's outlook is useful for understanding how economic conditions might impact budget revenues, it's also important to consider how economic conditions are affecting Californians with low incomes, who count on programs and services funded by the budget. In March 2024, the majority of California households with incomes under \$25,000 (55%) reported having difficulty paying for basic needs like food, housing, and medical expenses, according to the most recent US Census Pulse survey. Black, Latinx, and other Californians of color, as well as households with children were more likely to struggle paying for basic expenses. The Census data from March also show that 42% of Black households with children and 32% of Latinx households with children [did not have enough to eat](#), compared to 15% of

white households with children. Among all households with children, about one-quarter (24%) had insufficient food. In addition, the latest Census data show that California continues to have the [highest poverty rate](#) of the 50 states based on the Supplemental Poverty Measure, which provides a more accurate picture of poverty by accounting for differences in the cost of housing across communities. Housing costs in California typically exceed costs in the rest of the nation, and [rents have risen sharply](#) in many parts of the state in recent years making it [difficult for Californians with low incomes to afford housing](#).

Revised Budget Reflects Additional \$12.5 Billion Downgrade in Revenue Outlook

The governor's revised proposal is based on an updated revenue estimate for the three-year budget window spanning fiscal years 2022-23 through 2024-25. After lower-than-expected tax collections since the governor's January proposal, the administration now expects General Fund revenues to be about \$12.5 billion lower over that window than the January estimate. This is before taking into account loans and transfers, the governor's revenue proposals, and other budget solutions ([see Tax Proposals section](#)).

The administration continues to have a more optimistic revenue outlook than the Legislative Analyst's Office, [which recently projected](#) that the three-year total of the "Big Three" General Fund revenues sources — personal income taxes, corporate taxes, and sales taxes, which together make up the majority of General Fund revenues — could be around \$19 billion lower than the governor's January projection.

After accounting for automatic spending changes resulting from the lower revenue estimate, the governor estimates that the downgraded revenue outlook results in a \$7 billion addition to the three-year state deficit the governor identified in January.

The administration expects state revenue growth to generally return to the pre-pandemic pattern after the dramatic spike in revenues during the pandemic as the stock market surged and then subsequently corrected.

Modified Tax Proposals Include Temporary Business Tax Break Limitations

In January, the governor proposed a [modest package of revenue solutions](#) that included limiting the extent to which businesses can use prior-year losses to offset their taxable profits (“Net Operating Loss carryforwards”), eliminating oil and gas tax subsidies, and other minor tax changes. These revenue proposals made up [less than 1%](#) of the total budget solutions proposed in January.

The May Revision modifies the January revenue-related proposals by:

Replacing the previous Net Operating Loss proposal with temporary business tax benefit limits.

The updated proposal would suspend the use of Net Operating Losses for businesses with state income above \$1 million, and limit total business tax credits that a business can use in a single year to \$5 million. The tax credit limit would exclude Low-Income Housing Tax Credits as well as Pass-Through Entity Elective tax credits. These limitations would be in effect for up to three years, beginning with the 2025 tax year, and could be eliminated if the administration determines that the revenue situation has improved sufficiently by the 2025-26 May Revision. The administration estimates these limitations would raise revenues by \$900 million in 2024-25 and \$5.5 billion in 2025-26.

Clarifying existing law for how some multinational corporations calculate their taxable income in California.

The administration expects this proposal to raise \$216 million in the budget window.

While temporary limitations on businesses’ ability to reduce their state income taxes help to address the deficit in the short-term, the governor’s revised proposal does little to increase state revenues on an ongoing basis and misses key opportunities to make the state’s tax system more fair. Policymakers should consider permanent limitations on business tax credits — as some states already do — to ensure that businesses are not paying next to nothing in state income taxes when they turn large profits. State leaders should also explore other options to permanently increase state revenues by [making the corporate tax system more fair](#) and eliminating or reforming other [costly and inequitable tax breaks](#), which are not regularly considered as part of the budget process.

May Revision Includes Withdrawal of Reserve Funds, Proposes New Fund to House “Excess Revenue”

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California has a [number of state reserve accounts](#) that set aside funds intended to be used for a “rainy day” when economic conditions worsen and state revenues decline. Some reserves are established in the state’s Constitution to require deposits and restrict withdrawals, and some are at the discretion of state policymakers.

California [voters approved Proposition 2 in November 2014](#), amending the California Constitution to revise the rules for the state’s **Budget Stabilization Account (BSA)**, commonly referred to as the rainy day fund. Prop. 2 requires an annual set-aside equal to 1.5% of estimated General Fund revenues. An additional set-aside is required when capital gains revenues in a given year exceed 8% of General Fund tax revenues. For 15 years — from 2015-16 to 2029-30 — half of these funds must be deposited into the rainy day fund, and the other half is to be used to reduce certain state liabilities (also known as “budgetary debt”).

Prop. 2 also established a new state budget reserve for K-12 schools and community colleges called the **Public School System Stabilization Account (PSSSA)**. The PSSSA requires that when certain conditions are met, the state must deposit a portion of General Fund revenues into this reserve as part of California’s Prop. 98 funding guarantee ([see Prop. 98 section](#)). In order to access the funds in the BSA and PSSSA, the governor must declare a budget emergency — an action that is *not* included in the May Revision or in the early budget action agreed to by the governor and Legislature in April, but will be necessary to access these funds.

The BSA and the PSSSA are not California’s only reserve funds. The 2018-19 budget agreement created the **Safety Net Reserve Fund**, which holds funds intended to be used to maintain benefits and services for CalWORKs and Medi-Cal participants in the event of an economic downturn. Additionally, the state has a **Special Fund for Economic Uncertainties (SFEU)** — a reserve fund that accounts for unallocated General Fund dollars and that gives state leaders total discretion as to when and how they can use the available funds.

The current-year (2023-24) budget, enacted in mid-2023, projected \$22.3 billion in the BSA; \$10.8 billion in the PSSSA; \$900 million in the Safety Net Reserve; and \$3.8 billion in the SFEU. However, revenue adjustments in the current year result in updated 2023-24 projections in the governor’s proposed budget — \$22.6 billion in the BSA; \$2.6 billion in the PSSSA; \$900 million in the Safety Net Reserve; and a shortfall of \$843 million in the SFEU, which fluctuates throughout the year based on changes in revenues.

In April 2024, the governor and legislative leaders agreed to an early action budget package to partially address the state’s budget shortfall that included drawing down \$12 billion from the BSA, a proposal that was also included in the governor’s January budget proposal.

The May Revision:

- Includes the \$12 billion withdrawal from the BSA, but spreads the withdrawal over the next two fiscal years — utilizing only \$3.1 billion in 2024-25 and shifting \$8.9 billion to 2025-26.
- Withdraws all \$900 million from the Safety Net Reserve, despite also proposing significant cuts to the CalWORKs program, a program the reserve is designed to protect (see [CalWORKs section](#)).
- Withdraws \$5.8 billion from the PSSSA in 2023-24 and the remaining \$2.6 billion in 2024-25.
- Projects a 2024-25 year-end SFEU balance of \$3.4 billion.

In total, the May Revision proposes to withdraw *less* from the state’s rainy day funds for 2024-25 than the governor’s January proposal, despite the fact that the administration projects that the budget shortfall has increased since January. Taking into account the remaining reserves in the BSA and the SFEU, the governor’s May Revision projects total remaining reserves of \$22.9 billion at the end of 2024-25, compared to \$18.4 billion in the governor’s January proposal.

Given that the administration’s approach to resolving the state budget shortfall includes an array of harmful cuts to vital programs and services that help Californians with low incomes, communities of color, and Californians with disabilities, state leaders appear to have additional room to responsibly draw upon reserves to protect those programs and also leave funds available to address future fiscal uncertainties.

New Fund to Capture “Excess Revenue”

The May Revision also signaled the administration’s intent to enact legislation to enable state leaders to save more during future upswings in revenue by requiring the state to set aside a portion of anticipated “surplus” funds — funds that exceed a yet-to-be-determined standard for historical trends. The administration notes that the funds would not be able to be committed until revenues have been realized.

While the specifics of the governor’s proposal are not yet available, any efforts to set aside additional funds would likely interact with other constitutional requirements that affect state spending and reserves, including [Prop. 4](#) (1979; the “Gann Limit”), [Prop. 98](#) (1988), and [Prop. 2](#) (2014). For instance, the administration notes that amendments would be needed to [Prop. 2](#) to allow for increased deposits to the BSA. Any amendments to the constitutional provisions, however, would need to be approved by California voters.

Health

Governor Upholds Medi-Cal Expansion, Amends MCO Tax, Proposes Harmful Cuts

Access to health care is necessary for everyone to be healthy and thrive. About 14.5 million Californians with modest incomes — nearly half of whom are Latinx — are projected to receive free or low-cost health care through Medi-Cal (California’s Medicaid program) in 2024-25. Another 1.8 million Californians purchase health coverage through Covered California, the state’s health insurance marketplace.

The May Revision maintains recent Medi-Cal expansions, but pulls back on other health care investments that were established in prior years. Specifically, the revised budget:

Maintains the expansion of Medi-Cal eligibility to undocumented adults ages 26 to 49, but cuts \$94.7 million to eliminate In-Home Supportive Services (IHSS) for all undocumented Californians.

These services help Californians with low incomes who are over the age of 65, blind, and/or disabled live with dignity in their own homes. Under this revised spending plan, Californians would lose access to IHSS solely due to their immigration status. This proposal is both harmful and xenophobic, potentially pushing immigrant families deeper into poverty. These cuts could also lead to increased state spending on nursing home care in the long run. State leaders should not compromise home care for Californians simply due to their immigration status.

Cuts \$280 million for Equity and Practice Transformation Payments to Providers.

These grants to certain Medi-Cal providers were intended to improve quality, health equity, behavioral health integration, and primary care infrastructure. The May Revision maintains \$70 million General Fund expenditures included in the 2022 Budget Act.

Cuts \$62 million from the Health Care Affordability Reserve Fund intended to reduce cost-sharing in Covered California.

These funds are critical for Californians who are uninsured and struggling to purchase coverage as well as for those who are insured but can’t afford to access the care they need.

Eliminates the Indian Health Grant Program.

This aims to improve the health status of American Indians living in urban, rural, and reservation or rancheria communities throughout California. The May Revision proposes to reduce \$23 million annually beginning in 2024-25 to eliminate this program.

Freezes funding levels for county administration of Medi-Cal eligibility.

This reflects a reduction of \$20.4 million in 2024-25 and ongoing. This reduction occurs at a time when counties are processing a high volume of renewals and many Californians are [losing Medi-Cal coverage](#).

Eliminates acupuncture as an optional Medi-Cal benefit for adults.

The estimated reduced General Fund cost for this cut is \$5.4 million in 2024-25 and \$13.1 million ongoing. Acupuncture is performed to prevent, modify or alleviate severe, persistent chronic pain resulting from a medical condition.

Eliminates \$2 million in ongoing General Fund for free clinics.

This provides primary care, preventive health care, and additional health services to medically underserved Californians.

Does not provide funding to reform the Medi-Cal Share of Cost program.

This would alleviate financial burdens for many older adults and people with disabilities. Under the current Medi-Cal Share of Cost program, which forces many Californians to choose between paying for their health care, rent, food, or other basic needs. This reform was passed in the 2022 Budget Act but was subject to future appropriation.

Does not provide funding to implement continuous coverage for children from birth to age five.

California was one of the first states to pass a policy that would ensure that children under age five can keep their Medi-Cal coverage without administrative renewals. Funding is needed to start the necessary steps to implement this policy change.

The May Revision also amends the **Managed Care Organization (MCO) tax** revenue and expenditure proposal. The MCO tax is a provider tax imposed by states on health care services that essentially reduces, or offsets, state General Fund spending on Medi-Cal. The federal government approved the initial MCO tax proposal last year. In January, the administration proposed to increase the MCO tax and the May Revision proposes an additional amendment to the MCO tax to include health plan Medicare revenue, resulting in an additional \$689.9 million in reduced General Fund costs in 2024-25, \$950 million in 2025-26, and \$1.3 billion in 2026-27. These changes would be subject to federal approval. Overall, the May Revision includes \$9.7 billion in MCO tax funds over multiple years to support the Medi-Cal program. However, rather than

using \$6.7 billion of this amount to continue Medi-Cal provider rate increases, as originally planned, these funds will be used to offset General Fund spending.

The May Revision does protect some health care investments that were established in prior years. Specifically, the budget:

Sustains the ambitious Medi-Cal reform effort known as CalAIM (California Advancing and Innovating Medi-Cal).

This was originally introduced in 2019. The main goal of this initiative is to better support millions of Californians enrolled in Medi-Cal — particularly those experiencing homelessness, children with complex medical conditions, children and youth in foster care, Californians involved with the justice system, and older adults — who often have to navigate multiple complex delivery systems to receive health-related services. Initial components of CalAIM launched in the beginning of 2022 and the remaining components will go live over the next several years.

Maintains one-time \$200 million (\$100 million General Fund) in 2024-25 to support access to reproductive health services.

The administration plans to develop a federal demonstration waiver that would support access to family planning services for Medi-Cal enrollees as well as strengthen the state's reproductive health safety net. Access to reproductive health services, including contraceptive care, sexually transmitted infection prevention and treatment, obstetrical care, and abortion services, have a profound impact on the lives of women and pregnant people.

Maintains commitment to eliminate the Medi-Cal asset test for seniors and people with a disability.

Specifically, the revised budget includes \$112.2 million total funds (\$56.1 million General Fund) in 2023-24 and \$227.2 million total funds (\$113.6 million General Fund) in 2024-25 for the elimination of the Medi-Cal asset test which became effective on January 1, 2024.

Lastly, the May Revision includes directed payments to children's hospitals and public hospitals. This includes an annual allocation of \$230 million to support children's hospitals, with half of these funds provided by the federal government and the remaining half sourced from the Medi-Cal Provider Payment Reserve Fund.

Revised Budget Severely Cuts Health Care Workforce Development

Access to health care services is important for everyone's health and well-being. The [state's workforce](#) must meet the needs of Californians to achieve equitable access to timely and culturally competent health services. While state policymakers have made considerable investments in recent years to bolster the health workforce, investments in various health workforce areas still fall short.

Despite the clear need to invest in the health workforce, the May Revision cuts over \$1 billion over multiple years. This includes:

\$854.6 million General Fund across five years for various health care workforce initiatives.

This includes community health workers, nursing, social work, primary care education and training, and efforts to increase the number of underrepresented individuals in health professions. The May Revision proposes to cut \$300.9 million in 2023-24, \$302.7 million in 2024-25, \$216 million in 2025-26, \$19 million in 2026-27, and \$16 million in 2027-28 for these initiatives.

\$189.4 million Mental Health Services Act Fund for behavioral health workforce programs.

These cuts impact the social work initiative, addiction psychiatry fellowships, university and college grants for behavioral health professionals, expanding Master of Social Work slots, and the local psychiatry behavioral health program overseen by the Health Care Access and Information Department.

The May Revision also modifies previous plans to enhance **Medi-Cal provider participation** under the Managed Care Organization (MCO) tax proposal. While the revised budget maintains \$727 million to increase provider rates for primary care, maternity care (including doulas), and non-specialty mental health services, it reallocates \$6.7 billion previously intended for other health areas, including primary and specialty care in Medi-Cal, abortion and family planning access, clinics, and the Medi-Cal workforce pool. This redirection of funds towards existing Medi-Cal services is sensible in a budget deficit, but it raises concerns about the impact on timely access to health care services.

The health care workforce and access to health care services are intrinsically linked. If people cannot find a health care provider in their area or face extended wait times for an appointment, they do not have meaningful access to health care. State policymakers must continue to build a health care workforce that

not only meets the needs of Californians but also mirrors the state's diverse population in terms of race, ethnicity, ability, gender identity, and sexual orientation. Doing so will require sustained, ongoing investments, not cuts.

Behavioral Health Initiatives Mostly Sustained, But New Cuts Proposed

Millions of Californians who cope with behavioral health conditions — mental illness or substance use disorders — rely on services and supports that are primarily provided by California's 58 counties. Improving California's behavioral health system is critical to ensuring access to these services for all Californians, regardless of race, age, gender identity, sexual orientation, or county of residence.

In recent years, state policymakers have launched various initiatives to transform California's behavioral health system with the goal of improving access. [Proposition 1](#), the most recent of these initiatives, was approved earlier this year. Prop. 1 is a two-part measure that 1) amends California's Mental Health Services Act and 2) creates a \$6.38 billion general obligation bond to fund behavioral health treatment and residential facilities as well as supportive housing for veterans and Californians with behavioral health needs.

The May Revise includes some initial funding to begin Prop. 1 implementation, including:

\$126.9 million for the Department of Health Care Services in 2024-25.

Of this amount, \$16.9 million is from the General Fund, \$28.2 million is from the Behavioral Health Services Act Fund, \$31.6 million is from the Opioid Settlement Fund, \$10.4 million is from the Behavioral Health Infrastructure Bond Act, and \$39.8 million is from the federal government.

\$85 million (\$50 million General Fund) for county behavioral health departments.

This provides mental health and substance use disorder services to Californians through Medi-Cal and other programs.

