



# PUBLIC POLICY COMMITTEE

## Virtual Meeting

Monday, July 6, 2020

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

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# VIRTUAL MEETING

*\*See Cover Page for Information to Join Via WebEx*

AGENDA FOR THE

## PUBLIC POLICY COMMITTEE

MAIN (213) 738-2816 / FAX (213) 637-4748

EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <http://hiv.lacounty.gov>

Monday, July 6, 2020 | 1:00 PM – 3:00 PM

Public Policy Committee Members:			
Katja Nelson, MPP <i>Co-Chair</i>	Lee Kochems, MA <i>Co-Chair</i>	Pamela Coffey* <i>(Alasdair Burton, Alternate)</i>	Aaron Fox, MPM
Jerry D. Gates, PhD	Eduardo Martinez	Nestor Rogel	Ricky Rosales
Martin Sattah, MD	Craig Scott	Tony Spears (Alternate)	
QUORUM: 6	*Leave of Absence (LoA)		

AGENDA POSTED: July 2, 2020

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.

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SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission’s Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions, Conflict of Interest Statements 1:00 PM – 1:05 PM

**I. ADMINISTRATIVE MATTERS** 1:05 PM – 1:08 PM

7. Approval of Agenda **MOTION #1**

8. Approval of Meeting Minutes **MOTION #2**

**II. PUBLIC COMMENT** 1:08 PM – 1:10 PM

9. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.

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

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

**IV. REPORTS**

11. Executive Director/Staff Report 1:15 PM – 1:30 PM

- i. ADAP/Medications Update
- ii. Virtual Lunch and Learn Series Update
- iii. LAHSA Presentation Update

12. Co-Chair Report 1:30 PM – 2:00 PM

- i. Solidarity Statement
- ii. Policy Directives Regarding Systemic Racism
  - Employment Opportunities for the Formally incarcerated

**V. DISCUSSION ITEMS**

7. State Policy & Budget Update 2:00 PM – 2:10 PM

i. Legislative Docket

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

9. County Policy Update 2:30 PM – 2:50 PM

i. Maintaining LGBTQ+ Health Protections in the Affordable Care Act

ii. County and Municipal Funding Plans

**VI. NEXT STEPS**

2:50 PM – 2:55 PM

10. Task/Assignments Recap

11. Agenda development for the next meeting

**VII. ANNOUNCEMENTS**

2:55 PM – 3:00 PM

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

**VIII. ADJOURNMENT**

3:00 PM

13. Adjournment for the meeting of July 6, 2020

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG • VIRTUAL WEBEX MEETING

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.  
Meeting recordings are available on the Commission website.

**PUBLIC POLICY COMMITTEE  
MEETING MINUTES**

June 1, 2020

**Draft**

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

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Lee Kochems, MA, <i>Co-Chair</i>	Pamela Coffey ( <i>Full to Burton</i> )	R. Bennett	Cheryl Barrit, MPIA
Katja Nelson, MPP, <i>Co-Chair</i>	Aaron Fox, MPM	Kevin Donnelly	Carolyn Echols-Watson, MPA
Alasdair Burton ( <i>Alt. to Coffey</i> )	Jerry D. Gates, PhD	Craig Pulsipher, MPP, MSW	Dawn McClendon
Eduardo Martinez ( <i>Alt.</i> )	Nestor Rogel ( <i>Alt.</i> )	Joshua Ray	Jane Nachazel
Ricky Rosales	Craig Scott		LAC Commission on HIV Host
Martin Sattah, MD		<b>DPH/DHSP STAFF</b>	
		None	

\*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

**CONTENTS OF COMMITTEE PACKET**

- 1) **Cover Page:** Public Policy Committee Virtual Meeting, 6/1/2020
- 2) **Agenda:** Virtual Meeting, Public Policy Committee Agenda, 6/1/2020
- 3) **Minutes:** Public Policy Committee Meeting Minutes, 3/2/2020
- 4) **Table:** 2020-2021 Legislative Docket, *Working Draft as of 5/27/2020*
- 5) **Table:** 2020 Work Plan - Public Policy, *Updated 4/6/2020*
- 6) **Table:** Ending the HIV Epidemic (EtHE): A Plan for America - Funding and Resources, 3/2/2020
- 7) **Principles:** The Denver Principles, 1983

**CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS:** Ms. Nelson called the meeting to order at 2:38 pm and began with a moment of silence for the life of George Floyd and those before him. We acknowledge that we stand in solidarity with everything for which our community and the communities we serve are fighting.

**I. ADMINISTRATIVE MATTERS**

1. **APPROVAL OF AGENDA:** Requests to add Consumer Empowerment and Engagement (Co-Chair Report) and Sexually Transmitted Diseases (STD) Funding (County Policy Update) were reflected in the agenda. The Docket was also updated.  
**MOTION #1:** Approve the Agenda Order, as presented (**Passed by Consensus**).
2. **APPROVAL OF MEETING MINUTES**  
**MOTION #2:** Approve the 3/2/2020 Public Policy Committee Meeting Minutes, as presented (**Passed by Consensus**).