In the governor's January budget proposal and the revised budget proposal, the administration maintains funding to continue behavioral health initiatives that state leaders launched in recent years. For instance, the revised budget sustains the **Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration**, which aims to improve mental health services for Medi-Cal members. The administration assumes that implementation of BH-CONNECT will begin on

January 1, 2025. Major reforms to the Medi-Cal program as well as the level of federal funding provided must be negotiated with the federal government through the Medicaid waiver process. As such, implementation will depend on the availability of funding and federal approval.

However, the revised budget also proposes a series of cuts and delays to other behavioral health initiatives. Specifically, the revised budget:

Eliminates \$450.7 million one-time from the last round of the Behavioral Health Continuum Infrastructure (BHCIP) Program.

This program provides competitive grants to expand the community continuum of behavioral health treatment resources. The May Revision proposes to reduce BHCIP funding by \$70 million General Fund in 2024-25 and \$380.7 million General Fund in 2025-26. While BHCIP will receive Prop. 1 bond funds, these funds are inadequate to address the overarching need for state investments. ([See homelessness section.](#))

Reduces funding and modifies the Children and Youth Behavioral Health Initiative.

The spending reductions — \$72.3 million in 2023-24, \$348.6 million in 2024-25, and \$5 million in 2025-26 — impact school-linked health partnerships, various grant programs, a public education campaign, and a youth suicide reporting and crisis response pilot program. Of this amount, the administration notes that \$140 million General Fund proposed in 2024-25 to support a platform is no longer needed. The revised budget does maintain \$9.5 million (\$4.1 million General Fund) in 2024-25 to establish a Wellness Coach benefit in Medi-Cal, which the administration proposed in January. Effective January 1, 2025, these coaches will offer wellness education, screening, support coordination, and crisis management services to children and youth in schools and other behavioral health settings.

Cuts \$132.5 million in 2024-25 and \$207.5 million in 2025-26 for the Behavioral Health Bridge Housing Program.

This program aims to address the immediate housing and treatment needs of people with serious behavioral health conditions who are also experiencing unsheltered homelessness. The administration notes that \$90 million in Behavioral Health Services Act funding would be provided in 2025-26, resulting in a net reduction of \$117.5 million for that year. ([See homelessness section.](#))

Cuts \$126.6 million ongoing General Fund for CalWORKs mental health and substance abuse services, effectively eliminating this service.

California has led the way in expanding CalWORKs support services, recognizing families often need additional support, like mental health and substance use treatment, to improve their well-being and

address barriers to work. (See [CalWORKs section](#).)

Cuts \$61 million General Fund in 2024-25 and ongoing for the Naloxone Distribution Project and Medication Assisted Treatment.

Naloxone is a life-saving medicine that reverses an opioid overdose and Medication Assisted Treatment is treatment for a substance use disorder that includes medications along with counseling and other support.

Includes \$27.2 million General Fund in 2023-24 and \$37.8 million General Fund in 2024-25 for Community Assistance, Recovery, and Empowerment (CARE) Act.

This is a plan to establish court-ordered treatment for people experiencing both homelessness and serious behavioral health challenges. The revised budget adjusts estimated county funding to align with recent trends in utilization.

Investing in the state's behavioral health system is crucial for supporting Californians who are coping with mental health conditions or substance use disorders. State leaders should continue to invest in the behavioral health system and address the behavioral health workforce shortage. Policymakers can also invest in efforts to make sure that the behavioral health workforce better reflects the diversity of all Californians, including their gender identities and sexual orientations.

Cuts to Public Health Leave Californians Vulnerable to Future Threats

Everyone should have the opportunity to be healthy and thrive. The California Department of Public Health as well as local public health departments are vital in protecting and promoting Californians' health and well-being. From improving living conditions to promoting healthy lifestyles to responding to infectious disease emergencies, public health workers are essential.

Despite this important responsibility, [funding has not kept pace](#) with the cost of responding to ongoing and emerging health threats. Many Californians suffered during the COVID-19 pandemic due to the state's lack of preparedness. Communities of color experienced higher rates of illness and death due to historic and ongoing structural racism that deny many communities the opportunity to be healthy and thrive. Structural racism continues to underscore the need to address the root cause of health disparities through public health initiatives.

In an alarming move, the governor's revised budget proposes significant cuts to public health investments that were established in previous years. Specifically, the May Revision eliminates **\$52.5 million in 2023-24** and **\$300 million ongoing General Fund thereafter to improve public health infrastructure at the state and local level**. Under this revised spending plan, local health jurisdictions would no longer continue to receive a minimum base allocation to support workforce expansion, data collection and integration, and partnerships with health care delivery systems and community-based organizations. At the state level, these cuts will reduce the capacity to assess and respond to current and emerging public health threats and will weaken key functions such as emergency preparedness and public health communications.

These cuts to public health capacities are short-sighted and harmful. After years of underinvestment in public health, these dollars provided much-needed infrastructure support. Given that public health emergencies and climate change disasters often disproportionately impact people with low incomes and communities of color, these cuts undo progress to advance health equity. State leaders should ensure that counties and cities have the capacity to address ongoing and future public health threats.

Homelessness & Housing

May Revision Reduces Limited Funding for Homelessness

Having a place to call home is core to living with dignity and health. Yet homeless service providers served over 330,000 Californians experiencing homelessness last year, underscoring both the need and increased capacity of the state's response systems. Homelessness providers and localities are serving more individuals and families than ever before partially due to previous one-time state funding investments that provided critical resources for homelessness prevention and resolution services. Despite this, **the May Revision proposes no new resources and reduces previous allocations, effectively leaving no significant state funding to address homelessness in 2024-25 or beyond.**

The May Revision proposes to eliminate \$260 million in supplemental grant funds for the Homeless Housing, Assistance and Prevention (HHAP) Grant Program in 2025-26, but maintains the last round of funding in 2023-24. HHAP is critical as it provides local jurisdictions with flexible funds to address homelessness in their communities in a variety of ways, ranging from rental and operating subsidies to acquiring shelter, interim and permanent housing beds, and street outreach, among other uses. The May Revision also changes previously proposed funding delays into funding cuts for various homelessness programs that serve diverse populations.

These funding reductions include:

A reduction of \$132.5 million in 2024-25 and \$207.5 million in 2025-26 for the Behavioral Health Bridge Housing Program.

This leaves \$132.5 million General Fund in 2024-25 and \$117.5 million (\$90 million Mental Health Services Fund and \$27.5 million General Fund) in 2025-26. These funds help provide immediate housing for people experiencing homelessness who have a serious mental illness or substance use disorder (see [Behavioral Health section](#)).

A reduction of \$80 million General Fund for the Bringing Families Home Program.

Appropriated in the 2022 Budget Act, which serves families involved in the child welfare system.

A reduction of \$65 million General Fund for the Home Safe Program.

Appropriated in the 2022 Budget Act, which supports the safety and housing stability of individuals involved in Adult Protective Services.

A reduction of \$50 million General Fund for the Housing and Disability Advocacy Program.

Appropriated in the 2022 Budget Act, which assists people experiencing or at risk of homelessness to connect with disability benefits and housing supports.

Also notable is the increased reduction of \$450.7 million one-time from the last round of the Behavioral Health Continuum Infrastructure Program (BHCIP), leaving \$30 million one-time General Fund in 2024-25. This program provides competitive grants to expand the community continuum of behavioral health treatment resources ranging from wellness centers to psychiatric care facilities. BHCIP will be receiving \$4.4 billion in bond funds through [Proposition 1](#), which voters approved in March 2024. The Department of Health Care Services is anticipated to [open funding applications this summer](#) and begin granting competitive awards by the fall (see [Behavioral Health section](#)). Prop 1. also restructures funds from the Mental Health Services Act, which exists separately from the state budget. It now requires counties to redirect 30% of these funds for housing interventions for people experiencing or at risk of homelessness with behavioral health conditions. However, these funds are inadequate to address the overarching need for state investments, as they focus solely on a specific subset of unhoused Californians.

May Revision Proposes Deeper Cuts for Affordable Housing

All Californians deserve a safe, stable, and affordable place to call home. However, many are blocked from this opportunity due to California's affordable housing shortage and accompanying high housing costs. Renters, people with low incomes, Black and Latinx Californians, and undocumented Californians are especially likely to [struggle to afford their homes](#). Yet despite noting California's serious housing affordability challenges, the May Revision proposes deeper funding reductions and scarce new investments to affordable housing programs.

The administration now proposes **\$1.7 billion in General Fund reductions for various programs that support affordable housing development and homeownership**. The May Revision reductions build on those in the [January proposed budget](#). These include:

- **An additional reduction of \$236.5 million General Fund for the Foreclosure Intervention Housing Preservation Program in 2023-24**, bringing the total reduction to \$474 million, which will eliminate the program.
- **An additional reduction of \$75 million General Fund for the Multifamily Housing Program**, bringing the total reduction to \$325 million General Fund, eliminating state funding in 2023-24.
- **A newly proposed reduction of \$127.5 million General Fund for the Adaptive Reuse Program**, with \$87.5 million from the 2023 Budget Act and \$40 million from the 2022 Budget Act, which will eliminate the program.
- **An additional reduction of \$35 million General Fund for the Infill Infrastructure Grant Program**, with \$25 million from 2023 Budget Act and \$10 million from the 2022 Budget Act, eliminating state funding in 2023-24.
- **An additional reduction of \$26.3 million General Fund for the Veterans Housing and Homelessness Prevention Program** from the 2022 Budget Act. The January proposed budget already fully reduced allocated state funds for this program in 2023-24.

The May Revision does reinstate an additional \$500 million for state Low Income Housing Tax Credits – as has been done since 2019 – which help promote and finance affordable housing development. The administration also highlights [Proposition 1](#), approved by voters in March, as providing some funding for supportive housing programs. Prop. 1 provides roughly \$2 billion in bond funds for the development of permanent supportive housing units specifically for Californians experiencing or at risk of homelessness with behavioral health needs (see [Homelessness](#) and [Behavioral Health](#) sections). Over half of these funds are designated for veterans. The Department of Housing and Community Development is anticipated to [open applications for this funding](#) at the end of 2024. However, these funds are specifically for supportive

housing units and fall short in providing the diverse critical investments needed to continue meaningful, affordable housing development in California.

Economic Security

May Revision Proposes Alarming Cuts to Vital Safety Nets

While California has made significant investments in its social safety net in recent years, millions of people in communities across the state are still struggling to make ends meet as the cost of living continues to outpace incomes. Poverty, particularly among children and people of color, is on the rise. Despite this, the governor's proposed budget includes very concerning cuts to vital safety net programs that may have devastating consequences for California families with the greatest needs. Cuts to the Department of Social Services, which administers the state's safety net programs, total nearly \$2 billion in the 2024-2025 fiscal year alone. These cuts target key investments in CalWORKs, food assistance, and child care. The budget proposal outright eliminates several critical support services for CalWORKs families, significantly reduces funding for program administration, and drains the dedicated reserves that were designed to protect the program from cuts.

Additionally, the proposal delays a long-awaited program expansion of food assistance to undocumented older adults and defunds a pilot to increase CalFresh benefits. In delaying and eliminating these vital services, which were small stepping stones to larger expansions that would close gaps in food insecurity across the state, the proposal would take California a step backward. In the child care space, the governor indefinitely delays his promised slot expansion despite the growing unmet need. Other cuts in this space would affect programs that serve foster youth and people with disabilities.

California's future largely depends on children whose entire lives will be shaped by the extent to which our state invests in their education, health, and well-being. But children cannot thrive unless their families thrive. Despite the budget shortfall, California's leaders have a responsibility to ensure that our state's children and families have the opportunity to reach their full potential.

Revised Budget Maintains Tax Credits for Californians with Low Incomes

California's Earned Income Tax Credit (CalEITC), Young Child Tax Credit, and Foster Youth Tax Credit are refundable state income tax credits that provide tax refunds or reductions in state taxes owed to millions of Californians with low incomes, boosting their incomes and helping them to pay for basic needs like food. These credits also help to [promote racial and gender equity](#) by targeting cash to Californians of color, immigrants, and women who are frequently blocked from economic opportunities and forced into low-paying jobs that [fail to provide economic security](#).

The administration maintains these tax credits in the revised budget while also continuing to cut funding for free tax preparation assistance, education, and outreach, in half to \$10 million in 2024-25, as proposed in January. These funds support community based organizations (CBOs) in their efforts to educate community members about state and federal refundable tax credits, connect eligible tax filers to free tax preparation services and assist tax filers in applying for or renewing Individual Taxpayer Identification Numbers, which some Californians must have in order to claim tax credits. Cutting this funding will reduce the capacity of CBOs to provide these services.

Revised Budget Does Not Implement Workers' Tax Credit Slated for 2024

The 2022-23 budget included a new refundable tax credit for workers slated to become available in tax year 2024 if the Department of Finance determined that sufficient General Fund resources were available to support it. This credit was intended to help cover the cost of being a member of a labor union, particularly among workers with lower incomes who are typically excluded from an existing tax deduction for certain business expenses, including union dues. The administration does not include this new tax credit in the revised 2024-25 budget given the multi-year budget shortfall.

May Revision Proposes Additional Cuts to Critical CalWORKs Support Services

The California Work Opportunity and Responsibility to Kids (CalWORKs) program is a critical component of California's safety net for families with low incomes. The program helps over 650,000 children and their families, who are predominantly people of color, with modest cash grants, employment assistance, and critical supportive services. The governor's May Revision proposes deeply concerning cuts to CalWORKs administrative and program funding in addition to the significant cuts proposed in January.

The newly proposed cuts include:

- A one-time reduction of \$272 million in 2024-25 for employment services under the single allocation funding.
- An ongoing reduction of \$126.6 million for Mental Health and Substance Abuse Services, effectively eliminating this service.
- An ongoing reduction of \$47.1 million for the Home Visiting Program, which is designed to support positive health, development, and well-being of CalWORKs families with children under 2.

This amounts to a total cut of \$445.7 million. Adding on to the [cuts proposed in January](#), which totaled about \$293 million in FY 24-25, this brings the total to about \$739 million in cuts to CalWORKs, two-thirds of which would be ongoing. For many years, California has led the way in expanding CalWORKs support services, recognizing families have diverse needs and often need additional support to address barriers to work and improve their well-being. Taking programs away that offer mental health support, crisis intervention (Family Stabilization Program), and parenting support (Home Visiting Program), which [research has shown can reduce or prevent](#) the effects of adverse experiences for children, could jeopardize families' ability to meet all program requirements and maintain access to their grants. [Families not meeting strict program requirements](#) will be at risk of punitive sanctions, which will only push them deeper into poverty.

In addition to the proposed cuts, the governor's budget does not include funding to redirect collected child support payments from the state back to former CalWORKs parents. For formerly assisted families, outstanding child support debt that is collected does not go to the families but rather goes to the state, county, and federal governments as "reimbursement" for the costs associated with the CalWORKs program. [Under this change](#), which was supposed to go into effect in April 2024, these families would have received an estimated annual total pass-through of \$187 million annually.

Additionally, the governor proposes drawing down the full \$900 million in the Safety Net Reserve, which was created to maintain existing CalWORKs and Medi-Cal benefits and services during an economic downturn ([see Reserves section](#)). While the governor does not propose cutting cash grants, given the projections of a sustained deficit in upcoming years, fully drawing down the reserve will leave CalWORKs vulnerable to additional cuts, [similar to what occurred during the Great Recession](#). Closing the budget shortfall at the expense of families with low incomes is a short-sighted approach that could have detrimental effects on California's economy and families facing the greatest needs.

Governor Proposes Cuts and Delays to Previous Food Assistance Commitments

All Californians should be able to put enough food on the table without having to go without other basic needs. But about 1 in 11 California households — and 1 in 8 California households with children — sometimes or often didn't have enough to eat in March 2024, according to recent US Census Household Pulse data. In recent years, households have been hit with both rising food prices as well as the [expiration of enhanced pandemic-era food benefits](#).

CalFresh — California's version of the federally funded Supplemental Nutrition Assistance Program (SNAP) — provides modest food assistance benefits to about [5.4 million Californians](#). The California Food Assistance Program (CFAP) is a state-funded program providing food benefits to certain non-citizens who are excluded from receiving federal benefits, but undocumented immigrants are still excluded from CFAP benefits. The 2021-22 budget agreement included a plan to expand CFAP to Californians aged 55 and older who are excluded solely due to their immigration status. The expansion is currently set to begin in October 2025.

While the governor's January budget proposal generally maintained prior commitments to improve and expand the state's food assistance programs, the May Revision proposes cuts and delays that would reverse or pause recent progress, including:

Delaying the CFAP to include undocumented adults age 55 and older until 2027-28.

This means those older adults will continue to be excluded from vital food benefits for the next several years. The administration also has not put forth any plans to end this exclusion for undocumented Californians under age 55, even while [45% of undocumented Californians](#) with low incomes are affected by food insecurity.

Eliminating funding for the CalFresh Minimum Nutrition Benefit Pilot Program.

The 2023-24 budget created this pilot program and included \$15 million one-time funding for 2024-25 to provide a state supplement to increase the minimum benefit for selected households to \$50 for one year. This pilot program was a small step in acknowledging the inadequacy of the current minimum benefit of \$23.

Eliminating the Work Incentive Nutrition Supplement Program (WINS) beginning in 2025-26.