## **II. PUBLIC COMMENT**

### **3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:**

- Mr. Martinez felt discrimination and police brutality have not improved since the 1992 Rodney King civil unrest. After a new incident - people say it will change, they say we will talk about it - but nothing happens to make things safe.
- Mr. Kochems led the group in a deep breath for George Floyd, a deep breath for the United States, and a deep breath in remembering that we are all connected and to share that connectedness in our work.
- Ms. Barrit realized that, with the state of our nation, this feels very ungrounded. She thanked everyone able to come today. Mr. Kochems, Ms. Nelson, and herself communicated over the weekend on the need to acknowledge the situation. It is important to acknowledge the tragic death of George Floyd and the countless Black men and women who suffer police brutality and systemic racism every day. She acknowledged that this suppression is real for those around us.
- She especially acknowledged our African American staff - Ms. Echols-Watson, Ms. McClendon, and Ms. Wright - and their families. It is difficult to appear normal and professional when all this is happening.
- Staff have also been in discussions with the Commission on HIV (COH) Black/African American Community (BAAC) Task Force on development of an official public statement. The hope is to release the statement by Wednesday. She hoped all Commissioners will participate in any additional work the COH may need to take on in order to join the healing process

## **III. COMMITTEE NEW BUSINESS ITEMS**

### **4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:** There were no items.

## **IV. REPORTS**

### **5. EXECUTIVE DIRECTOR/STAFF REPORT**

- Ms. Barrit acknowledged the contributions of Julie Tolentino, MPH. She now works with DHSP. Ms. Barrit also thanked Ms. Echols-Watson for stepping into this role. She is well-prepared since she served as the point person for Public Policy before.
- The Commission recently issued a community-wide survey assessing the impact of COVID-19 on providers and PLWHA. The survey just closed 5/31/2020. It garnered 948 responses in English and 76 in Spanish. She thanked Pamela Ogata, MPH, DHSP, the Co-Chairs, Ms. Echols-Watson, and Ms. McClendon for their help in developing this aid for planning efforts.
- Ms. Barrit also acknowledged conversations on Los Angeles County (LAC) budget challenges for the upcoming fiscal year. Staffing may be a consideration and all staff are automatically designated as Disaster Service Workers (DSWs). Ms. Barrit, herself, is working as a DSW at a Project Room Key site on Saturdays and Sundays.

### **6. CO-CHAIR REPORT**

- Ms. Nelson noted the Work Plan in the packet. Most items were ongoing.
- a. **Consumer Empowerment and Engagement**
  - Mr. Kochems reviewed the 1983 Denver Principles, in the packet and previously adopted to inform Commission work.
  - The Principles were developed to counter the common description of People Living With HIV Disease as "victims" - disempowered, subject to, and even responsible for the disease, with everyone else in charge of people's choices.
  - Ms. Nelson asked about how to best bring more people to the table to raise their voices in this digital environment. Mr. Kochems noted the Consumer Caucus was discussing that issue. The use of "consumer" also came out of the Principles process to replace "patient." Again, the drive was towards empowerment despite restricted care choices at the time.
  - Empowerment also means People Living With HIV Disease have the right and responsibility to speak for themselves and define who they are. Others have the obligation to listen. People Living With HIV Disease have both the right not to be scapegoated and the obligation not to scapegoat others, important as the epidemic diversifies.
  - It is important to highlight that Principles insist People Living With HIV Disease must be given a voice if a scientist plans to present on HIV Disease. As a researcher himself, he refused to present research at a public meeting until it was reviewed by People Living With HIV Disease. The Commission should ensure presenters include People Living With HIV Disease speaking from their experience on panels. That will also help increase Commission consumer involvement.
  - COVID-19 also highlights issues discussed in the Principles on maintaining medical care and medication through fostering engagement with usual providers and pharmacies when they might otherwise be closed or have restricted services; and on supporting harm reduction which may require uncomfortable conversations within the community.

- Mr. Kochems' pharmacy, for example, was ransacked during civil unrest, but had anticipated the medication needs of People Living With HIV Disease and had transferred those prescriptions. Mr. Martinez noted Out of the Closet sites will deliver medications if there is a pharmacy nearby. Mr. Burton recalled years ago his pharmacy would run out briefly at times and other UCs would lend a few pills until his arrived. Mr. Kochems added buddies and groups were key at the epidemic's start. A renewed buddy system has been suggested to help the newly diagnosed and long-term survivors.
- Mr. Donnelly felt all types of Mental Health (MH) services were paramount now. He recognized delivery challenges due to costs of reimbursement, lack of qualified practitioners, and practitioner dissatisfaction with the Fee-For Services (FFS) model, but urged seeking even temporary work-a-rounds to increase access. MH is as critical as physical health.
- Ms. Nelson noted a major increase in MH services at clinics and fewer cancellations so asked about specific gaps. Mr. Donnelly replied, in Redondo Beach, it previously took three to six months to be connected to a provider after an intake interview. Now, provider connection is immediate, but the intake interview takes three to six months. Mr. Kochems added renewal is required after a period of time and continued services may not be satisfactory.
- Ms. Barrit contributed both the Commissioner and community impact surveys did identify a need for MH services. Questions pertained to comfort and satisfaction with MH telehealth and were fairly high. She was continuing to review the recent community survey, but need for MH and Emergency Financial Assistance (EFA) were high.
- Dr. Sattah said LAC increased MH and a broad range of supportive resources. MH telehealth appointments were being paid the same as for those face-to-face and that may be extended to managed care. Clients should take advantage.
- Meanwhile, the Safer-At-Home postponement of AIDS Drug Assistance Program (ADAP) recertification was still expected to expire at the end of June 2020, but may be extended. Mr. Kochems advised giving oneself extra time to complete needed laboratory work, medical appointments, and paperwork due to COVID-19 scheduling and staff adjustments. Providers may also need to establish a secure email set-up to facilitate recertification online.
- This agenda item was added to ensure Unaffiliated Consumers (UCs) have a direct role. UCs receive services, but are not agency employees. We especially need to reach those harder to find and with whom we communicate less often.
- A key change from 1983 is development of an HIV industry. When the Principles were written, those working in the field hoped to cure HIV/AIDS and put themselves out of work. UCs need to remind agencies they are still in charge. UCs decide where and with whom we seek services, and how we are treated. We still hope to put everyone out of business.
- Principles are consistent with the Consumer Caucus letter calling for UCs to be active at all Commission planning levels.
- ➡ Recommendation: Revise "People With AIDS" to "People Living With HIV Disease" to reflect the full continuum from testing HIV+ through AIDS and on through the continuum of people's lives.
- ➡ Refer to DHSP and Consumer Caucus: Schedule discussion on meeting the need for MH services including alternate services such as renewal of the buddy system, e.g., for newly diagnosed and long-term survivors.
- ➡ Ms. Barrit will check with the Office of AIDS (OA) and DHSP on options for medications to fill prescription gaps/delays.
- ➡ Mr. Pulsipher will confirm new ADAP recertification deadline of 8/31/2020 and assess provider issues like secure email.
- ➡ Mr. Ray preferred to forward his notes to the Co-Chairs.