WINS is a \$10 supplemental food benefit for some working CalFresh households. The Legislative Analyst's Office estimates that eliminating the program would reduce food benefits for around [125,000 households](#). The program is funded through CalWORKs but is only available for households not receiving regular CalWORKs benefits. The program was created with the primary goal of improving the CalWORKs [Work Participation Rate](#) (WPR), and it appears the proposal to eliminate

WINS is a response to a recent federal law that would require the state to increase the supplement in order for it to continue helping the state achieve its WPR target, which could cost the state an additional \$40 million each year. However, this elimination represents a loss of benefits for those households that rely on the additional assistance to keep food on the table, and the administration does not propose any relief for families to offset that loss.

Eliminating all remaining \$111.6 million for the Older Californians Act Modernization Funding for Senior Nutrition.

The 2022 Budget Act included \$186 million over three years to restore local services and supports for older adults that were reduced during the Great Recession; the 2023 Budget Act spread this funding out over five years instead of the original three years. This funding was intended to enable the local Area Agencies on Aging (AAAs) to continue to serve new meal participants brought on during the COVID pandemic. Taking away this funding could leave a gap in food access for a community [struggling to stay housed and make ends meet](#).

Additionally, the budget does not include funding to implement Cal Grant reform, which would allow more college students to access CalFresh benefits ([see Financial Aid section](#)). The 2022 budget included a plan for Cal Grant reform, but it was subject to sufficient funds being available in 2024, so this was one of several “trigger” proposals included 2022 that will not be moving forward this year.

Finally, the budget includes \$63 million in additional funding to implement the universal school meals program to account for an expected increase in the number of meals to be provided and a cost-of-living increase ([see K-12 Education section](#)). The \$63 million is in addition to the increase included in the January proposal.

Governor Maintains Temporary Rate Increase, Pauses Slot Expansion

Thousands of families in California rely on subsidized child care and development programs administered by the California Department of Social Services (CDSS) as a critical resource for supporting their families to grow and thrive. While the state has made improvements to California’s child care system — most recently through [reforming family fees](#) and committing to an alternative methodology for child care provider reimbursements — the system is still falling short for many families and child care providers. For example, as of 2022, [only one in nine children](#) eligible for subsidized child care received services, despite growing demand. Moreover, the state [released data this year](#) showing that 73% of family child care providers do not pay themselves a salary. The administration therefore has an opportunity to advance progress toward

creating an equitable child care system that meets the needs of all families and reflects the integral role of child care providers.

The governor's revised budget:

Pauses planned child care slot expansion at 119,000 new spaces.

In 2021-22, the governor committed to adding approximately 200,000 new child care slots by 2026-27. As of 2023-24, approximately 146,000 new slots were funded. Expansion was paused in 2023-24, and the state is still in the process of rolling out all intended new slots. Specifically, only about 119,000 new slots have been added. The revised 2024-25 budget paused slot expansion at this 119,000 “until fiscal conditions allow for resuming the expansion.” These proposed actions result in a reduction of \$489 million in 2024-25 and \$951 million in 2025-26 for subsidized child care slots. The April 24, 2024 Assembly Budget Subcommittee No. 2 on Human Services and Assembly Budget Subcommittee No. 3 on Education Finance discussed the possibility of creating a “reversion account” that would keep unspent funds for slot expansion within child care. This reversion account to maintain unspent dollars within child care is not included in the 2024-25 revised budget.

Maintains commitment to one-time funding for temporary subsidy rate increases but lacks a detailed plan for meeting federal deadlines to implement an alternative rate structure.

The 2023-24 budget provided a total of nearly \$1.4 billion in one-time funds for temporary rate increases for providers reimbursed through the California Department of Social Services (CDSS). The 2024-25 proposed budget maintains this one-time funding. This one-time funding is set to expire July 1, 2025, which is also the federal deadline determining the new rate structure, per the alternative methodology currently being developed. If the new provider rates are not determined by this deadline, they will revert back to the [2018 regional market rate](#) or standard reimbursement rate. The administration remains committed to developing a single rate structure and alternative methodology for child care reimbursements. However, given the need for spending associated with the alternative methodology to be included in the 2025-26 budget process and Child Care Provider United union negotiations, the lack of a detailed plan (i.e., confirming a timeline for when state agencies produce cost estimates) makes the state more vulnerable to missing the federal deadline.

Cuts funding for foster youth child care programs and support services.

The Emergency Child Care Bridge Program for Foster Children (Bridge Program) is administered through CDSS. The Bridge Program provides time limited vouchers for child care and child care navigator services for foster care system families and parenting foster youth. The revised budget reduces funding for the Bridge Program, reflecting a reduction of \$34.8 million in 2024-25 and \$34.8

million in 2025-26. Additionally, the revised budget maintains proposed cuts to the Family Urgent Response System (FURS) by \$30.1 million. FURS is a hotline for current or former foster youth and their caregivers to call and get immediate help for any issue they may be experiencing.

Includes \$972 million in cost shifts to help ensure that unspent federal relief dollars are not reverted.

The Legislative Analyst's Office (LAO) estimates that the state currently has \$450 million of COVID-19 federal relief funds that may go unspent (set to expire September 30, 2024). Moreover, as of March 2024, the state had a Proposition 64 child care carryover balance of \$296 million. The 2024-25 proposed budget plans to utilize all or a portion of these funds (among others) to offset General Fund costs for child care. Specifically, \$596.8 will be shifted for 2023-24 and \$375.5 will be shifted for 2024-25. This approach likely aligns with the LAO's recommendation to minimize federal reversion of COVID-19 relief funds.

Governor Protects SSI/SSP but Cuts Key Services for People with Disabilities

All Californians should be included, supported, and treated with dignity in their communities, regardless of disability status. In California, people with disabilities can access several essential programs and services to manage their needs. The governor's revised budget maintains a recent increase to the largest cash assistance program serving low-income Californians with disabilities, but builds on January's proposed cuts and reduces support for key programs serving this population.

Specifically, the governor's budget:

Protects the recent grant increase to the State Supplementary Payment (SSP) program.

The Supplemental Security Income (SSI) and SSP programs together provide grants to over 1 million older adults with low incomes and people with disabilities to help them pay for housing, food, and other necessities. [In recent years, state policymakers have made significant investments to increase SSP grants, however, the total grant levels remain below federal poverty levels.](#) After deep cuts to the program during the Great Recession, [grants cannot keep up with rising housing costs, making it difficult for low-income people with disabilities to make ends meet.](#)

The governor's January proposal included:

Delaying, by one year, a scheduled raise for workers who care for people with intellectual and developmental disabilities.

The governor proposes to implement this wage increase for around 150,000 workers on July 1, 2025 — one year later than anticipated. This delay would allow the state to avoid \$613 million in new state costs in the 2024-25 fiscal year, with these costs instead reflected in the 2025-26 budget. More than 460,000 Californians with intellectual and developmental disabilities — including children receiving early intervention services — are expected to receive supports and services in 2024-25. Delaying pay increases for workers who provide these services could exacerbate staffing shortages across the disability system. This, in turn, would make it more challenging for individuals with disabilities and their families to receive the services that the [Lanterman Act](#) requires the state to provide.

A funding delay for the Preschool Inclusion Grant program.

The January budget proposal included a delay of \$10 million General Fund for this program, which had been delayed to 2024-25 in previous years. This delay essentially postpones its implementation to 2026-27. The Preschool Inclusion Grant program was created in the 2022-23 budget with the goal of supporting preschool programs to include more children with developmental disabilities. This program and proposed reductions are different from the enrollment requirements as part of the California State Preschool Program (see “preschool inclusivity” bullet below).

The May Revision maintains these delays in funding and also:

Eliminates the In-Home Supportive Services (IHSS) expansion coverage to undocumented Californians of all ages by cutting \$94.7 million ongoing.

IHSS is a key health care program that helps older adults with low incomes and people with disabilities live safely and with dignity in their own homes. Under the revised spending plan, about [14,000 Californians](#) would lose access to IHSS solely due to their immigration status ([see the Coverage, Affordability & Access section](#)).

Cuts the planned expansion of preschool inclusivity.

Currently, at least 5% of California State Preschool Program enrollment must be for students with disabilities. The administration had planned to increase this proportion to at least 10% by 2026-27. However, the 2024-25 proposed budget cuts funding for this increase, reflecting a one-time General Fund savings of \$47.9 million in 2025-26 and \$97.9 million General Fund ongoing starting in 2026-27 ([see the Early Learning section](#)).

Cuts \$65 million for the Home Safe Program.

Appropriated in the 2022 Budget Act, which supports the safety and housing stability of individuals involved in Adult Protective Services ([see the Homelessness section](#)).

Cuts \$50 million for the Housing and Disability Advocacy Program.

Appropriated in the 2022 Budget Act, which assists people experiencing or at risk of homelessness connect with disability benefits and housing supports ([see the Homelessness section](#)).

Cuts \$44.8 million for Adult Protective Services (APS).

This provides abuse intervention and support services to older adults and dependent adults who are unable to meet their own needs. This cut targets a recent expansion effort to address California's growing aging population, which may limit the program's reach, particularly for more complex cases.

Does not include funding to reform the Medi-Cal Share of Cost program.

This would alleviate financial burdens for many older adults and people with disabilities. Under the current Medi-Cal Share of Cost program, many Californians have to live at the maintenance need level in exchange for Medi-Cal services, which forces many to choose between paying for their health care, rent, food, or other basic needs ([see the Coverage, Affordability & Access section](#)).

Proposal Eliminates and Delays Vital Services for Immigrant Californians, Maintains Cut to Legal Services

Immigrants are an integral part of California's communities. They are not just part of the state's mighty economic engine as taxpayers, entrepreneurs, and members of the workforce — they enrich our cultural identity as the Golden State. They are students, teachers, artists, chefs, religious leaders, colleagues, neighbors, and family members.

California has the largest share of immigrant residents of any state. [Over half of all California workers](#) are immigrants or children of immigrants, and nearly 2 million Californians are undocumented, according to [recent estimates](#).

State leaders have made notable progress in recent years working toward a California for all, where *all* people have access to economic opportunity and essential services, regardless of immigration status. Extending full-scope Medi-Cal eligibility to undocumented Californians is one significant example of this,

and the governor's May Revision maintains the final and most recent step in this expansion, extending coverage to adults ages 26 to 49. However, the revised budget takes a step backwards by eliminating or delaying other vital services for undocumented Californians that other Californians can access. Specifically, the revised budget:

Permanently eliminates In-Home Supportive Services (IHSS) for all undocumented Californians.

These services help Californians with low incomes who are over the age of 65, blind, and/or disabled live with dignity in their own homes. This harmful and xenophobic cut will cause Californians to lose access to IHSS solely due to their immigration status, potentially pushing them deeper into poverty (see [Health Coverage section](#)).

Delays expanding the California Food Assistance Program (CFAP) to undocumented adults age 55 or older, as promised in last year's budget.

Instead of beginning in October 2025, these vital food benefits will be delayed until 2027, denying hundreds of thousands of older Californians access to assistance at a time when [45% of undocumented Californians](#) with low incomes are affected by food insecurity (see [Economic Security section](#)).

The revised budget also maintains the governor's January budget proposal to cut immigration legal services, which are a lifeline for immigrant families. Specifically, the May Revision:

- **Continues to permanently cut funding for the Temporary Protected Status (TPS) Services program**, eliminating \$10 million General Fund in 2023-24 and each year thereafter, zeroing out all resources for this program.
- **Continues to permanently cut funding for the California State University Legal Services program** by \$5.2 million General Fund in 2023-24 and each year thereafter.

Cutting support for immigrant legal services is harmful. These services are crucial for helping immigrants stabilize their lives and remain in their communities. Immigration legal services can help put immigrants on a [pathway to stability](#), particularly for those without status. Without access to legal services, immigrants can face greater risks of deportation and family separation, which can lead to [financial hardship for families and adverse health outcomes](#). Given that [newly arriving immigrants](#) have the potential to grow the economy and contribute to state and local coffers, supporting them is a strategic investment in our collective future.

The governor's May Revision also reduces \$29 million for the Rapid Response program in 2024-25, which helps sustain humanitarian support to individuals and families seeking safety at the California-Mexico border in partnership with local providers. This reversion in funds comes out of the \$79.4 million General Fund reappropriated for the Rapid Response program from the 2021-22 and 2022-23 budget acts to 2023-24 as part of the early action budget deal approved by policymakers in April. The revised budget proposes no additional state funding for this program in 2024-25 despite the [glaring need for continued investment](#).

Eliminating and delaying vital services to Californians simply due to their immigration status would have a significant negative impact on immigrant communities and our collective prosperity and is a short-sighted approach to closing the state's budget shortfall.

Governor Does Not Provide Needed Support to Domestic Violence Survivors

Every Californian deserves to live in a world where they feel safe. However, millions of Californians experience domestic and sexual violence every year — women, transgender, and non-binary Californians, and some women of color are most likely to experience this type of violence.

Domestic and sexual violence prevention programs are proven ways to stop the violence from occurring in the first place by taking a proactive approach and seeking to shift culture on racial and gender inequities. Since 2018, state policymakers have provided small, one-time grants for prevention programs, administered by the California Governor's Office of Emergency Services. Besides funding for prevention services, the state also receives federal funding through the Victims of Crime Act (VOCA) to help provide essential services to survivors of crime, including survivors of domestic violence. These funds help provide survivors with critical services like emergency shelter, counseling, and financial assistance.

However, cuts to VOCA at the federal level are resulting in roughly a 45% cut to state grants for organizations that support survivors of crime, decimating the funding of many of these organizations who rely entirely on VOCA funding to provide these critical services.

Additionally, [the last round of prevention grants will run out at the end of 2024](#). Prevention efforts take time, and organizations doing this critical work cannot commit to long term programming without permanent, ongoing funding.

In the May Revision, the governor:

Does not provide funding to fill the gap in crime victim services funding.

In 2021-2022, the state stepped in and provided \$100 million in one-time funding to backfill federal VOCA funding gaps. However, since 2019, funding has fallen far short of levels needed to maintain the services local organizations provide to more than 816,000 victims of crime. At the current funding levels, programs will have experienced a 67% cut in funding since 2019. While organizations are being forced to pause critical services to survivors of crime, the state continues to spend billions of dollars on prisons. The state could safely close up to five state prisons, which would result in savings of around *\$1 billion per year* – some of which could be used to help support crime survivors ([see State Corrections section](#)).

Does not provide continued funding for domestic violence prevention.

While the 2023-24 budget extended state funding for domestic and sexual violence prevention grants, the governor does not propose any additional funding for new grants in the 2024-25 fiscal year, leaving many organizations uncertain as to how they will continue providing crucial services without funding.

Eliminates all funding for the cash assistance program for survivors.

In 2022-23, the state appropriated \$50 million to establish the Flexible Assistance for Survivors (FAS) grant program. These dollars were meant to provide grants to community-based organizations to provide flexible assistance such as relocation, care costs, or other basic needs to survivors of crime. In January, the governor proposed delaying the \$47.5 million program until 2025-26. However, the May Revision removes all state funding for the program, eliminating another support for survivors of crime.

While the governor has failed to include funding to support survivors of domestic and sexual violence among other crimes, a bipartisan group of Assemblymembers have issued an [emergency budget request](#) to address the VOCA funding shortfalls, recognizing the importance of protecting the state's most vulnerable individuals.

Education

Transitional Kindergarten Expansion Continues While Facilities are Cut

The California Department of Education (CDE) hosts two early learning and care programs: Transitional Kindergarten (TK) and the California State Preschool Program (CSPP). CSPP provides preschool to children ages 3 and 4 for families with low to moderate incomes. TK serves 4-year-olds, and eligibility is based on age alone in public schools and is not dependent on family income. Given the overlap with the child care and development programs administered through the California Department of Social Services, CSPP is included in recent family fee and rate reform wins (see Child Care section). However, as Universal TK continues to roll out and CDSS child care and development programs face cuts and delays, the administration has the opportunity to ensure that all early learning and care programs have the resources they need to prioritize family needs and early educator well-being.

The governor's revised budget:

Continues to fund the implementation of Universal TK expansion.

The initial year one expansion took effect during fiscal year 2022-23 and covered children whose fifth birthdays fell between September 2 and February 2 (the previous cut-off was December 2). The year two 2023-24 expansion provided eligibility to children who turn 5 between September 2 and April 2. The year three 2024-25 expansion will extend eligibility to children who turn 5 from April 2 to June 2. The revised budget includes \$550 million from the General Fund for this year three expansion. As Universal TK continues to roll out, TK programmatic delays from 2023-24 are still relevant. Specifically, the following are delayed until 2025-26: 1) the reduction in TK classroom ratios to 1:10 and 2) the deadline for TK teachers to earn 24 units (or equivalent), a child development permit, or an early childhood education specialist credential.

Maintains CSPP slots and temporary reimbursement rate increases.

The revised budget includes \$1.4 billion in 2024-25 to maintain projected CSPP enrollment. As shared in the Child Care section, the 2023-24 enacted budget included one-time funding for temporary reimbursement rate increases and a commitment to developing an alternative methodology for provider rates. While this increase was negotiated by Child Care Providers United (CCPU) – representing home-based providers – the per-child temporary rate increase also applies to CSPP providers. Thus, the one-time funding promised for CSPP provider temporary rate increases is proposed to be maintained for 2024-25. Specifically, the revised budget includes \$53.7 million from the General Fund to support reimbursement rate increases. Moreover, if the state does not determine the new rate structure by July 1, 2025, CSPP providers will also have their rates reverted to the 2018 standard reimbursement rate.

Cuts the planned \$550 million investment in preschool, TK, and full-day kindergarten facilities.

Facilities investments are intended to help build new school facilities or retrofit existing buildings in order to provide appropriate spaces for preschool, TK, and full-day kindergarten. The 2023-24 enacted budget reflected \$550 million in 2024-25 to support this facilities program. This funding was delayed to 2025-26 in the January budget proposal. However, due to the projected budget shortfall, the dollars that were delayed to 2025-26 are now cut. The administration suggests that preschool, TK, and full-day kindergarten facilities could be added to an education bond proposal.

K-14 Education's Minimum Funding Level Drops Due to Lower Revenue Estimates

Approved by voters in 1988, Proposition 98 constitutionally guarantees a minimum level of annual funding for K-12 schools, community colleges, and the state preschool program. The governor's May Revision assumes a 2024-25 Prop. 98 funding level of \$109.1 billion for K-14 education. Because the Prop. 98 guarantee tends to reflect changes in state General Fund revenues and estimates of General Fund revenue in the May Revision are lower than estimates in the January budget proposal, the governor's revised spending plan assumes a decrease in the Prop. 98 guarantee in 2023-24 and 2022-23. Specifically, the May Revision assumes a 2023-24 Prop. 98 funding level of \$102.6 billion, \$3 billion lower than the \$105.6 billion funding level assumed in the governor's January budget proposal. The 2022-23 Prop. 98 funding level of \$97.5 billion is roughly \$800 million below the \$98.3 billion funding level assumed in January, but it is \$9.8 billion below the level assumed in the 2023-24 budget agreement – the largest decline in an estimated Prop. 98 guarantee for a prior-year since Prop. 98 was adopted.

To address this unprecedented drop in the 2022-23 Prop. 98 guarantee, the governor's May Revision proposes using the same [complex accounting maneuver](#) as the one he proposed in January: the revised budget plan attributes \$8.8 billion in reduced Prop. 98 spending to the 2022-23 fiscal year, which would help reduce state General Fund spending to the lower revised Prop. 98 minimum funding level. However, the revised spending plan would *not* take away the \$8.8 billion from K-12 schools and community colleges — dollars they received for 2022-23 that have largely been spent. Instead, the governor proposes to shift the \$8.8 billion in K-14 education costs — on paper — from 2022-23 to later fiscal years and pay for these delayed expenses using non-Prop. 98 funds.

The May Revision also reflects withdrawals of \$5.8 billion in 2023-24 and \$2.6 billion in 2024-25 from the Public School System Stabilization Account (PSSSA) – the state budget reserve for K-12 schools and community colleges ([see Reserves section](#)). Because the revised 2023-24 PSSSA balance of \$2.6 billion is not projected to exceed 3% of the total K-12 share of the Prop. 98 minimum funding level in 2023-24, current law would allow K-12 school districts to maintain more than 10% of their budgets in local reserves in 2024-25.

Budget Proposal Relies on Reserves to Support K-12 School Funding Formula

The largest share of Prop. 98 funding goes to California’s school districts, charter schools, and county offices of education (COEs), which provide instruction to 5.9 million students in grades kindergarten through 12. The governor’s May Revision maintains the proposal made in his January budget to withdraw funds from the Public School System Stabilization Account (PSSSA) – the state budget reserve for K-12 schools and community colleges – to support the Local Control Funding Formula (LCFF), the state’s main K-12 education funding formula. Specifically, the governor’s revised spending plan:

Allocates \$7.5 billion from the PSSSA to support ongoing LCFF costs.

The LCFF provides school districts, charter schools, and COEs a base grant per student, adjusted to reflect the number of students at various grade levels, as well as additional grants for the costs of educating English learners, students from low-income families, and foster youth. The May Revision includes a 1.07% cost-of-living adjustment (COLA) for the LCFF. To pay for the additional ongoing costs, the proposal would withdraw \$5.3 billion from the PSSSA to fund the LCFF in 2023-24 and \$2.2 billion to fund the LCFF in 2024-25.

Increases one-time funding for green school buses by roughly \$395 million, for a total of approximately \$895 million.

The May Revision sustains a commitment made in the 2023-24 budget agreement to support the greening of school bus fleets through programs operated by the California Air Resources Board and the California Energy Commission in 2024-25. The governor’s proposal would increase 2024-25 funding for green school buses above the \$500 million included in his January budget, but would reduce funding committed to the program to \$105 million in 2025-26.

Reduces K-12 school facilities funding by \$375 million.

The 2022-23 budget agreement included an intention to allocate \$875 million in one-time, non-Prop. 98 General Fund spending for the School Facility Program (SFP) to support K-12 facilities construction in 2024-25. The Legislature’s “early action” package approved the governor’s January budget proposal to reduce the 2024-25 SFP allocation by \$500 million. The May Revision proposes to eliminate the remaining \$375 million in 2024-25 SFP funding.

Provides funding for a 1.07% COLA for non-LCFF programs and the LCFF Equity Multiplier.

The governor’s January budget proposal included \$65 million to fund a 0.76% COLA for the [LCFF Equity Multiplier](#), established as part of the 2023-24 budget agreement, and for several categorical programs that remain outside of the LCFF, including special education, child nutrition, and American

Indian Education Centers. The May Revision would increase ongoing funding to support these COLAs in 2024-25.

Increases funding for universal school meals by \$63.3 million.

California established a Universal Meals Program in the 2022-23 school year that provides two free meals per day to any public K-12 student regardless of income eligibility. The governor's January budget proposed \$122.2 million to fully fund the program in 2024-25, and the May Revision proposes to increase this funding to pay for growth in the projected number of meals served and a COLA ([see Food Assistance section](#)).

Maintains \$25 million in ongoing funding for literacy screening training.

The 2023-24 budget agreement included a requirement for school districts to begin screening students in kindergarten through 2nd grade for risk of reading difficulties by the 2025-26 school year. The May Revision sustains the governor's January budget proposal to provide funding to administer these literacy screenings.

Revised Budget Increases Reserve Withdrawals for Community Colleges Funding

A portion of Proposition 98 funding provides support for California's Community Colleges (CCCs), the largest postsecondary education system in the country, which serves high percentages of students of color and students with low incomes. CCCs prepare more than 1.8 million students to transfer to four-year institutions or to obtain training and employment skills.

The 2024-25 revised spending plan increases withdrawal amounts from the Prop. 98 reserve for CCC apportionments and provides additional resources to fund an increase in the cost-of-living adjustment (COLA).

Specifically, the governor's revised budget includes:

Reserve withdrawals totaling \$914.1 million from state budget reserves for CCC apportionments.

The governor proposes a withdrawal of \$381.6 million from the Prop. 98 reserve (also known as the Public School System Stabilization Account or PSSSA) (see [Reserves section](#)) in 2023-24 and \$532.6 million in 2024-25 for the Student Centered Funding Formula (SCFF).

A 1.07% COLA for apportionments and other programs.

This includes \$100.2 million ongoing Prop. 98 dollars for the SCFF. The revised spending plan also provides ongoing Prop. 98 resources to provide the same percentage COLA to other CCC categorical programs and the Adult Education Program.

Revised Proposal Maintains Deferrals for the CSU and UC Systems

California supports two public four-year higher education institutions: the California State University (CSU) and the University of California (UC). The CSU provides undergraduate and graduate education to nearly 460,000 students at 23 campuses, and the UC provides undergraduate, graduate, and professional education to more than 290,000 students across 10 campuses.

The governor's revised budget includes additional cuts to higher education and maintains funding deferrals for both of the state's public university systems.

The January proposal included:

A deferral of \$240 million General Fund dollars from 2024-25 to 2025-26 for the CSU.

These dollars were meant to fulfill multi-year funding increases as part of the [CSU](#) compact. Under this proposal, the governor intends to restore this funding commitment in 2025-26, along with the scheduled base increase for the fourth year of the agreements. Additionally, the administration would also provide a one-time payment of \$240 million in 2025-26 as part of the deferral.

Deferrals totaling \$259 million General Fund dollars from 2024-25 to 2025-26 for the UC.

This includes a deferral of \$228 million for base increase as part of the multi-year compact with the [UC](#) and \$31 million to support the UC in increasing the number of resident undergraduate students. In 2025-26, the governor intends to restore the \$228 million on top of the increase scheduled for the fourth year of this compact and provide a total of \$62 million for resident undergraduate enrollment, reflecting the deferred amount and that year's increase for this purpose. The administration would

also provide one-time payments of \$228 million and \$31 million to compensate for the deferrals in 2024-25 of the same amount.

A reduction of \$494 million in General Fund dollars for the California Student Housing Revolving Loan Fund Program.

The proposal pulls back **\$194 million** in 2023-24 and **\$300 million** in 2024-25. This program provides interest-free loans to campuses for new student housing projects.

The May Revision maintains these proposals and also include the following cuts in higher education:

- An ongoing reduction of nearly **\$14 million** General Fund for the Proposition 56 General Fund backfill that supports Graduate Medical Education programs at the UC.
- An ongoing cut of **\$13 million** General Fund for the UC Labor Centers. This funding provides support for economic research and labor education across various UC campuses.
- A reduction of **\$485 million** General Fund of unspent one-time dollars for the Learning-Aligned Employment Program. The program provides resources for students at public colleges and universities to earn money while learning in a field related to their educational and career interests ([see Workforce section](#)).
- A **\$60 million** General Fund cut for the Golden State Teacher Grant Program. This program provides awards to students in professional preparation programs and who are working toward a teaching credential.

May Revision Abandons Commitments to Expand Student Financial Aid

The budget shortfall and proposed solutions significantly impacts access to financial aid opportunities for California students. The May Revision does not include funding for the anticipated reform to the Cal Grant program and reduces funding for the Middle Class Scholarship (MCS).

Specifically, the revised spending plan:

Does not trigger the Cal Grant Reform Act.

Given the multi-year shortfall, the revised spending plan does not include funding for the Cal Grant Reform Act, which was included in the 2022-23 budget, and the governor does not propose any

budgetary actions to phase in the program. Trailer bill language as part of the 2022-23 budget stated that the reform would become operative if General Fund dollars “over multi-year forecasts” are available beginning in 2024-25. The Cal Grant is California’s financial aid program for low-income students pursuing postsecondary education in the state. These grants support students by providing financial assistance so they can afford the costs of college attendance, including meeting their basic needs such as housing, food, transportation, and child care. The Cal Grant Reform Act would reach thousands of new students who were previously not eligible and would also allow more students to qualify for CalFresh food assistance, freeing up resources for institutions to support students with other non-tuition costs.

Walks back expansion of the MCS.

The May Revision proposes an ongoing cut to the MCS of **\$510 million**. The revised spending plan also includes an additional spending reduction of more than \$20 million, reflecting revised program estimates. These two actions reduce total spending for the program down to \$100 million ongoing, reflecting an 88% drop from the 2023-24 total funding level. The May Revision also maintains the January proposal to abandon a planned one-time investment of \$289 million that was included as part of the 2023-24 budget. The state created the MCS program in 2013-14 to provide partial tuition coverage to CSU and UC students who were not eligible for Cal Grants. The program was revamped in 2022-23 by increasing funding and implementing new rules. Due to these changes, a broader group of students received the awards. Eligible students include those who qualify based on income (maximum household income is \$217,000), low-income students who qualify through other requirements, and community college students in bachelor’s degree programs.

Overall, these budget choices have consequences for college affordability, degree attainment, and overall student well-being. Students pursuing postsecondary education confront [significant hardship to afford basic necessities](#), and they are often [forced to make difficult decisions that impact their college experience and degree completion](#).

Justice System

May Revision Calls for Deactivating Prison Housing Units, but Not Prison Closures

More than 93,000 adults who have been convicted of a felony offense are [serving their sentences at the state level](#), down from a peak of 173,600 in 2007. This sizable drop in incarceration is largely due to justice system reforms adopted since the late 2000s, including [Proposition 47](#), which California voters passed

with [nearly 60% support in 2014](#). Despite this substantial progress, American Indian, Black, and Latinx Californians are [disproportionately represented in state prisons](#) — a racial disparity that reflects racist practices in the justice system as well as structural disadvantages faced by communities of color.

Among all incarcerated adults, most — about 90,000 — are housed in state prisons designed to hold roughly 75,500 people. This overcrowding equals 119% of the prison system’s “design capacity,” which is below the prison population cap — 137.5% of design capacity — established by a 2009 federal court order. California also houses around 3,000 people in facilities that are not subject to the cap, including fire camps, in-state “contract beds,” and community-based facilities that provide rehabilitative services.

The May Revision:

Calls for deactivating 46 housing units across 13 state prisons, for ongoing annual state savings of around \$80 million.

The housing units proposed for deactivation contain roughly 4,600 beds. However, the state prison system currently operates with about [15,000 empty beds](#). Moreover, closing *housing blocks* rather than *entire prisons* saves the state less money because ongoing operational and staffing costs are higher when prisons remain open. For example, while the governor’s proposal would reduce state costs by around \$80 million per year, the state would save around *\$200 million per year* for every prison it closes. Given California’s challenging fiscal outlook, state leaders should be exploring ways to *significantly* reduce spending on prisons in order to ensure the wise use of state tax dollars and maximize state savings.

Fails to advance a plan to close state prisons.

In recent years, California has ended the use of private prisons and shut down three state prisons. State leaders can — and should — go further. In fact, due to the large number of empty prison beds, the state could safely close up to *five* additional prisons, [according to the Legislative Analyst’s Office](#). Closing five more state prisons would save *around \$1 billion per year* — dollars that [could be redirected](#) to help incarcerated individuals successfully transition back to their communities as well as support crime survivors, reduce poverty, increase housing stability, and address substance use and mental health issues. Unfortunately, the May Revision fails to advance a plan to close more prisons, with the governor instead focusing on deactivating selected prison housing units for far less state savings.

Proposes deep cuts to the Adult Reentry Grant (ARG) program.

Community-based organizations use ARG funds to help formerly incarcerated people successfully transition back to their communities. In January, the governor proposed to cut \$7.8 million in

unspent ARG funds from 2022-23 as well as to delay \$57 million in ARG funds budgeted for 2024-25 to the next three fiscal years (2025-26 to 2027-28 — providing \$19 million per year). The May Revision maintains the \$7.8 million cut and also proposes two significant reductions: 1) eliminate (rather than delay) the \$57 million budgeted for 2024-25 and 2) cut \$54.1 million in ARG funds budgeted for 2023-24. The governor’s proposal represents a major step back from recent efforts to ensure that people released from prison are prepared to successfully reenter their communities.

Revised Budget Continues to Provide Over \$100 Million to Address Retail Theft

Retail theft [is defined in several ways](#) in California law:

Shoplifting

Shoplifting occurs when the value of stolen goods is \$950 or less (petty theft) — a limit set by [Proposition 47 of 2014](#). Shoplifting is generally a misdemeanor, but may be charged as a misdemeanor *or* a felony if the defendant was previously convicted of certain severe crimes or is required to register as a sex offender.

Commercial burglary

Commercial burglary covers higher-value retail theft (grand theft) and can be charged as a misdemeanor or a felony.

Organized retail theft

Organized retail theft, a specific type of theft [created by the Legislature in 2018](#), is punishable as a misdemeanor or a felony.

Robbery

Robbery, a felony, occurs when force or a threat of force is involved. “Smash and grab” incidents are prominent examples of robberies affecting retail businesses.

Retail theft rose following the isolation and social breakdown caused by the COVID-19 pandemic. In California, commercial burglary and robbery rates [continued to exceed](#) their pre-pandemic (2019) levels as of 2022, the most recent year for which statewide data are available. In contrast, California’s statewide shoplifting rate remains [below the 2019 level](#) despite a recent increase.

In January, Governor Newsom proposed to provide \$119 million in 2024-25 to address organized retail theft and other crimes. This was the *same amount* of General Fund support provided in the current fiscal year (2023-24) despite the large budget shortfall the state is facing.

The May Revision modestly reduces the total funding level from \$119 million to \$115.4 million. This reflects a \$3.6 million cut to the Vertical Prosecution Grant Program, which would see its funding reduced from \$10 million to \$6.4 million in 2024-25. The governor does not propose cuts in 2024-25 to other components of his organized retail theft package, which includes \$85 million for [local law enforcement agencies](#) and \$24 million for state-level task forces and prosecution teams.

Revised Budget Estimates Proposition 47 Savings of \$95 Million for Local Investments

Overwhelmingly approved by voters in 2014, [Prop. 47 reduced penalties](#) for six nonviolent drug and property crimes from felonies to misdemeanors. Consequently, state prison generally is no longer a sentencing option for these crimes. Instead, individuals convicted of a Prop. 47 offense serve their sentence in county jail and/or receive probation.

By decreasing state-level incarceration, Prop. 47 reduced the cost of the prison system relative to the *expected* cost if Prop. 47 had *not* been approved by voters. The Department of Finance is required to annually calculate these state savings, which are deposited into the Safe Neighborhoods and Schools Fund and used as follows:

- 65% for behavioral health services — which includes mental health services and substance use treatment — as well as diversion programs for individuals who have been arrested, charged, or convicted of crimes. These funds are distributed as competitive grants administered by the Board of State and Community Corrections.
- 25% for K-12 school programs to support vulnerable youth. These funds are distributed as competitive grants administered by the California Department of Education.
- 10% to trauma recovery services for crime victims. These funds are distributed as competitive grants administered by the California Victim Compensation Board.