b. **Upcoming Meeting Schedule:** There was no report.

## **V. DISCUSSION ITEMS**

### **7. STATE POLICY AND BUDGET UPDATE**

- Ms. Nelson noted Governor Gavin Newsom's May Revise reflects devastating cuts across the board to attempt to address the projected \$54 billion budget shortfall due to the pandemic, homelessness, and wild fires. A "keep the lights on" bill was expected by 6/15/2020. A revised budget based on revenues was expected after the postponed July 2020 tax deadline.
- A week of action was held a couple of weeks ago. It included revising the End The Epidemics (ETE) ask to simply maintain the current investment which is a critical part of the COVID-19 response and overall public health infrastructure; a \$10 million annual ask for direct financial assistance to Community-Based Organization (CBOs) to maintain services in the midst of COVID-19; and a \$3 million annual ask for the California Syringe Exchange Supply Clearing House for essential supplies.
- Governor Newsom hopes to help balance the budget with a \$100 million loan from the ADAP Rebate Fund. Mr. Pulsipher expected it to go forward, but advocates were seeking legislative language to ensure it is repaid to maintain a reserve.
- Ms. Nelson noted the Statewide Master Plan for Aging Stakeholder Committee just held its first meeting since Safer-At-Home. The key takeaway was the Long-Term Support Services Report release. Advocates were drafting public comments.

- On immigration, COVID-19-related care is not considered "public charge." Governor Newsom has used public and private funds to establish a one-time lifeline COVID-19 cash assistance support fund for undocumented persons. Advocacy groups statewide are also engaged in much messaging work including culturally competent, confidential contract tracing.
- ➡ Contact Ms. Nelson for referrals to groups providing COVID-19 information and resources to immigrants including families.
- a. **Legislative Docket**
  - Ms. Echols-Watson reviewed Docket additions since the last meeting and the Committee took positions noted below.
  - Regarding AB 2275, currently, counties or cities must ensure law enforcement officers "will conduct periodic visits..." This bill reduces that to "notify officers" about a state armory opened as a homeless shelter prior to shelter services commencing and "request that officers make periodic visits to the armory every night."
  - Regarding AB 2389, Mr. Pulsipher reported this faced backlash as it was drafted without consulting sex worker groups. He believed it was not moving forward. Many bills were not moving this year due to the pandemic.
  - The three new bills on page 6 (SB 932, HR 266, and HR 748) and one on page 7 (HR 6074) all pertain to COVID-19.
  - ➡ Additions and/or revisions to the Docket, as specified:
    - ✍ Pg. 1, AB 362 (Eggman), Controlled substances: overdose prevention program, **SUPPORT (Abstention: Rosales)**.
    - ✍ **ADD AB 1938 (Low/Eggman/Wiener), Prescription drugs: 340B discount drug purchasing program, WATCH (RE: prohibits organizations with 340B contracts from engaging in advocacy; negative community feedback; may not have been introduced this year but, if not, may return next year).**
    - ✍ Pg. 2, AB 1965 (Aguiar-Curry), Family Planning, Access, Care, and Treatment (Family PACT) Program, **SUPPORT**.
    - ✍ Pg. 2, AB 2077 (Ting), Hypodermic needles and syringes, **SUPPORT**.
    - ✍ Pg. 3, AB 2275 (Nazarian), State armories: homeless shelters: security, **SUPPORT**.
    - ✍ Pg. 4, AB 2329 (Chiu), Homelessness: statewide needs and gaps analysis, **SUPPORT**.
    - ✍ Pg. 4, AB 2389 (Garcia), Adult performers: employment rights, **WATCH (RE: adult entertainer language, sexual harassment language, and any revisions as proposed by Assemblymember Garcia's office).**
    - ✍ Pg. 5, SB 854 (Beall/Wiener), Health care coverage: Substance use disorders, **SUPPORT**.
    - ✍ Pg. 5, SB 885 (Pan), Sexually transmitted diseases, **SUPPORT**.
    - ✍ Pg. 5, SB 888 (Wiener), Substance use disorder services: contingency management services, **SUPPORT**.
    - ✍ Pg. 6, SB 932 (Wiener), The Equal Insurance HIV Act, **SUPPORT (Most of bill gutted; now focuses on collection of Sexual Orientation, Gender Identity and Gender Expression [SOGIE] data; likely will be re-introduced next year).**
    - ✍ **ADD SB 1255 (Hernandez), Health insurance market: financial assistance, WATCH (Incorporates SB 961 previously supported by Commission; there was no LAC position to date).**
    - ✍ Pg. 6, HR 266 (McCullum/Betty), Paycheck Protection Program and Health Care Enhancement Act, **SUPPORT (Already signed into law).**
    - ✍ Pg. 6, HR 748 (Courtney/Joe), Coronavirus Aid Relief and Economic Security (CARES) Act, **SUPPORT (Already signed into law).**
    - ✍ Pg. 7, HR 6074 (Lowey/Nita), Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020, **SUPPORT (Already signed into law).**
  - ➡ Ms. Nelson will follow-up with the Assembly office regarding Committee questions on the billing process in order to resolve the WATCH position for AB 2204 (Arambula), Health care coverage: sexually transmitted diseases, on page 3.
- MOTION #3: Approve the 2020-2021 Legislative Docket, as revised (Passed by Consensus).**