As of the 2023 Budget Act, the state has allocated roughly \$720 million in savings attributable to Prop. 47 — funds that have been invested in local programs that support healing and keep communities safe. For example, a [recent evaluation](#) shows that people who received Prop. 47-funded behavioral health services

and/or participated in diversion programs were much less likely to be convicted of a new crime. Specifically, individuals enrolled in these programs had a recidivism rate of just 15.3% — [two to three times lower](#) than is typical for people who have served prison sentences (recidivism rates range from 35% to 45% for these individuals).

The May Revision estimates that Prop. 47 has generated an additional \$94.8 million in state savings due to reduced state-level incarceration. These dollars will be allocated through the 2024 Budget Act, increasing Prop. 47's total investment in California's communities to more than \$800 million since these savings were first allocated through the 2016 Budget Act.

Workforce & Climate Change

Governor Proposes Additional Cuts to Several Workforce Programs

The revised budget proposes to cut spending on several workforce development programs to help address the multi-year budget problem. ([See Health Workforce section.](#)) Specific cuts include:

\$50 million General Fund in 2024-25 and 2025-26 to California Jobs First (formerly called the Community Economic Resilience Fund).

This program is an inter-agency partnership that supports strategies to diversify local economies and develop sustainable industries that create high-quality, broadly accessible jobs.

\$20 million General Fund in 2024-25 to the California Youth Leadership Corp

This is an initiative of the Workforce Development Agency, certain community colleges, and non-profit organizations that prepares historically marginalized youth to become community organizers and change agents in their local communities.

\$20 million General Fund in 2025-26 to the Apprenticeship Innovation Fund at the Department of Industrial Relations.

This is in addition to the \$40 million General Fund delay in 2024-25 that was included in the governor's January budget.

\$10 million General Fund ongoing for the Women in Construction Unit at the Department of Industrial Relations.

This aims to increase opportunities in the construction industry for women, non-binary, and underserved communities.

\$10 million General Fund in 2025-26 for the Department of Industrial Relations' California Youth Apprenticeship Program.

This provides apprenticeships for youth ages 16 to 24. This cut is in addition to the \$25 million General Fund spending delay in 2024-25 that was included in the governor's January budget.

In addition, the revised budget cuts \$485 million General Fund in unspent one-time funds for the Learning-Aligned Employment Program in 2022-23. This program places eligible students at public colleges and universities in employment opportunities related to their area of study or career objectives. ([See higher education sections.](#))

Revised Budget Proposes Further Cuts to Prior Environment Commitments

Californians across the state have increasingly seen the effects of climate change through devastating fires, droughts, and floods, but communities of color and low-income communities are often hit hardest by these catastrophes due to historical and ongoing displacement and underinvestment. Additionally, these communities are more likely to be exposed to environmental pollutants for the same reasons.

Significant investments in climate resilience were made through recent years' budgets. Most of the commitments were one-time investments intended to be made across several years, so there are significant unspent funds remaining. In January, the governor proposed budget solutions that included [\\$2.9 billion in reductions and \\$1.9 billion in delays](#) of climate investments committed in previous budget agreements. Several of these proposals were included, or partially included in the [early action agreement](#) between the governor and the Legislature.

The May Revision proposes around \$1 billion in additional reductions to climate and environment programs for 2022-23 as well as further reductions to planned spending beyond the current budget window. Reductions are proposed in areas including but not limited to clean energy and transportation, water and drought resilience, and wildfire resilience.

Significant new reductions that may disproportionately impact low-income and under-resourced communities include:

\$399 million for the Active Transportation Program across 2025-26 and 2026-27 (\$300 million in 2025-26 and \$99 million in 2026-27).

This program supports walking and biking options with the goals of improving safety and mobility and reducing greenhouse gas emissions. The Transportation Commission notes that 85% of funds committed have gone to projects benefiting disadvantaged communities.

\$268.5 million for the Cleanup in Vulnerable Communities Initiative (\$136 million in 2023-24, \$85 million in 2025-26, and \$47.5 million in 2026-27).

The initiative was created in 2021 and committed \$500 million across four years to clean up hazardous waste sites in communities subject to environmental hazards.

\$140 million for the Equitable Building Decarbonization program across 2024-25 and 2025-26 (\$53 million in 2024-25 and \$87 million in 2025-26).

This program provides funds for 1) energy retrofits for low and moderate income households and 2) incentives for the adoption of energy efficient technologies, at least half of which must benefit under-resourced communities. This appears to be in addition to the \$286 million proposed reduction across several years included in the January proposal.



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BUDGET POWER PROJECT

The Budget Power Project provides power-building support, technical assistance, and budget training to empower advocates engaging in local budget debates.

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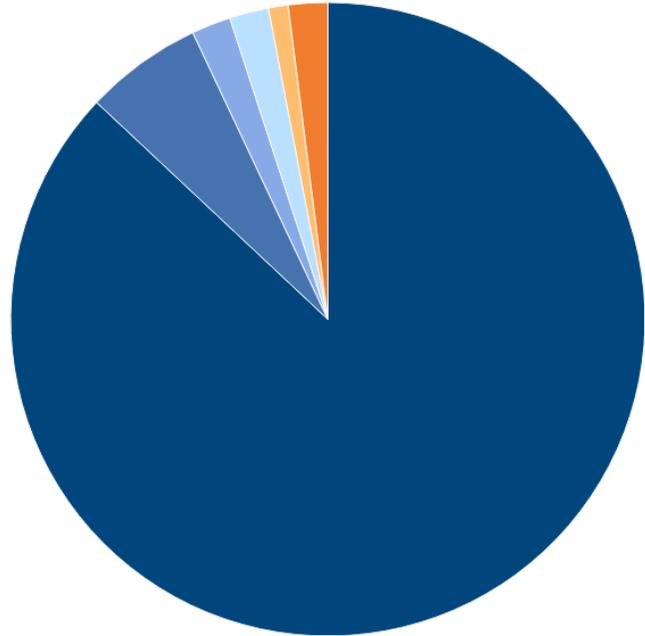
Governor Newsom Proposes Harmful Cuts, Policymakers Have Alternatives

May 2024 | By [Alissa Anderson](#)

Governor Newsom's revised budget includes deeper cuts to vital programs and services that will negatively impact the lives of families with low incomes, foster youth, immigrant communities, people with disabilities, and many more Californians. Nearly 90% of the governor's proposals to close the budget shortfall come from spending-related actions, including cuts and delays. In contrast, raising additional revenue makes up less than 4% and withdrawing from the rainy day fund makes up less than 6% of his proposals.

Raising Additional Revenue Makes Up Less Than 4% of the Administration's 2024-25 Budget Solutions

- Cuts, Delays, & Other Spending Solutions
- Rainy Day Fund Withdrawal
- Safety Net Reserve Withdrawal
- Cost Shifts
- MCO Tax Revenue
- Other Additional Revenue



Note: The administration's revenue-related proposals total about \$2 billion in 2024-25.

Source: Legislative Analyst's Office



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State leaders could prevent the most disastrous cuts by further tapping into the state's rainy day fund and *permanently* reducing tax breaks for profitable corporations. [California is slated to spend billions of dollars on tax breaks](#) this year — despite the budget shortfall — with some of the most costly breaks primarily benefiting highly profitable corporations at a time when corporate profits have [reached record highs](#). These tax breaks take billions of dollars out of the state budget that would be better spent supporting the health and well-being of Californians.

As policymakers navigate a challenging budget year and work toward a California for all, [it's crucial that fair taxation and increasing revenues be part of the solution](#). By tapping into California's great wealth and reallocating resources to benefit all Californians, policymakers can chart a path forward where economic opportunity, affordable housing, accessible health care, quality education, child care, and other basic needs are within reach for every Californian.



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California Budget
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Closing Prisons Can Help Avoid Cuts, Fund Vital Safety Net and Health Programs

May 2024 | By [Monica Saucedo](#), [Laura Pryor](#), and [Scott Graves](#)

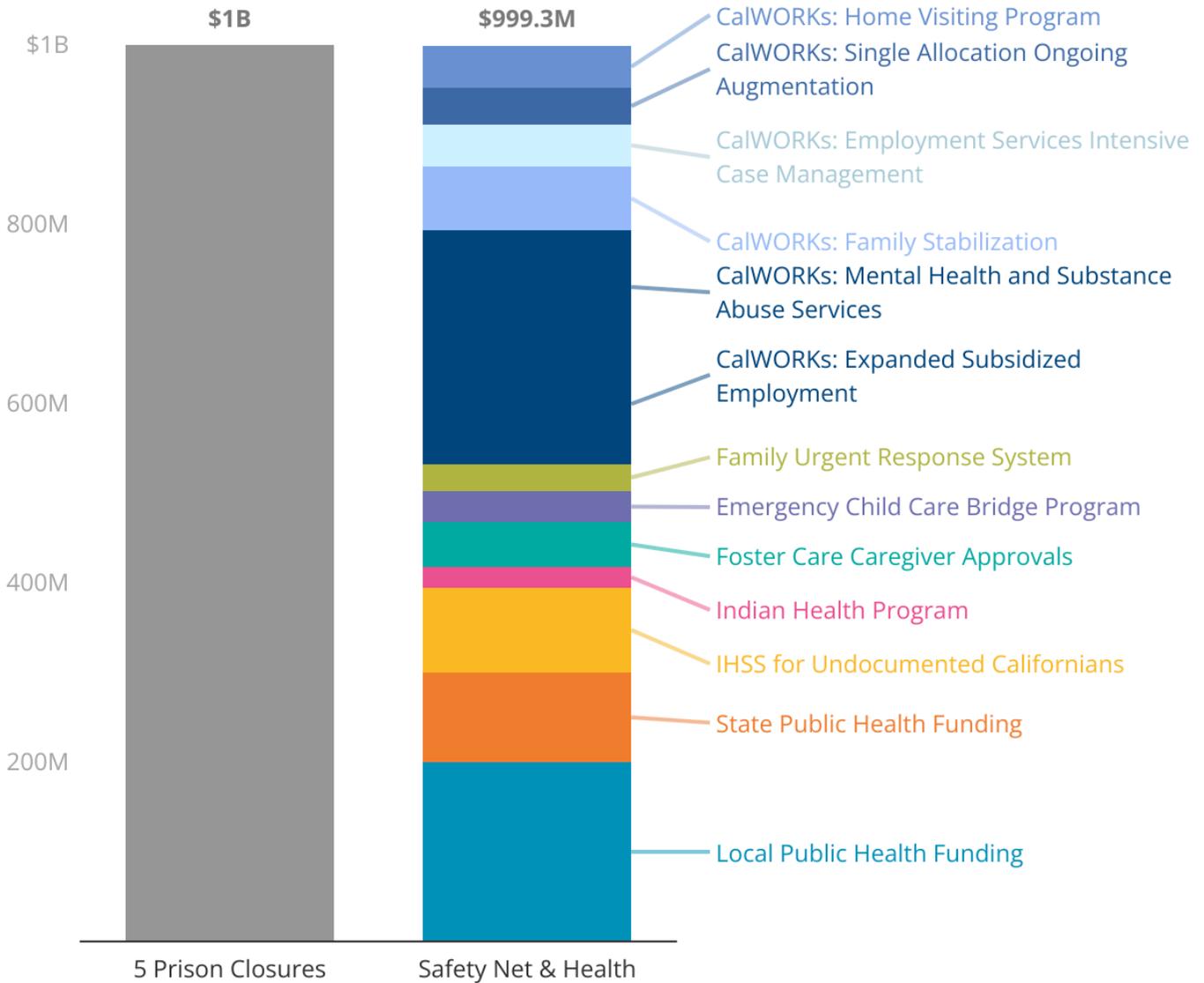
The governor's [2024-25 May Revision](#) includes [deep cuts](#) to critical programs and services that support California's most vulnerable populations. The solutions the administration proposes for closing the May Revision's projected \$27.6 billion shortfall [fail to utilize the full set of tools](#) in the state's toolbelt.

As a result, the governor proposes to dramatically cut safety net and health programs such as the CalWORKs family stabilization program, the Family Urgent Response System, the Indian Health Grant Program, in-home supportive services for undocumented Californians, among others. For CalWORKs alone, cuts amount to nearly three-quarters of a billion dollars — most of which are ongoing and completely eliminate essential programs designed to support families navigating domestic violence, mental health challenges, substance abuse, and other crises.

The proposed cuts, which disproportionately target foster youth, Californians with disabilities, immigrant communities, students, and families with young children, may further push many Californians into poverty, ultimately impacting their lifetime earnings, health outcomes, and more.

Closing Five Prisons May Fund Life-Giving Programs & Services

California has enough empty beds to close five prisons, freeing up ongoing dollars for programs that support California's most vulnerable populations.



The Legislative Analyst's Office estimates the state could close five additional prisons by 2028. While the savings would not be immediately available, state leaders could adopt other solutions, such as larger withdrawals from the rainy day fund, in order to support life-giving services in the interim.

Source: Department of Finance and Legislative Analyst's Office



Closing California state prisons is a key underutilized tool that can provide the funds needed to offset these cuts. Specifically, the [Legislative Analyst's Office \(LAO\) estimates](#) that California can safely close up to five prisons, given the enormous number of empty beds in the system (nearly 15,000). Closing five prisons equates to \$1 billion in ongoing annual savings. This ongoing \$1 billion may fund up to 13 safety net and health programs that the May Revision proposes to cut indefinitely.

While these prison closures would be rolled out across several years (up to 2028, as estimated by the LAO), creating a prison closure plan *now* would be a first step in imagining alternative solutions to the current cuts to critical programs. For example, state leaders could use the state's [rainy day fund](#) to temporarily support these programs as the annual savings from closing five prisons grows to \$1 billion over the next few years.

If the California budget truly reflects the state's values and priorities, programs that support the health and well-being of Californians should be prioritized over empty prison beds.



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May 3, 2024

The Honorable Brian Schatz
Chair, Appropriations Subcommittee on
Transportation, Housing and Urban
Development
U.S. Senate
Washington, D.C. 20510

The Honorable Cindy Hyde-Smith
Ranking Member, Appropriations
Subcommittee on Transportation, Housing
and Urban Development
U.S. Senate
Washington, D.C. 20510

The Honorable Steve Womack
Chair, Appropriations Subcommittee on
Transportation, Housing and Urban
Development
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mike Quigley
Ranking Member, Appropriations
Subcommittee on Transportation, Housing
and Urban Development
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Schatz, Ranking Member Hyde-Smith, Chairman Womack, and Ranking Member Quigley:

We, the undersigned 393 national, state, local organizations, and concerned citizens write to express our strong support to fund the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program at a funding level of at least \$750 million, comprised of \$600 million of base funding for the HOPWA program and an additional \$150 million as part of Biden's Ending the HIV Epidemic in the U.S. (EHE) initiative. This \$150 million would be targeted toward jurisdictions with most HIV prevalence as defined by the CDC.

In December 2022, NHAHC and the CDC published research in *AIDS Journal*, [Needs for shelter or housing assistance among people with diagnosed HIV by jurisdiction: United States, 2015–2020](#), which found that nationally, only 1 in 4 (27.7%) people living with HIV/AIDS (PLWHA) had shelter or housing service needs and among those who needed housing services, 2 in 5 (40.4%) did not receive them (range: 21.3% in New York to 62.3% in Georgia). The research showed that in 2019, **HOPWA funding was only able to cover rent for 1.24 months per year for those in need of housing assistance.**

For over 30 years, HOPWA has provided a national safety net for very low-income people living with HIV/AIDS. The program provides competitive and formula grants to all fifty states, the District of Columbia, Puerto Rico, and the Virgin Islands. Through these grants, cities and states



design and deliver stigma-free community-based, cost-effective housing and supportive services to people living with HIV/AIDS. HOPWA is critical because housing remains the greatest unmet need for people living with HIV/AIDS. Stable housing, like the housing provided by HOPWA grantees, leads to better health outcomes for those living with HIV. For people living with HIV, a better health outcome means viral suppression. An individual who is virally suppressed cannot transmit the virus to another person, thereby ensuring the health of their entire community.

Since the announcement of the *Ending the HIV Epidemic: A Plan for America*, leaders have acknowledged that the United States has the medical tools necessary to end the HIV Epidemic. However, research shows that we cannot end the HIV Epidemic without addressing the housing needs of individuals living with and at-risk of HIV/AIDS. Inadequate funding of the only federal housing program solely dedicated to addressing the housing needs of individuals with HIV/AIDS will be a barrier to the *Ending the HIV Epidemic: A Plan for America* initiative.

HIV does not affect all Americans equally, making the need for adequate HOPWA funding in certain communities more important than ever. 92% of HOPWA funds serve extremely-low to very-low-income households. During the last program year, 46% of HOPWA funds assisted individuals in the 51+ age range. Currently, over half of adults living with HIV are over the age of 50, and by 2030 it is estimated that over 70% of those living with HIV in the United States will be 50+. Along with 8% of HOPWA's homeless beneficiaries were veterans, an increase of 3% from the previous year, and another 52% were considered chronically homeless, which continues to increase each year. 62% of HOPWA funds are serving the BIPOC community. The program placed 19,777 new individuals into housing while providing housing for 45,740 households, provided 106,611 individuals with supportive services. According to HUD, the HOPWA program leveraged \$1,100,472,465.75 from state and local jurisdictions in the last program year.

If Congress and the President want to end homelessness and the HIV epidemic in America, we implore you to fund HOPWA at least at \$600 million and create a \$150M EHE housing program for FY25.

If you have any questions about this letter, ~~please contact~~ Lauren Banks, Executive Director, at the National HIV/AIDS Housing Coalition (Lauren@nhahc.org).

Thank you,

National HIV/AIDS Housing Coalition (DC)

A.H. of Monroe County Inc.	Key West, FL
Abode Services	Fremont, CA
Acacia Network	Bronx, NY
AcadianaCares	Lafayette, LA
ACasaYSalud Advocacy	Chicago, IL
Access Ready, Inc.	St. Petersburg, FL
Access Support Network	Salinas, CA
ACR Health	Syracuse, NY
ACT NOW: END AIDS (ANEA) Coalition	New York, NY
Action Wellness	Philadelphia, PA
Advancing Connecticut Together	Hartford, CT
African American AIDS Task Force	Minneapolis, MN
Agape Missions, NFP	Joliet, IL
AID Upstate	Greenville, SC
AID Atlanta, Inc.	Atlanta, GA
AIDS Action Baltimore	Baltimore, MD
AIDS Alabama	Birmingham, AL
AIDS Alabama South	Mobile, AL
AIDS Alliance for Women, Infants, Children, Youth & Families	Washington, D.C.
AIDS Athens, Inc	Athens, GA
AIDS Foundation of Chicago	Chicago, IL
AIDS Healthcare Foundation	Fort Lauderdale, FL
AIDS Housing Information Project, Eden Information & Referral Inc.	Hayward, CA
AIDS Law Project of PA	Philadelphia, PA
AIDS Legal Referral Panel	San Francisco, CA
AIDS Project of the East Bay	Oakland, CA
AIDS Resource Center of Wisconsin	Wisconsin
AIDS Services of Austin	Austin, TX
AIDS Services of Dallas	Dallas, TX
AIDS United	Washington, D.C.
Alameda Health System	Oakland, CA
Albany Damien Center	Albany, NY
Aliveness Project	Minneapolis, MN
Alliance Care 360	Chicago, IL
Alliance for Positive Health	Albany, NY
Alliance for Positive Health	Glens Falls, NY
Allies for Health + Wellbeing	Pittsburgh, PA
American Academy of HIV Medicine	Washington, D.C.
American Rainbow Pride PLLC	Muskegon, MI
Amida Care	New York, NY
Aniz, Inc.	Atlanta, GA

Antioch Urban Ministries Inc.	Atlanta, GA
AIDS Project of the East Bay (APEB)	Oakland, CA
APLA Health	Los Angeles, CA
Appalachian Learning Initiative Inc	Morgantown, WV
Arianna's Center	Fort Lauderdale, FL
Arianna's Center PR	San Juan, PR
Arkansas RAPPS	Little Rock, AR
Ascension Illinois Housing & Health Alliance	Chicago, IL
ASPIRATIONS	Baton Rouge, LA
Association of Nurses in AIDS Care	Uniontown, OH
Atlanta Coalition for LGBTQ Youth	Atlanta, GA
Atlanta Pride Committee	Atlanta, GA
Berkeley Drop In Center	Berkeley, CA
Bill's Kitchen, Inc	San Juan, PR
Birmingham AIDS Outreach (BAO)	Birmingham, AL
Black AIDS Institute	Los Angeles, CA
Blaq Equity Baltimore, Inc.	Birmingham, AL
Blossoming In Red, Inc.	Valdosta, GA
Brentwood Community Foundation	Houston, TX
Bridging Access To Care	Brooklyn, NY
Brilliant Corners	San Francisco, CA
Buddies of NJ, Inc.	Hackensack, NJ
Butterfly Girls, LLC	Marietta, GA
CAEAR Coalition	Washington, D.C.
CAL PEP	Oakland, CA
CALOR - AHF	Chicago, IL
CAMBA, Inc.	New York, NY
CAN Community Health	Sarasota, FL
Caracole	Cincinnati, OH
CARES of Southwest Michigan	Kalamazoo, MI
Carolinas CARE Partnership	Charlotte, NC
Cascade AIDS Project	Portland, OR
Cass Community Social Services, Inc.	Detroit, MI
CCasaYSalud	Chicago, IL
Cempa Community Care	Chattanooga TN
Center For Black Equity-Baltimore	Washington, D.C.
Center for Disability Rights	Washington, D.C.
Center for Housing and Health	Chicago, IL
CenterLink: The Community of LGBT Centers	Fort Lauderdale, FL
Cero VIH PR	San Juan, PR
CFAR CAB	Philadelphia, PA

Chicago Black Gay Men's Caucus	Chicago, IL
Chicago House and Social Service Agency	Chicago, IL
Chicago Women's AIDS Project	Chicago, IL
Choice Health Network	Knoxville, TN
Chrysalis Center	Hartford, CT
Circle of Friends Task Force	Greenville, NC
City of Chicago	Chicago, IL
City of Columbia	Columbia, SC
City of Fort Lauderdale	Fort Lauderdale, FL
City of Fort Smith	Fort Smith, AR
City of Jacksonville	Jacksonville, FL
City of Paterson	Paterson, NJ
City of Pittsburgh	Pittsburgh, PA
Clare Housing	Minneapolis, MN
Cleveland Dept. of Public Health - HIV/AIDS	Cleveland, OH
CNY HIV Care Network	Central New York
Coastal Bend Wellness Foundation	Corpus Christi, TX
Collaborative Solutions	Birmingham, AL
Colorado Organizations and Individuals Responding to HIV/AIDS (CORA)	Colorado
Columbus House, Inc.	New Haven, CT
Community Access National Network (CANN)	Washington, D.C.
Community AIDS Resources and Education Services (CARES)	Kalamazoo, MI
Community Education Group	United States
CommunityScape Services, Inc.	Stone Mountain, GA
Concerned Citizens For A Better Algiers	New Orleans, LA
Congreso	Philadelphia, PA
Council of State Community Development Agencies	Washington, D.C.
CrescentCare	New Orleans, LA
Dallas County Ryan White Planning Council	Dallas, TX
Damien Center	Indianapolis, IN
DAP Health	Palm Springs, CA
DC Fights Back	Washington, D.C.
Dekalb Young Democrats	Tucker, GA
Del Norte Neighborhood Development Corp.	Denver, CO
Delaware HIV Consortium	Wilmington, DE
Delaware Housing Assistance Program	Wilmington, DE
Demontico Anderson	Durham, NC
Detroit Community Health Connection, Inc.	Detroit, MI
Department of Housing Municipality of San Juan	San Juan, PR
Dignity Health Management Center	Abilene, TX

Disability Rights Education and Defense Fund	Berkeley, CA
Dogwood Health Care Network	Fayetteville, NC
DOORWAYS	Saint Louis, MO
East Oakland Community Project	Oakland, CA
Eden Housing	Hayward, CA
Edgewood Center, Affordable Housing Solutions, Inc	Atlanta, GA
Edwards Outreach Center	Moundville, AL
End AIDS Now	New York, NY
Let's Kick Ass NY	New York, NY
EOCP	Oakland, CA
Equality California	Los Angeles, CA
Equality California	Washington, D.C.
Family Initiative of the CSRA, Inc.	Augusta, GA
Desert Aids Project	Palm Springs, CA
Femme Plus	Kinshasa, Congo
Five Horizons Health Services	AL, MS
Foothill AIDS Project	San Bernardino, CA
Foothill AIDS Project	Claremont, CA
Fort Smith Senior Center	Fort Smith, AR
Franhoco Corporation	Kelayres, PA
Frannie Peabody Center	Portland, ME
Friends For Life	Memphis, TN
Friends of Peter	Saint Louis, MO
Fulton County	Atlanta, GA
Gay and Lesbian Activists Alliance (GLAA)	Washington, D.C.
Georgia AIDS Coalition	Snellville, GA
Georgia Equality	Atlanta, GA
Georgia House of Representatives	Atlanta, GA
Global Justice Institute	New York, NY
GMHC	New York, NY
Golden Rainbow	Las Vegas, NV
GoodWorks	Huntsville, AL
Grace House	Jackson, MS
Grady Health System - Ponce De Leon Center	Atlanta, GA
Gregory House Programs	Honolulu, HI
Grounded Solutions Network	Portland, OR
HAART Oakland	Oakland, CA
Harlem United	New York, NY
Harm Reduction Coalition	New York, NY
Health Services Center, Inc.	Anniston, AL
HealthHIV	Washington, D.C.

Heart to Heart Pregnancy Support Center	Fort Smith, AR
Heartland CARES, Inc.	Paducah, KY
HEMA Universal Life Community Services, Inc	Wichita, KS
Here's to Life Inc.	Atlanta, GA
Highland Adult Immunology Clinic	Oakland, CA
Highland Hospital	Oakland, CA
Hispanic AIDS Forum	Bronx, New York
Hispanic Health Network	New York, NY
HIV AIDS Alliance of Michigan	Detroit, MI
HIV Dental Alliance	Atlanta, GA
HIV Medicine Association	Arlington, VA
HOGAR, Inc.	Bronx, NY
HomeFront	Lawrenceville, NJ
Hope and Help Center of Central Florida, Inc.	Winter Park, FL
Hope Haven Inc	Charlotte, NC
Hope House of St. Croix Valley	Stillwater, MN
Hope In The End	Charlotte, NC
House of Mercy	Belmont, NC
House of Serenity, Inc	Atlanta, GA
Housing & Community Development	Augusta, GA
Housing Authority of the City of Terre Haute	Terre Haute, IN
Housing Works	New York, NY
Houzzfordable	Vallejo, CA
Hudson County Housing Resource Center	Jersey City, NJ
Human Resources Development Inst. (HRDI)	Chicago, IL
iHealth	New York, NY
iknowAwareness LLC	Atlanta, GA
Impulse Group DC	Washington, D.C.
Interfaith Medical Center - One Brooklyn Health	Brooklyn, NY
Iris House, Inc.	New York, NY
JSI	Boston, MA
JustUs Health	St Paul, MN
Juxtaposed Center for Transformation, Inc	Stone Mountain, GA
Kigali Hope Association	Kigali, Rwanda
Kingsport Housing & Redevelopment Authority	Kingsport, TN
KU School of Medicine Wichita	Wichita, KS
La Clinica	Oakland, CA
La Gender Inc	Atlanta, GA
Lansing Area AIDS Network	Lansing, MI
Latino Commission on AIDS	New York, NY
Latino LinQ	Atlanta, GA

LeadingAge	Washington, D.C.
Legal Aid Service of Broward County	Plantation, FL
Lets Kick ASS AIDS Survivor Syndrome	San Francisco, CA
LGBT Life Center	Norfolk, VA
Liberty Community Services	New Haven, CT
Living HAPI	Charlotte, NC
Los Angeles LGBT Center	Los Angeles, CA
LOTUS	Atlanta, GA
Low Income Housing Coalition of Alabama	Birmingham, AL
Lucha Contra el Sida, Inc	San Juan, PR
Mailman School of Public Health, Columbia University	New York, NY
Maple Island Estates Inc	South Haven, MI
Mathew's Place	Atlanta, GA
McClees Clinic	Muskegon, MI
Medical Advocacy and Outreach	Montgomery, AL
Mental Health Assoc. of San Mateo Co.	Redwood City, CA
Mercy Care	Atlanta, GA
MFA	Albuquerque, NM
MI Tax Services LLC	Muskegon, MI
Michigan HIV/AIDS Coalition of Michigan	Michigan
Michigan HIV and AIDS Council	Detroit, MI
St. Stephen's Ministry	Augusta, GA
Mississippi Harm Reduction Initiative	Jackson, MS
Mississippi Positive Network	Cleveland, MS
Municipality of San Juan	San Juan, PR
My Brother's Keeper, Inc.	Jackson, MS
N.O.M.O Organization	Macon, GA
NAESM, Inc.	Atlanta, GA
NARAN	Jonesboro, AR
NASTAD	Washington, D.C.
National Association for County Community and Economic Development	Washington, D.C.
National Black Gay Men's Advocacy Coalition	Washington, D.C.
National Black Justice Coalition	Washington, D.C.
National Coalition for Asian Pacific American Community Development (CAPACD)	Washington, D.C.
National Coalition for LGBT Health	Washington, D.C.
National Coalition for the Homeless	Washington, D.C.
National Community Development Association	Washington, D.C.
National Disability Rights Network (NDRN)	Washington, D.C.
National Health Care for the Homeless Council	Baltimore, MD
National Law Center on Homelessness & Poverty	Washington, D.C.

National NeighborWorks Association	Washington, D.C.
National Network to End Domestic Violence	Washington, D.C.
National Working Positive Coalition	New York, NY
NETWORK Lobby for Catholic Social Justice	Washington, D.C.
NKAC	Washington, D.C.
NMAC	Washington, D.C.
NNEDV	Washington, D.C.
North Carolina AIDS Action Network	Raleigh, NC
North Carolina Harm Reduction Coalition	Raleigh, NC
North Jersey Community Reseach Initiative	Newark, NJ
Northeast Arkansas Regional AIDS Network	Jonesboro, AR
NsideOut Excellence	Matthews, NC
Nueva Luz Urban Resource Center	Cleveland, OH
Office of Health Policy and AIDS Funding	New Orleans, LA
Older Women Embracing Life	Baltimore, MD
OLSHA	Pontiac MI
one-n-ten	Phoenix, AZ
Open Door Clinic of Greater Elgin	Elgin, IL
Open Hand Atlanta	Atlanta, GA
Organizational Empowerment	Atlanta, GA
Osborne Association	Bronx, NY
Our House of Portland	Portland, OR
OWEL	Baltimore, MD
	West Palm Beach, FL
Palm Beach HIV Care Council	
Partners in Nutrition Indiana	Indianapolis, IN
Partnership Project	Portland, OR
Patricia Wright	Philadelphia, PA
Penn, Inc.	Decater, GA
Philadelphia HIV/AIDS Advisory Board	Philadelphia, PA
Phoenix Pride Incorporated	Phoenix, AZ
Positive Impact Health Centers	Duluth, GA
Positive Wellness Alliance	Lexington, NC
Positive Women's Network	United States
Power of Diversity	Chapel Hill, NC
Poz Military Veterans USA INTL	Atlanta, GA
Praxis Housing Inirtiatives, Inc	New York, NY
PrEP4All	New York, NY
Presbyterian AIDS Network (PAN) PC USA	Washington, D.C.
Prevention Access Campaign	Brooklyn, NY
Professional Association of Social Workers in HIV/AIDS	Birmingham, AL

Progressive People Living with HIV	Harare, Zimbabwe
Project Hospitality	Staten Island, NY
Project Inform	San Francisco, CA
Project PLASE	Baltimore, MD
Project Safety Net NY	Hauppauge, NY
Project Vida, Inc.	Chicago, IL
Project Weber/RENEW	Providence, RI
Puerto Rico Department of Health	San Juan, PR
PWQ Coalition of Dallas Inc. - AIDS Services of Dallas	Dallas, TX
	Jackson Heights, NY
Queens Pride House	Portland, OR
Quest Center For Integrative Health	Baltimore, MD
Right to Health (R2H Actoin)	Charlotte, NC
RAIN	Oklahoma City, OK
RAIN Oklahoma	Minneapolis, MN
Rainbow Health Minnesota	Decatur, GA
Recovery Consultants of Atlanta, Inc.	Oklahoma City, OK
Regional AIDS Intercommunity Network	Charlotte, NC
Regional Housing Partnership LLC	Largo, MD
Ribbon	Waukesha, WI
Richard's Place Inc.	Denver, CO
Rocky Mountain CARES	Salisbury, NC
Rowan Helping Ministries	St. Cloud, MN
Rural AIDS Action Network	Lost River, WV
Rural Health Service Providers Network	San Antonio, TX
San Antonio Housing Authority (SAHA)	Philadelphia, PA
Saint John's Hospice	St. Louis, MO
St. Louis Effort for AIDS	San Francisco, CA
San Francisco AIDS Foundation	Kansas City, MO
SAVE, Inc.	Selma, AL
Selma AIR	Nashua, NH
Sero Project	New York, NY
Services for the UnderServed	
Sexuality Information and Education Council of the United States (SIECUS)	Washington, D.C.
Shanti	San Francisco, CA
Shelter Resources, Inc. - Belle Reve NOLA	New Orleans, LA
Shepherd Wellness Community	Pittsburgh, PA
Sierra Foothills AIDS Foundation	Auburn, CA
Solutions NOT Punishment Collaborative, Inc.	East Point
Sonya's House Inc.	Dallas, TX