## 8. FEDERAL POLICY UPDATE

- Ms. Nelson expected funding updates at the 6/11/2020 COH meeting from Mario Pérez, MPH, Director, DHSP, on new Ryan White (RW) funds; and from Maribel Ulloa, on \$3 million in Housing Opportunities for People With AIDS (HOPWA) funds. A letter was sent 5/19/2020 to Secretary Benjamin Carson, Sr., MD, Department of Housing and Urban Development (HUD) because jurisdictions were still waiting for their HOPWA funding despite having submitted approved spending plans.
- The Presidential Advisory Council on HIV/AIDS (PACHA) held its first day of meetings that morning and will hold a second day on 6/2/2020. Topics included telehealth, prevention testing and treatment, isolation and MH, and loss of employment.
- No COVID-19-related delays were planned to date for the Ending the HIV Epidemic (EtHE) timeline.



## 9. COUNTY POLICY UPDATE

### a. Housing

- Ms. Nelson noted the City of Los Angeles, as mentioned, had to submit a plan for the HOPWA funds. The Request For Proposals (RFP) release was delayed due to the start of COVID-19 Safer-At-Home, but release was expected later.
- Project Room Key now specifically identified HIV as a factor for entering a person in the program as a result of discussions with the Los Angeles Homeless Services Authority (LAHSA). Advocates continued to watch the impact of COVID-19 on Measure H and overall homeless work. Meanwhile, last week, the Board of Supervisors (Board) passed a motion to re-assemble a committee to permanently house people now in Project Room Key after the crisis has passed.
- Mr. Martinez asked about Project Room Key. Ms. Barrit reported Miguel Fernandez, LAHSA, was collecting data on it.
- Ms. Nelson said sites were confidential to reduce community pushback. Ms. Barrit is deployed at a site as a DSW. There was community pushback at first, but it dissipated as the community observed the site was well managed. A certified provider must run each site. At her site, health assessments were maintained and a housing plan developed that addresses any special needs. Residents are considered high risk for COVID-19 and appear grateful for the housing. Two nurses are on site 24 hours a day and residents are monitored daily for symptoms. Most are on a housing wait list.
- Mr. Rosales said the only issue he knew of was difficulty in identifying affordable hotels for the Project. To increase availability, the City has been pressuring hotels which received City incentives when built. He added that COVID-19 has complicated and slowed down every process including building new housing units and renting hotel units.
- The annual day-long Measure H homelessness conference was held early in March 2020. It addressed successes and challenges with implementation of Measure H to date. Each Service Planning Area (SPA) submitted a video highlighting the number of people served by its various programs and including individual success stories. Among various panels, Ms. Nelson mainly attended those on housing for health addressing how to improve collaboration among agencies.
- ➡ Ms. Barrit and Ms. Nelson will engage LAHSA to present on Project Room Key and discuss how the Commission might help leverage it to improve access to permanent housing for those experiencing homelessness.

**MOTION #4:** Approve extension of meeting by 10 minutes (*Passed by Consensus*).

### b. Sexually Transmitted Diseases (STD) Funding

- Ms. Nelson noted agencies were beginning to re-open so it was important to revitalize this public health discussion.
- Like the state, LAC is expecting a major budget cut based on a \$1 billion decline in sales tax revenue.
- ➡ Request report from DHSP on: the funding landscape; the 2019 data report; home testing; ensuring needed access to services in light of continued use of telehealth; maintaining confidentiality and cultural competency.
- ➡ Refer question to DHSP at the Commission: Is DHSP expecting a spike in STDs and, if so, how will expenses be paid?

## VI. NEXT STEPS

10. **TASK/ASSIGNMENTS RECAP:** There was no additional discussion.

11. **AGENDA DEVELOPMENT FOR NEXT MEETING:** There was no additional discussion.

## VII. ANNOUNCEMENTS

12. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** Ms. Nelson announced APLA Health was hosting a CARES Act informational event. She will distribute the flyer.