South Sudan Network of PLHIV (SSNeP+)	Juba, South Sudan
Southern AIDS Coalition	Birmingham, AL
	Colorado Springs, CO
Southern Colorado Health Network	
Southern NH HIV/AIDS Task Force	Nashua, NH
Southwest Center for HIV/AIDS	Phoenix, AZ
SSTAR	Fall River, MA
Status: Home, Inc.	Atlanta, GA
StayWell Health Center	Waterbury, CT
STIGMAAside	Charlotte, NC
SunServe	Wilton Manors, FL
Swaziland Posetive Living (SWAPOL)	Manzini, Swaziland
Tenn Community Outreach Initiative (TCOI)	Tennessee
Team Management 2000 Inc.	Newark, New Jersey
The Afiya Center	Dallas, TX
The AIDS Institute	Washington, D.C.
The Aliveness Project, Inc.	Minneapolis, MN
The Boulevard	Chicago, IL
The Counter Narrative Project	Atlanta, GA
The Grapevine HIV/AIDS Foundation, Inc.	Dallas, TX
The Health Trust	San Jose, CA
The Kelsey	United States
The Matrix Consulting, LLC	Morgantown, WV
The Open Door Inc.	Pittsburgh, PA
The PoZitive2PoSitive Initiative	Atlanta, GA
The Professional Association of Social Workers in HIV/AIDS	Birmingham, AL
The Strilite Foundation, Inc.	Little Rock, AR
The Urban Advocate	Atlanta, GA
The Well Project	Brooklyn, NY
The Women's Collective	Washington, D.C.
The Yvette A. Flunder Foundation	Oakland, CA
TheLaStraw, Inc	Greensboro, NC
Thomas Judd Care Center	Traverse City, MI
Thrive Alabama	Huntsville, AL
Thrive SS	Atlanta, GA
Townspeople	San Diego, CA
Trans Housing Atlanta Program	Atlanta, GA
Transgender Law Center	Oakland, CA
Traveler's Aid of Metro Atlanta - HOPE Atlanta	Atlanta, GA
Treatment Action Group (TAG)	New York, NY
Tri-City Health Center	Fremont, CA

Trillium Health	Rochester, NY
Trinity Health	Muskegon, MI
True Colors Fund	Washington, D.C.
True Colors United	Washington, D.C.
TruLiving Travel LLC	Muskegon, MI
Tulsa CARES	Tulsa, OK
U=U U.S.	Calabasas, CA
UAB 1917 Clinic at Dewberry	Birmingham, AL
UNIFIED - HIV, Health & Beyond	Detroit, MI
United Way of Long Island	Deer Park, NY
Unity Fellowship of Christ Church NYC	New York, NY
Unity Wellness Center	Opelika, AL
University of Georgia	Decatur, GA
Upstate University Hospital	Syracuse, NY
Us Helping Us	Washington, D.C.
Valley AIDS Council	Texas
Vecino Group	Springfield, MO
Visible Truth 365	Philadelphia, PA
Vivent Health	United States
VOCAL New York	Brooklyn, NY
W.O.R.L.D	Oakland, CA
Wake County Human Services	Raleigh, NC
Wayne State University Prevention Team	Detroit, MI
We The People PA	Harrisburg, PA
Wellness Services, Inc.	Flint, MI
West Branch Pride	Williamsport, PA
Western North Carolina AIDS Project (WNCAP)	Asheville, NC
Youth and Aged Foundation	Sunyani, Ghana
Youth and AIDS Projects	Minneapolis, MN
YWCA of St. Paul	Saint Paul, MN



The Honorable Tom Cole
Chairman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Chair
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Susan Collins
Vice Chair
Committee on Appropriations
United States Senate
Washington, DC 2051

April 16, 2024

Subject: HIV Community Funding Requests for FY2025 Domestic HIV Programs

Dear Chairman Cole, Ranking Member DeLauro, Chair Murray, and Vice Chair Collins:

The undersigned **121 organizations** of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), urge you to increase crucial funding for domestic HIV/AIDS programs. We hope that Congress takes this opportunity to commit to ending the HIV epidemic and at the same time, combatting the STI, hepatitis, TB, and overdose syndemics that continue to ravage vulnerable communities in this Nation.

Now more than ever, we are missing the opportunity to put an end to an epidemic that is over 40 years old. We currently have biomedical, behavioral, and scientific tools that can effectively stop the transmission of HIV, ensure people living with HIV have full lives, and protect someone who may be at risk of HIV. There is now scientific and community consensus that if a person living with HIV is on treatment and achieves viral suppression, they cannot pass HIV on to a partner. Additionally, people who are HIV-negative have an ever-expanding toolbox of HIV prevention options, most notably pre-exposure prophylaxis (PrEP), medications that effectively prevent HIV. However, to finally end the HIV epidemic, public health programs across the country must have sufficient resources so that these tools can equitably reach the communities most impacted by HIV.

We thank you for ensuring that funding for these programs was maintained in the FY2024 appropriations bills and urge you to invest now so that we can save lives, save money by preventing illness, and finally end the HIV epidemic.

Below are detailed domestic HIV and related programs funding requests that we urge you to include in the FY2025 appropriations bills. A chart detailing each request as well as previous fiscal year funding levels for each program is available here: <http://federalaidspolicy.org/fy-abac-chart/>

Ending the HIV Epidemic Initiative

Over the last four fiscal years, on a bipartisan basis, Congress has appropriated additional funding for the Ending the HIV Epidemic Initiative, which sets the goal of reducing new HIV infections by 50% by 2025, and 90% by 2030. The initial focus has been on the 57 jurisdictions across the U.S. where the majority of new HIV

infections occur and have demonstrated results. Community Health Centers provided 85,000 people with PrEP in 2022 - nearly one-quarter of all PrEP prescriptions nationwide - and conducted 3.5 million HIV tests with this funding. The Ryan White Program has brought 37,731 people into or re-engaged them in HIV care. With the funding, CDC has conducted over 831,000 HIV tests, distributed 518,000 at-home HIV tests, and helped diagnosed 3,000 people living with HIV, and 55,000 persons were prescribed PrEP. These accomplishments have occurred as the program has not received the funding needed as originally designed.

We ask Congress to fund the Ending the HIV Epidemic Initiative by the amounts listed below in the following operating divisions in FY2025:

- **\$395 million** for *CDC Division of HIV/AIDS Prevention* for testing, linkage to care, and prevention services, including \$100 million to continue support for a national PrEP program to implement more equitable access to PrEP (+\$175 million);
- **\$358.6 million** for *HRSA Ryan White HIV/AIDS Program* to expand comprehensive treatment for people living with HIV (+\$193.6 million);
- **\$207 million** for *HRSA Community Health Centers* to increase clinical access to prevention services, particularly PrEP (+\$50 million)
- **\$52 million** for *The Indian Health Service (IHS)* to address the combat the disparate impact of HIV and hepatitis C on American Indian/Alaska Native populations (+\$47 million); and
- **\$26 million** for *NIH Centers for AIDS Research* to expand research on implementation science and best practices in HIV prevention and treatment.

The Ryan White HIV/AIDS Program

For over 30 years, the Ryan White HIV/AIDS Program has provided medications, medical care, and essential coverage completion services to low-income, uninsured, and/or underinsured individuals living with HIV. With over 561,000 clients, the Ryan White Program provides comprehensive care to populations disproportionately impacted by the HIV epidemic. Nearly three-quarters of Ryan White Program clients are racial and ethnic minorities, and nearly two-thirds are under the federal poverty level. The Ryan White Program will continue to remain vital for this population as they grow older and begin experiencing comorbidities associated with aging. It is estimated that by 2030, 64% of Ryan White clients will be 50 years and older. With 90% of Ryan White Program clients achieving viral suppression, which means a person can live longer and healthier lives and cannot transmit HIV, the program is a model for a successful public health response to an infectious disease.

An increase in funding could expand access to effective HIV care and treatment to more people living with HIV. When adjusted for inflation, Ryan White Program funding has not increased since 2001, and funding has slowly decreased since 2013 based on 2001 dollars.¹ Since HIV treatment is a lifelong endeavor, it is essential that funding for this program be maintained and increased to address client growth and inflation.

We urge Congress to fund the Ryan White HIV/AIDS Program at a total of \$3.082 billion in FY2025, an increase of \$510.8 million over FY2024, distributed in the following manner:

- **Part A: \$809 million**
- **Part B (Care): \$520 million**
- **Part B (ADAP): \$968.3 million**
- **Part C: \$231 million**
- **Part D: \$85 million**
- **Part F/AETC: \$58 million**
- **Part F/Dental: \$18 million**
- **Part F/SPNS: \$34 million**
- **EHE Initiative: \$358.6 million**

¹ Kaiser Family Foundation, The Ryan White HIV/AIDS Program: The Basics. 2022, Nov 3; <https://www.kff.org/hivaids/fact-sheet/the-ryan-white-hivaids-program-the-basics/>

CDC Prevention Programs

CDC HIV Prevention and Surveillance

HIV prevention methods are more effective than ever, offering options such as PrEP, HIV testing, behavioral interventions, and advanced scientific knowledge. However, HIV disproportionately affects specific communities, including Black and Latinx gay and bisexual men, Black heterosexual women, transgender and gender nonconforming individuals, people who inject drugs, and those in the South. Tailored prevention approaches are essential for success, recognizing the diversity of risks and needs within each community.

Investing in evidence-based prevention now can prevent thousands of new HIV infections and save billions in lifetime medical costs. The CDC's **Division of HIV Prevention** leads federal efforts in developing innovative prevention strategies, working closely with state, local, and community partners to address racial and geographic disparities. Funding supports expanded, targeted programs, including non-traditional HIV testing such as at-home testing to reduce stigma. Effective prevention strategies include testing, linkage to care, condom distribution, syringe service programs, and PrEP, with jurisdictions employing a combination of these approaches to combat HIV transmission.

We urge you to fund the CDC Division of HIV Prevention at \$822.7 million in FY2025, an increase of \$67 million over FY2024. This is in addition to the \$395 million for EHE Initiative work within the Division.

Pre-Exposure Prophylaxis

Pre-exposure prophylaxis, or PrEP, are medications that effectively prevent HIV transmission when taken as prescribed. PrEP medication was approved by the FDA twelve years ago, and now there are multiple types of medications available, including generics and a long-acting regimen. Increasing access to PrEP has been a key strategy in ending the HIV epidemic, yet more progress must be made. Currently, only about one in three people who need PrEP are on a prescription. In 2022, only 13% of Black individuals, 24% of Hispanic individuals, and 15% of women assessed to be most in need of PrEP had a prescription. Reducing these disparities must be a priority as we work to expand PrEP use.

We are thankful that there has been an increased focus on PrEP both in Congress and from President Biden. In his FY2025 Budget Request, President Biden again called for a National PrEP Program to expand PrEP through providing medication to un- and under-insured individuals, as well as supporting and expanding PrEP programs across a variety of agencies. To increase equitable access to PrEP nationwide, we urge the Committee to support FY25 funding to continue work on a National PrEP Program and to expand PrEP access through other programs, including Ending the HIV Epidemic Initiative programs.

CDC Division of Adolescent and School Health (DASH)

Twenty percent of new HIV infections are among young people between the ages of 13 and 24, however, less than half of high schools and less than one-fifth of middle schools teach CDC's recommended sexual health topics. **CDC's Division of Adolescent and School Health** has provided funding for schools to increase access to health services, implement evidence-based sexual health education, and foster supportive environments for young people to learn. These programs have shown tremendous success in reducing risk factors related to HIV and other STIs, but only reach a small number of middle and high school students. To create a generation free of HIV, we must start in schools and ensure young people have the tools they need to make healthy decisions.

We urge you to fund the CDC Division of Adolescent and School Health at \$100 million in FY2025, an increase of \$61.9 million over FY2024.

CDC STD Prevention

Sexually transmitted infection (STI) rates remain at all-time highs in the United States, with syphilis reaching levels not seen since 1950 and congenital syphilis rates increasing tenfold in the last decade. Infections such as chlamydia, gonorrhea, and syphilis come at a steep price, with new cases each year resulting in more than a billion dollars in direct lifetime medical costs. However, the COVID-19 pandemic and the 2022 mpox outbreak, coupled with more than seventeen years of level funding for STD programs, has resulted in a 40% reduction in buying power for those working in STI prevention, further impeding efforts to get STIs under control. Last year's rescission of the remaining funding for the disease intervention specialist workforce expansion threatens the future of more than 1,000 full-time employees working to break transmission chains of STIs, HIV, viral hepatitis, and tuberculosis.

Additional funding for the **CDC's Division of STD Prevention** will allow STD programs to increase capacity, invest in disease intervention, monitor trends in STI cases throughout their jurisdictions, and quickly respond to new outbreaks. We are also requesting continuation of the funds begun in the FY2023 appropriations bill and continued in FY2024, including \$20 million to move the grant year by one month, and \$5 million to hold harmless grantee funding levels.

We urge you to fund the CDC Division of STD Prevention at \$322.5 million in FY2025, an increase of \$148.2 million over FY2024.

CDC Viral Hepatitis Prevention

Viral hepatitis prevention programs have been dramatically underfunded in the US over the past decade, despite the costly impact to the health system and the significant disease burden and mortality for people living with viral hepatitis. HBV and HCV are preventable diseases; however, of the nearly 5 million people now living with hepatitis B virus (HBV) and 2.4 million people living with hepatitis C virus (HCV) in the U.S., as many as 65% are undiagnosed.

The **CDC Division of Viral Hepatitis** (DVH) is the lead agency combating viral hepatitis at the national level by coordinating hepatitis education and technical assistance for providers and providing funding to the state and local health departments. DVH is currently funded at only \$43 million—a debilitatingly small amount of funding compared to the financial resources required to reverse course on the worsening HBV and HCV epidemics, prevent more cases, and link those living with the disease to care, treatment, and for HCV, a cure. Now is the time to fully fund DVH and strengthen the public health infrastructure needed to respond to infectious diseases, particularly those caused and exacerbated by the nation's opioid crisis. We also encourage Congress to enact President Biden's proposal for a mandatory funded national initiative to eliminate Hepatitis C.

We urge you to fund the CDC DVH Division of Viral Hepatitis at \$150 million in FY2025, an increase of \$107 million over FY2024.

CDC Infectious Diseases and Opioid Epidemic Funding

Funding is also needed for the CDC to combat infectious diseases commonly associated with injection drug use in areas most impacted by the opioid crisis. The U.S. is experiencing an ongoing public health emergency crisis with the U.S. nearing 112,000 annual drug overdose deaths in 2023. Preventable outbreaks or significant spikes in infections of viral hepatitis and HIV continue to occur throughout the U.S. among people who inject drugs. Syringe Services Providers (SSPs) are first responders to the overdose and infectious disease crisis. They have the knowledge, contacts, and ability to reach people who use drugs, providing them with naloxone and other overdose prevention resources connecting people to medical care and support services, and increasing the likelihood that they seek treatment for their substance use disorder by 500%. A recent study shows

overdose deaths alone cost the U.S. economy over \$1 trillion per year, costs that SSPs can help prevent. Funding would provide a critical down payment for services needed to help stop the spread of opioid-related infectious diseases.

We urge you to fund the CDC's Infectious Diseases and Opioid Epidemic program in FY2025 at \$150, an increase of \$127 million over FY2024.

CDC Division of Tuberculosis Elimination (DTBE)

The CDC's **Division of Tuberculosis Elimination** (DTBE) spearheads the fight against TB in the U.S., providing support and guidance to state and local TB programs. These programs, crucial in combating emerging outbreaks, played a pivotal role in responding to COVID-19 due to their expertise in managing airborne infectious diseases. Despite their vital role, TB cases persist in all states, with approximately 13 million Americans carrying latent TB infections. However, flat funding has undermined the capacity of TB programs, leading to outbreaks, increased TB rates, and the emergence of drug-resistant strains. In 2023, programs reported 9,615 TB cases (a rate of 2.9 per 100,000 persons), an increase of 1,295 cases, the first increase over pre-pandemic case numbers and rates, and the highest case count in a decade. Case counts increased in all age groups, in both US-born and non-US-born persons, and in 40 states and the District of Columbia. Delays in diagnosis due to the pandemic have exacerbated the situation, resulting in more complex cases, including infant fatalities. In 2021, the most recent year for which data are available, TB-related deaths in the U.S. reached a 16-year high.

DTBE is integral to TB research and development, notably through its TB Trials Consortium (TBTC), which accelerates the development of new, safer, and more effective drug regimens. However, stagnant funding has impeded the pace and scope of these critical trials, hampering our ability to prevent and treat TB effectively, especially among vulnerable populations like children and those with HIV. To support DTBE in its essential functions, including research and supporting domestic TB programs, and to address the National Action Plan to Combat Multidrug-Resistant Tuberculosis (NAP), increased funding is imperative. This includes funding for a national prevention initiative, prioritizing high-risk individuals, and resources to address ongoing infrastructure challenges such as treatment shortages.

We urge you to fund the CDC Division of Tuberculosis Elimination at \$225 million in FY2025, an increase of \$88 million over FY2024.

Harm Reduction Programs

Syringe service programs (SSPs) are proven to be highly effective in preventing HIV and hepatitis, as well as reducing overdose deaths. These programs offer sterile syringes and connect individuals to substance use treatment, HIV and hepatitis testing, and other healthcare services. With nearly 112,000 overdose deaths in 2023, expanding these cost-effective programs, especially in areas most impacted by the overdose crisis, is crucial. To combat the overdose epidemic, we must support harm reduction programs that meet individuals where they are and adhere to best practices. Unfortunately, the FY2024 omnibus retained a policy rider limiting federal funds for the purchase of sterile syringes, hindering the expansion of SSPs by state and local public health agencies.

We urge you to fund the SAMHSA Community Harm Reduction and Engagement Initiative at \$50 million in FY2025 and to remove bill language restricting the use of federal funds for the purchase of syringes while also not adding additional restrictions.

HIV/AIDS Housing

Housing is the number one unmet need for people living with HIV and 2 out of 5 PLWHA who need housing assistance do not get it. Stable housing is associated with a 20% higher rate of viral suppression than those who are unhoused and is not only a matter of quality of life, but health. The Department of Housing and Urban Development's **Housing Opportunities for People With AIDS (HOPWA)** program is the only federal program that directly provides supportive and affordable housing for low-income people living with HIV. HOPWA is a highly effective housing program, providing housing to 55,000 households and supportive services to over 100,000 individuals. The program provides critical supportive services that are specialized to help low-income PLWHA obtain and retain housing. However, there is only enough HOPWA funding to house PLWHA who need housing for 1.24 months, per person, per year. To end HIV in America, we must robustly fund the HOPWA program.

We urge you to fund the HOPWA program at least at \$600 million in FY2025, an increase of \$95 million over FY2024.

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities in the U.S. are disproportionately affected by HIV/AIDS, with African Americans bearing the greatest burden. Three-quarters of new HIV infections occur among people of color, and rates are not decreasing among Black and Latinx gay and bisexual men, or transgender women of color. Targeted investments in minority populations are urgently needed. The **Minority AIDS Initiative (MAI)**, established two decades ago, aims to improve HIV-related health outcomes for racial and ethnic minorities and reduce disparities. MAI resources complement federal HIV/AIDS funding, fostering collaboration between agencies to enhance effectiveness. The **Minority HIV/AIDS Fund** supports cross-agency initiatives for HIV prevention, care, treatment, and education. **SAMHSA's MAI program** provides tailored services, including prevention, treatment, and support for individuals at risk of mental illness and/or substance abuse, along with HIV testing and linkage services.

We urge you to fund the Minority HIV/AIDS Fund at \$105 million, and SAMHSA's MAI program at \$160 million in FY2025, an increase of \$48 million and \$44 million over FY2024 levels, respectively. We also urge you to fund Minority AIDS Initiative programs across HHS agencies at \$610 million in FY2025.

Bio-Preparedness Workforce Pilot Program

It is estimated that 80% of the counties in 14 Southern states where some of the highest numbers of new HIV infections are occurring have no experienced HIV clinicians, with the disparities being most significant in rural areas. We urge your committee to fund the **Bio-Preparedness Workforce Pilot Program** within HRSA. This program will ensure a robust workforce of healthcare professionals is available to provide ID and HIV services in health professional shortage areas with underserved patient populations and at certain federally funded facilities and clinics, including Ryan White HIV/AIDS clinics.

We urge you to fund the Bio-Preparedness Workforce Pilot Program at \$50 million in FY 2025.

HIV/AIDS Research at the National Institutes of Health

Far-reaching AIDS research at the NIH supports innovative basic science for better drug therapies and behavioral and biomedical prevention interventions, which have saved and improved the lives of millions around the world. One area where investment in HIV research is showing its critical value is in developing a

COVID-19 vaccine, where years of painstaking work by the NIH to develop HIV vaccines is now making possible the record-breaking timelines for the development of COVID-19 vaccines and other therapeutics.

The NIH Office of AIDS Research's FY2025 [Professional Judgment Budget](#) identified promising unfunded research priorities, such as reducing incidence through vaccines, more effective treatments, cure research, addressing the relationship between HIV and aging, as well as HIV co-morbidities research involving opioid co-epidemics, viral hepatitis, tuberculosis, and cancer. Without increases in HIV research funding, advances in these areas will be slowed or even stopped, research support for the EHE Initiative and the National HIV/AIDS Strategy for the United States will falter, and the early career researchers so critical to the future of HIV will move to other fields. While HIV treatment and prevention are the primary beneficiaries of HIV research, advances in basic medicine funded through HIV research at NIH have led to new vaccines, treatments, and medication for many other diseases such as cancer, Alzheimer's, kidney disease, tuberculosis, and now COVID-19.

We urge you to fund HIV/AIDS research at the NIH at \$3.953 billion for FY2025. This request is based on the FY2025 NIH HIV/AIDS Professional Judgment Budget.

Federal HIV/AIDS Coordination

ABAC is requesting increased funding for two important offices that coordinate the implementation of the NHAS and EHE activities. The **White House Office of National AIDS Policy** and the **HHS Office of Infectious Disease and HIV/AIDS Policy** both play an important role in developing and implementing government-wide HIV strategies, as well as coordinating efforts among the wide range of federal agencies working to end the HIV epidemic and the syndemics of STDs, hepatitis, TB, and overdoses.

We urge you to provide a total of \$20 million for the Office of Infectious Disease and HIV/AIDS Policy and \$3 million for the White House Office of National AIDS Policy in FY2025.

Sexual Health Programs

The **Teen Pregnancy Prevention Program** provides young people with evidence-informed or evidence-based information to prevent unintended pregnancies, HIV, and other STDs. As noted above, HIV and STDs disproportionately impact young people, so they must receive age-appropriate medically accurate, and complete information. This program is an important tool in our quest to end HIV and STDs.

We urge you to fund the Teen Pregnancy Prevention Program at \$150.0 million in FY2025, an increase of \$49 million over FY2024.

Despite decades of research that shows that "**sexual risk avoidance**" **abstinence-only programs** are ineffective at their sole goal of abstinence until marriage for young people, more than \$2 billion has been spent on abstinence-only programs since its emergence in 1982. These programs withhold necessary and lifesaving information, reinforce gender stereotypes, often ostracize LGBTQIA+ youth, and stigmatize young people who are sexually active or survivors of sexual violence.

We urge you to eliminate funding for the failed and incomplete abstinence-only-until-marriage "Sexual Risk Avoidance Education" competitive grant program and the Title V "Sexual Risk Avoidance Education" state grant program in FY2025, which would render a \$35 million savings based upon FY2024 funding levels.

The Title X program is the only dedicated federal family planning program and is a vital tool in fighting the HIV and STD epidemics in the United States. Title X-funded health centers provide millions of people with high-

quality care—including contraceptive care, HIV and STD screening, STD treatment, cancer screening, and sexual health education—each year and are a particularly important lifeline for low-income women, especially women of color.

We urge you to fund Title X at \$512 million in FY2025, an increase of \$225.5 million over FY2024.

To treat the rising costs of new STI infections and address healthcare access issues, we request \$200 million for a new demonstration project within the Bureau of Primary Health Care at HRSA to award grants to eligible public and private nonprofit clinics for **STI clinical services**, which will address staffing shortages, enhance training, and expand capacity. Testing and prompt treatment for bacterial STIs are the best tools to reduce STI rates in the US. However, there is currently no dedicated federal program to directly support high-quality and accessible STI clinical services. This demonstration project will provide long-overdue support for patients seeking care, and their public and nonprofit providers.

We urge you to fund a new STI clinical services demonstration project within HRSA at \$200.0 million in FY2025.

SAMHSA HIV Block Grant

We urge you to include language, as was proposed in the President’s budget, that would modernize how states qualify to be eligible for the HIV set-aside of the Substance Abuse Block Grant (SABG). Instead of using the outdated measurement of AIDS cases for a state to qualify for the 5 percent HIV set-aside, the number of HIV cases in the state should be used.

Thank you for considering these requests and your continued support for domestic HIV/AIDS programs. We hope your Fiscal Year 2025 Appropriations Bills demonstrate Congress’s commitment to fighting HIV/AIDS and help set our nation on a path to eradicating HIV as we know it in the United States.

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@taimail.org, Drew Gibson at dgibson@aidsunited.org, Emily McCloskey Schreiber at eschreiber@nastad.org, or Carl Schmid at cschmid@hivhep.org.

Sincerely,

ACR Health (NY)

Act Now End AIDS (ANEA) Coalition (SC)

ADAP Advocacy (NC)

Advocacy House Services, Inc. (NC)

Advocates for Youth (DC)

AGAPE Missions, NFP (IL)

AIDS Action Baltimore (MD)

AIDS Alabama (AL)

AIDS Alabama South (AL)

AIDS Alliance for Women, Infants, Children, Youth
& Families (DC)

AIDS Foundation Chicago (IL)

AIDS Treatment Activist Coalition (NY)

AIDS United (DC)

Aliveness Project (MN)

Alliance Care 360 (IL)

Alliance Community Healthcare, Inc. (NJ)

American Academy of HIV Medicine (DC)

American Psychological Association (DC)

American Sexual Health Association (NC)

Amida Care (NY)

APLA Health (CA)

Appalachian Learning Initiative Inc. (WV)

Argus Community, Inc. (NY)

Arianna's Center (FL, PR)

Association of Nurses in AIDS Care (OH)

AVAC (NY)

Big Bend Cares (FL)

Big Cities Health Coalition (MD)

Black AIDS Institute (GA)

BOOM!Health (NY)

CAEAR Coalition (DC)

CARES of Southwest Michigan (MI)

Cascade AIDS Project (OR)

Center for Health Law and Policy Innovation (MA)

CenterLink: The Community of LGBT Centers (FL)

Chicago House and Social Service Agency (IL)

Colorado Organizations and Individuals
Responding to HIV/AIDS (CORA) (CO)

Community Access National Network (LA)

Community Liver Alliance (PA)

Community Resource Initiative (MA)

Drug Policy Alliance (NY)

Elizabeth Glaser Pediatric AIDS Foundation (MA)

Equality California (CA)

Equitas Health (OH)

Fatty Liver Foundation (ID)

Five Horizons Health Services (AL)

Food for Thought (CA)

Georgia AIDS Coalition (GA)

Georgia Equality (GA)

Grady Health System (GA)

Harlem United (NY)

HealthHIV (DC)

Healthy Teen Network (MD)

Heartland Alliance Health (IL)

HEP (WA)

HIV + Hepatitis Policy Institute (DC)

HIV AIDS Alliance of Michigan (MI)

HIV Dental Alliance (GA)

HIV Medicine Association (VA)

Hope and Help Center of Central Florida, Inc. (FL)

Hope House of St. Croix Valley (MN)

Housing Works (NY)

Howard Brown Health (IL)

Human Rights Campaign (DC)

Hyacinth Foundation (NJ)

iHealth (NY)

In Our Own Voice: National Black Women's
Reproductive Justice Agenda (DC)

Indiana Recovery Alliance (IN)

Infectious Diseases Society of America (VA)

International Association of Providers of AIDS Care
(DC)

JSI (MA)

Korean Community Services of Metropolitan New
York (NY)

Lansing Area AIDS Network (MI)

Latino Commission on AIDS (NY)

LGBTQ Community Center of the Desert (CA)
Medical Students for Choice (PA)
NASTAD (DC)
National Association of County and City Health Officials (DC)
National Black Gay Men's Advocacy Coalition (DC)
National Black Women's HIV/AIDS Network (SC)
National Coalition of STD Directors (DC)
National Tuberculosis Coalition of America (GA)
National Viral Hepatitis Roundtable (WA)
National Working Positive Coalition (NY)
NMAC (DC)
Northeast Florida AIDS Network, Inc. (FL)
Poderosos (TX)
Positive Impact Health Centers (GA)
Positive Women's Network-Ohio (OH)
Positive Women's Network-USA (CA)
PrEP4All (NY)
Proactive Community services (IL)
Reproductive Health Access Project (NY)
Rural AIDS Action Network (RAAN) (MN)
Ryan White Medical Providers Association (VA)
SAGE (NY)
San Francisco AIDS Foundation (CA)
San Francisco Community Health Center (CA)
SIECUS: Sex Ed for Social Change (DC)
SisterLove, Inc. (GA)
Southern AIDS Coalition (AL)
Southwest Center for HIV/AIDS (AZ)
Southwest Recovery Alliance (AZ)
The AIDS Institute (DC)
The Aliveness Project, Inc. (MN)
The Well Project (NY)
Thomas Judd Care Center at Munson Medical Center (MI)
Thrive Alabama (AL)
Treatment Action Group (NY)
Trellus (IL)
Truckee Meadows Community College (NV)
UChicago | Care2Prevent (IL)
Unconditional Love, Inc. (FL)
UNIFIED- HIV Health and Beyond (MI)
University of Illinois at Chicago - Community Outreach Intervention Projects (IL)
URGE: Unite for Reproductive & Gender Equity (DC)
US People Living with HIV Caucus (DC)
Valley AIDS Council (TX)
Vivent Health (CO, MO, TX, WI)
Wellness AIDS Services, Inc. (MI)
Whitman-Walker Institute (DC)

Final Rule: 2024 Update to ACL's Older Americans Act Regulations

On February 6, 2024, ACL released a final rule to update the regulations implementing its Older Americans Act (OAA) programs. The new regulations will take effect on March 15, 2024, but regulated entities have until October 1, 2025 to comply. ACL looks forward to working with partners in the aging network to implement the final rule and will provide robust technical assistance and other resources to support states, tribes and tribal organizations, area agencies on aging, and others in the aging network in meeting its requirements.

Additional information can be found on [ACL.gov/OAArule](https://acl.gov/OAArule).

Summary

With the release of the OAA final rule, ACL has achieved a significant milestone, one that will ensure the nation's growing population of older adults can continue to receive the services and supports they need to maintain their independence and quality of life. The last substantial update to most OAA program regulations was in 1988, and our world has changed dramatically in the 35 years since. The population of older adults has nearly doubled, and older adults are living longer than ever before. Their expectations for aging are different from those of earlier generations. Increased understanding of the impact of the social determinants of health is reshaping health care, as non- medical services that help people avoid hospitalization and institutional care – like those provided through OAA programs – are increasingly being incorporated into health care service delivery models. In addition, the OAA has been amended by Congress seven times since 1988.

One important aspect has not changed: older adults overwhelmingly want to continue to live independently, in the community – and nearly 95 percent of them do.

The final rule contains updates that reflect the needs of today's older adults, align the regulations to the current statute, address issues that have emerged since the last update, and clarify a number of requirements. The final rule aims to better support the national aging network that delivers OAA services and improve program

implementation, with the ultimate goal of better serving older adults.

The final rule is the culmination of many years of engagement with the national aging network. It also reflects input received through a request for information (RFI) and a series of listening sessions, including consultations with tribes and other engagement with Native American grantees, as well as more than 780 comments received in response to the June 2023 Notice of Proposed Rule Making.

Key Provisions of the Final Rule

The final rule:

- Clarifies requirements for state and area plans on aging and details requirements for coordination among tribal, state and local programs.
- Improves consistency of definitions and operations between state and tribal OAA programs.
- Clarifies and strengthens provisions for meeting OAA requirements for prioritizing people with the greatest social and economic needs.
- Specifies the broad range of people who can receive services, how funds can be used, fiscal requirements, and other requirements that apply across programs.
- Clarifies required state and local agency policies and procedures. For example, the final rule establishes expectations regarding conflicts of interest.

- Requires state agencies to establish flexible and streamlined processes for area agencies to receive approval for contracts and commercial relationships.
- Incorporates guidance for the National Family Caregiver Support Program and the Native American Caregiver Support Program, which were authorized since the last update to the OAA regulations.
- Addresses emergency preparedness and response, incorporating lessons from the COVID-19 pandemic.
- Establishes expectations for legal assistance and activities to prevent elder abuse.
- Clarifies the role of the aging network in defending against the imposition of guardianship and in promoting alternatives.
- Updates definitions, modernizes requirements, and clarifies flexibilities within the senior nutrition programs. For example, the final rule allows for continuation of innovations utilized during the COVID-19 pandemic, such as carry-out meals provided under the congregate meals program, in certain circumstances.

About the Older Americans Act

First passed in 1965 and last reauthorized on March 25, 2020, the OAA authorizes a wide range of programs and services that help older adults age in place. These include home-delivered and congregate meals, support for family caregivers, preventive health services, personal and home care services, transportation, legal assistance, elder abuse prevention, and much more. In addition, the OAA provides ombudsman services for people who live in long-term care facilities.

Through the aging services network, the OAA has helped older adults remain active and engaged in their communities, to the great benefit of all. Because of the OAA, neighborhoods and organizations across the country are able to continue to draw upon the wealth of knowledge that comes only with life experience.

ACL administers most provisions of the OAA through its Administration on Aging. (The OAA Senior Community Services Employment Program is administered by the U.S. Department of Labor and is not covered by ACL's final rule.)

Effective Date and Compliance Information

The final rule will take effect on March 15, 2024 (30 days after it is officially published), and regulated entities have until October 1, 2025 to comply. In the coming months, ACL will share resources and provide robust technical assistance to support states, tribes and tribal organizations, area agencies on aging, and others in the aging network in meeting the requirements of the new regulations. ACL also will work with regulated entities in a supportive corrective action process if more time is needed to fully comply with specific provisions.

Learn More

Save the dates for these upcoming webinars:

- **Informational Webinar:** Join ACL for an overview of the updated regulations on Thursday, Feb. 8 from 2-3 p.m. (Eastern).
- **“Back to Basics” technical assistance webinar:** On Thursday, Feb. 15 from 2-3:30 p.m. (Eastern), ACL will host the first in a series of webinars to support the network in implementing the updated regulations.

More information, including registration information for these webinars, a link to the final rule, and links to resources and technical assistance can be found at [ACL.gov/OAArule](https://acl.gov/OAArule).

The [final rule](#) was posted “on display” in the Federal Register on Feb. 6, 2024 and will be published officially on Feb. 14, 2024.



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Estamos Escuchando

Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

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