## VIII. ADJOURNMENT

13. **ADJOURNMENT:** The meeting adjourned at 4:47 pm in memory of George Floyd; Garry Bowie, Executive Director, Being Alive Los Angeles; and Larry Kramer who played a unique role in the gay and lesbian and HIV/AIDS communities. He was a master of civil disobedience.



## LOS ANGELES COUNTY COMMISSION ON HIV



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### TO END HIV, WE MUST END RACISM

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On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV  
Black/African American Community (BAAC) Task Force

**#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE**

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



## 2020-2021 Legislative Docket

Committee Approved 06/01/2020 – Updated 07/01/2020

**POSITIONS:** SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH | County bills noted w/asterisk

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 362 (Eggman)	Controlled substances: overdose prevention program	<p>This bill would, until January 1, 2026, authorize the City and County of San Francisco <i>and the City of Oakland</i> to approve entities to operate overdose prevention programs for persons 18 years of age or older that satisfy specified requirements.</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB362">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB362</a></p>	Support	<p><i>06/26/20 Amend, and re-refer to committee. Read second time, amended, and re-referred to Committee on Health.</i></p>
AB 683 (Carrillo)	Medi-Cal: eligibility	<p>This bill would update the assets limits for programs serving seniors to \$10,000 for an individual and an additional \$5,000 for each additional household member, with annual indexing; expand and simplify the list of items to be excluded from the assets test for those Medi-Cal programs still subject to the assets test; and eliminate the assets test entirely for the Medicare Savings Programs, programs where Medi-Cal pays for an individual's Medicare premiums and co-payments.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB683">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB683</a></p>	Support 2019 Docket: Support	<p><i>6/23/20 Referred to Committee on Health</i></p>
AB 732 (Bonta)	County jails: prisons: incarcerated pregnant persons	<p>This bill would improve the quality of reproductive health care for pregnant people in county jails and state prisons: require an incarcerated person in a county jail or the state prison who is identified as possibly pregnant or capable of becoming pregnant to be offered a pregnancy test upon intake or request, and in the case of a county jail, within 72 hours of arrival at the jail, require an incarcerated person who is confirmed to be pregnant to be scheduled for pregnancy examination with a physician, nurse practitioner, certified nurse midwife, or physician assistant within 7 days, require incarcerated pregnant persons to be scheduled for prenatal care visits, provided specified prenatal services and a referral to a social worker, given access to community-based programs serving pregnant, birthing, or lactating inmates, have a support person present during childbirth, and more.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB732">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB732</a></p> <p><i>Committee questions: (Received email response from bill sponsor ACLU on 4/3/20)</i></p> <ul style="list-style-type: none"> <li>- <i>Can community-based organizations appeal if they are denied access to support a client or potential client? Grievances may be filed; grievance process depends on whether the grievance is considered a healthcare grievance or non-health related grievance.</i></li> </ul>	Support	<p><i>6/23/20 Referred to Committee on Public Safety</i></p>

Committee Approved 06/01/2020 – Update 06/26/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 890 (Wood)	Nurse practitioners: scope of practice: practice without standardized procedures	Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform in collaboration with a physician and surgeon. A violation of the act is a misdemeanor. This bill, until January 1, 2026, would establish the Advanced Practice Registered Nursing Board which would consist of 9 members. The bill would require the board to define minimum standards for a nurse practitioner to transition to practice without the routine presence of a physician and surgeon.  <a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890</a>	Support  2019 Docket: Support	<i>6/23/20 Referred to Committees on Business Profession &amp; Education</i>
AB 1938 (Weiner)	<i>Prescription drugs: 340B discount drug purchasing program.</i>	<i>This bill would define a “designated entity” as a nonprofit organization. The bill would prohibit a designated entity from using any revenue from a contract with the department, a contract with the federal Centers for Medicare and Medicaid Services, and from the 340B program on specified activity, such as funding litigation under the California Environmental Quality Act. The bill would require a designated entity, and any subsidiary of that entity, to annually report on its internet website specified information, including the amount of gross revenue generated from a contract with the department, a contract with the federal Centers for Medicare and Medicaid Services, and from the 340B program for the previous year, and would condition the implementation of these provisions to the extent that federal financial participation is available and federal approvals are obtained.</i>  <a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1938">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1938</a>	Watch	<i>05/19/20 From committee: Do pass and re- refer to Committee on Appropriations</i>
AB 1965 (Aguiar-Curry)	Family Planning, Access, Care, and Treatment (Family PACT) Program	Existing law establishes the Family PACT Program under Medi-Cal, under which comprehensive clinical family planning services are provided to a person who is eligible and has a family income at or below 200% of the federal poverty level. Existing law provides that comprehensive clinical family planning services under the program includes preconception counseling, maternal and fetal health counseling, and general reproductive health care, among other things. This bill would expand comprehensive clinical family planning services under the program to include the human papillomavirus (HPV) vaccine for persons of reproductive age.  <a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1965">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1965</a>	Support	3/17/20 In Committee: Set, first hearing. Hearing canceled at the request of author.
AB 2007 (Salas)	Medi-Cal: federally qualified health center: rural health clinic: telehealth	FQHC and RHC services are reimbursed to providers on a per-visit basis, and a “visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers. The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth.  <a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2007">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2007</a>	Support	3/17/20 In Committee: Hearing postponed by committee.

Committee Approved 06/01/2020 – Update 06/26/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2077 (Ting)	Hypodermic needles and syringes	<p>Existing law, until January 1, 2021 authorizes a physician or pharmacist to, without a prescription or permit, to furnish hypodermic needles and syringes for human use to a person 18 years of age or older, and authorizes a person 18 years of age or older to, without a prescription or license, obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist, as a public health measure, as specified.</p> <p>This bill would extend this authority until January 1, 2026 and would make other conforming changes.</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2077">http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2077</a></p>	Support	<p><i>06/23/20 Referred to Committee on Health</i></p>
AB 2204 (Arambula)	Health care coverage: sexually transmitted diseases	<p>This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for sexually transmitted disease testing, treatment, and referral at a contracting or noncontracting health facility at the same cost-sharing rate an enrollee or insured would pay for the same services received from a contracting health facility. The bill would require a plan or insurer to reimburse a noncontracting health facility providing sexually transmitted disease testing, treatment, and referral at the same rate at which it reimburses a contracting health facility for those covered services.</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2204">http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2204</a></p> <p><i>Committee questions:</i></p> <ul style="list-style-type: none"> <li>- <i>What is the billing process? How will organizations and clinics bill insurance?</i></li> </ul>	<p>Watch</p> <p>*Need more info</p>	<p>3/02/20 Re-referred to Committee on Health.</p>
AB 2218 (Santiago)	Transgender Wellness and Equity Fund	<p>This bill would establish the Transgender Wellness and Equity Fund, for <i>grants the purpose of funding grants, upon appropriation by the legislature</i>, to transgender-led (Trans-led) organizations and hospitals, health care clinics, and other medical providers that provide gender-conforming health care services and have an established partnership with a Trans-led organization, to create, or fund existing, programs focused on coordinating trans-inclusive health care, as defined for people that identify as transgender, gender nonconforming, or intersex. <i>The bill would appropriate \$15,000,000 from the General Fund to the Transgender Wellness and Equity Fund.</i></p> <p><a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2218">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2218</a></p>	Support	<p><i>06/11/2020 In Senate. Read first time. To Committee on Rules for assignment.</i></p>
AB 2258 (Reyes)	Doula care: Medi-Cal pilot program	<p>A new bill targeting the maternal mortality crisis seeks to address pregnancy care inequities by requiring Medi-Cal to cover doulas. This bill would require the department to establish, commencing July 1, 2021, a full-spectrum doula care pilot program to operate for 3 years for pregnant and postpartum Medi-Cal beneficiaries residing in 14 counties that experience the highest burden of birth disparities in the state, and would provide that any Medi-Cal beneficiary who is pregnant is entitled to doula care.</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2258">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2258</a></p>	Support	<p>2/20/20 Referred to Committee on Health.</p>

**Committee Approved 06/01/2020 – Update 06/26/2020**

<b>BILL</b>	<b>TITLE</b>	<b>DESCRIPTION / COMMENTS</b>	<b>RECOMMENDED POSITION</b>	<b>STATUS</b>
AB 2275 (Nazarian)	State armories: homeless shelters: security	<p>This bill would require, prior to shelter services commencing, that the county or city notify local law enforcement officers and request that officers make periodic visits to the armory on each night of operation.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2275">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2275</a></p> <p>Note: The County is in support of this bill.</p>	Support	<p><i>06/23/20 Referred to Com. on Governance and Finance</i></p>
AB 2329 (Chiu)	Homelessness: statewide needs and gaps analysis	<p>This bill, upon appropriation by the Legislature, would require the council to conduct, or contract with an entity to conduct, a statewide needs and gaps analysis, to among other things, identify state programs that provide housing or services to persons experiencing homelessness and create a financial model that will assess certain investment needs for the purpose of moving persons experiencing homelessness into permanent housing.</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2329">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2329</a></p>	Support	<p><i>06/03/20 In Committee Held under submission.</i></p>
AB 2389 (Garcia)	Adult performers: employment rights	<p>This bill would, on and after July 1, 2022, require adult entertainers and performers to complete a specified biennial training program regarding employee safety and working rights for adult entertainer workers to work in an adult entertainment video. The bill would, by January 1, 2022, require the Department of Industrial Relations to create the training program and to convene an advisory group, composed of specified representatives of the adult performance industry, to provide recommendations for the creation and dissemination of the training.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2389">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2389</a></p>	Watch	<p>03/02/20 Re-referred to Committee on Labor &amp; Employment</p>
AB 2405 (Burke)	Housing: children and families	<p>This bill would declare that it is the policy of the state that every child and family has the right to safe, decent, and affordable housing, and would require the policy to consider homelessness prevention, emergency accommodations, and permanent housing.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2405">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2405</a></p> <p>Committee questions: (Call w/Burke's office on 3/12)</p> <ul style="list-style-type: none"> <li>- How does the bill define family? Not defined at this time, anticipate it will broaden</li> <li>- Does the bill include youth experiencing homelessness? Not at this time, anticipate it will broaden. Already received requites to expand beyond children &amp; families.</li> <li>- How is this plan different from existing plans? Could potentially be the same plan as long as the plan is measurable/includes metrics.</li> </ul>	Watch/Support	<p><i>06/11/20 In Senate. Read first time to Committee on Rules for assignment.</i></p>

Committee Approved 06/01/2020 – Update 06/26/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 132 (Wiener)	(Corrections) <del>The Transgender Respect, Agency, and Dignity Act</del>	<p>This bill <i>commencing January 1, 2021</i>, require the Department of Corrections and Rehabilitation to, during initial intake and classification, ask each individual entering into the custody of the department to specify the individual's gender identity and sex assigned at birth, and, if the individual's gender identity is different from their sex assigned at birth, their gender pronoun and honorific.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB132">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB132</a></p>	Support  2019 Docket: Support	<i>06/18/20 Notice of intention to remove from inactive file given by Assembly Member Mark Stone.</i>
SB 175 (Pan)	Health Care Coverage	<p>This bill would delete the requirement that a plan comply with the prohibition on lifetime or annual limits to the extent required by federal law, and would instead prohibit an individual or group health care service plan contract from establishing lifetime or annual limits on the dollar value of benefits for an enrollee, thereby indefinitely extending the prohibitions on lifetime or annual limits, except as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p><del>This bill would ban health insurers from imposing annual or lifetime limits on coverage and indefinitely extend the requirement for insurers to cover preventive care without patient cost-sharing.</del></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB175">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB175</a></p> <p>Similar to SB 406 which repeals and adds to 1367.002 of the Health and Safety Code</p>	Support  2019 Docket: Support, County position: Watch	<i>06/18/20 Referred to Committee on Health.</i>
SB 406 (Pan)	Health care coverage: <i>Omnibus bill</i>	<p>This bill would delete the requirement that a plan <i>or a health insurer</i> comply with the requirement to cover preventive health services without cost sharing to the extent required by federal law, and would instead require a group or individual health care service plan contract <i>or health insurer</i> to, at a minimum, provide coverage for specified preventive services without any cost-sharing requirements for those preventive services, thereby indefinitely extending those requirements. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p><del>This bill would ban health insurers from imposing annual or lifetime limits on coverage and indefinitely extend the requirement for insurers to cover preventive care without patient cost-sharing.</del></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB406">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB406</a></p> <p>Similar to SB 175 which repeals and adds to 1367.001 of the Health and Safety Code</p>	Support	<i>06/24/20 From committee with author's amendments. Read second time and amended. Re- referred to Committee on Health.</i>

**Committee Approved 06/01/2020 – Update 06/26/2020**



<b>BILL</b>	<b>TITLE</b>	<b>DESCRIPTION / COMMENTS</b>	<b>RECOMMENDED POSITION</b>	<b>STATUS</b>
SB 854 (Beall/ Wiener)	Health care coverage: Substance use disorders	<p>This bill will prohibit insurers from requiring authorization before coverage for FDA-approved prescriptions, like Medication Assisted Treatment (MAT). It will also place FDA-approved medications for treatment of substance use disorders on the lowest cost-sharing tier.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB854">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB854</a></p>	Support	<p>04/24/20 From committee with author's amendments. Read second time and amended. Re-referred to Committee on HEALTH.</p>
SB 859 (Wiener)	Master Plan for HIV, HCV, and STDs	<p>This bill would require the Secretary of California Health and Human Services and the Chief of the Office of Aids to develop and implement a master plan on HIV, HCV, and STDs, for the purpose of improving the health of people living with, and vulnerable to, those conditions, reducing new transmissions, and ending these epidemics. The bill would require the secretary and chief to create a Master Plan on HIV, HCV, and STDs Stakeholder Advisory Committee and work with that advisory committee and relevant state agencies to identify recommended programs, policies, strategies, and funding necessary to implement the master plan.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB859">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB859</a></p>	Support	<p>03/17/20 March 25 hearing postponed by committee.</p>
SB 885 (Pan)	Sexually transmitted diseases	<p>This bill would specify that family planning services for which a Medi-Cal managed care plan may not restrict a beneficiary's choice of a qualified provider for STD testing and treatment. The bill would authorize an office visit to a Family PACT provider or Medi-Cal provider for specified STD-related services for uninsured, income-eligible patients, or patients with health care coverage who have confidentiality concerns, who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services, to be reimbursed at the same rate as comprehensive clinical family planning services.</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB885">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB885</a></p>	Support	<p>05/12/20 Referral to Committees on Health, and Judiciary. rescinded due to the shortened 2020 Legislative Calendar.</p>
SB 888 (Wiener)	Substance use disorder services: contingency management services	<p>This bill would, to the extent funds are made available in the annual Budget Act, expand substance use disorder services to include contingency management services, a preventative measure to ensure continuity of access to Medi-Cal healthcare services for beneficiaries and payments to providers in the event of a disruption. The bill would require the department to issue guidance and training to providers on their use of contingency management services for Medi-Cal beneficiaries who access substance use disorder services under any Medi-Cal delivery system, including the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB888">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB888</a></p>	Support	<p>03/11/20 Re-referred to Committee on Health.</p>



Committee Approved 06/01/2020 – Update 06/26/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 932 (Wiener)	Communicable Diseases: COVID-19 Data Collection	<p>This bill would require any electronic <del>communicable disease reporting tool used</del> tool used by local health officers for the purpose of reporting cases of communicable diseases to by the State Department of Public Health, <del>and each local health officer</del> as specified, to include the capacity to collect and report data relating to the sexual orientation and gender identity of individuals who are diagnosed with coronavirus disease 2019 (COVID-19). The bill would also require a health care provider that knows of, or is in attendance on, a case or a suspected case of COVID-19 to report to the local health officer for the jurisdiction in which the patient resides, the patient's sexual orientation and gender identity, if known. By imposing new duties on local health officers, this bill would impose a state-mandated local program.</p> <p>This bill would declare that it is to take effect immediately as an urgency statute.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201920200SB932">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201920200SB932</a></p> <p>Previously HIV Counselor training bill. Language amended 5/5/2020 to current bill. Committee supported previous bill.</p>	Support	<p>06/29/20 Referred to Committee on Health</p> <p>06/25/20 Urgency clause adopted.</p>
SB 961 (Gonzalez)	<i>The Equal Insurance HIV Act.</i>	<p>The Equal Insurance HIV Act will stop insurance companies from rejecting Californians from life and disability income insurance coverage based solely on their HIV status.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB961">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB961</a></p>	Support	Hearing set for 5/14/20 Postponed by Committee on Insurance.
SB 1255	Committee on Insurance	<p>This bill, on and after January 1, 2023, would prohibit an insurer from declining an application or enrollment request for coverage under a policy or certificate for life insurance or disability income insurance based solely on the results of a positive HIV test, regardless of when or at whose direction the test was performed. However, the bill would not prevent or restrict an insurer from refusing to insure an applicant that is HIV positive, limiting the amount, extent, or kind of coverage for an applicant that is HIV positive, or charging a different rate to an applicant that is HIV positive, if the refusal, limitation, or charge is based on sound actuarial principals and actual or reasonably anticipated experience.</p> <p>Note: This bill is related to SB 961</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1255">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1255</a></p>	Watch	<p>06/29/20 Referred to Committee on Insurance</p>

**Committee Approved 06/01/2020 – Update 06/26/2020**

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 266 (McCollum /Betty)	Paycheck Protection Program and Health Care Enhancement Act	<p>This is the fourth legislative measure Congress has enacted in response to the Coronavirus pandemic. It provides additional funding for hospitals and COVID-19 testing, as well as additional funding to replenish Small Business Administration (SBA) programs.</p> <p><a href="https://www.congress.gov/bill/116th-congress/house-bill/266?">https://www.congress.gov/bill/116th-congress/house-bill/266?</a></p> <p> 4-30-20 WASHINGTON D.C. I</p>	Support	4/24/20 signed into law
H.R. 748 (Courtney/ Joe)	Coronavirus Aid Relief and Economic Security (CARES) Act	<p>The third measure enacted to address the impacts of the Coronavirus pandemic on state and local governments, health care workers, law enforcement and first responders, small businesses and individual Americans.</p> <p><a href="https://www.congress.gov/bill/116th-congress/house-bill/748?q">https://www.congress.gov/bill/116th-congress/house-bill/748?q</a></p> <p> 4-7-20 Washington, D.C. Update - The Pa</p>	Support	3/27/20 signed into law
H.R. 5806 (Lewis)	HIV Epidemic Loan-Repayment Program (HELP) Act of 2020	<p>The HIV Epidemic Loan-Repayment Program (HELP) Act responds to the increasing shortage of qualified healthcare professionals needed to provide care for people living with HIV by creating a new loan repayment program to help replenish the field of professionals. H.R. 5806 authorizes up to \$250,000 over five years in loan repayment to physicians, nurse practitioners, physician assistants, and dentists, who provide HIV treatment in health professional shortage areas or at Ryan White funded clinical sites.</p> <p><a href="https://www.congress.gov/bill/116th-congress/house-bill/5806?s=1&amp;r=15">https://www.congress.gov/bill/116th-congress/house-bill/5806?s=1&amp;r=15</a></p>	Support	02/07/20 Referred to the House Committee on Energy and Commerce.
H.R. 6074 (Lowey/ Nita)	Coronavirus Preparedness & Response Supplemental Appropriations Act of 2020	<p>This bill provides \$8.3 billion in emergency funding for federal agencies to respond to the coronavirus outbreak.</p> <p><a href="https://www.congress.gov/bill/116th-congress/house-bill/6074">https://www.congress.gov/bill/116th-congress/house-bill/6074</a></p>	Support	03/06/20 signed into law

# Assembly Bill 3216

## Job Protections for Working Families Impacted by COVID-19

### SUMMARY

AB 3216 would provide an array of job protections for employees across the state impacted by COVID-19.

Specifically, AB 3216 will assist workers through this public health crisis by:

- Allowing workers to use leave through the California Family Rights Act (CFRA) to care for themselves or a family member affected by COVID-19, including a family member whose school or care facility is closed due to COVID-19.
- Providing a right of recall and retention rights for employees who work for an employer that operates a hotel, event center, airport hospitality operation, janitorial service, building maintenance service, or security service.
- Providing an additional 7 days of paid sick leave to employees during a public health emergency.
- Expanding the uses of existing paid sick leave (3 days annually) to:
  - Being subject to or caring for a family member subject to a public health order
  - Circumstances where an employee's place of employment is closed due to a state of emergency
  - Circumstances where an employee is subject to an evacuation order due to a state of emergency

### BACKGROUND

While the family of coronaviruses has been around for some time, Coronavirus Disease 2019, or COVID-19, is a new kind of coronavirus. Its recent outbreak has now spread globally and the most common symptoms include fever cough and respiratory symptoms.

Given California's connectedness to the rest of the world and its sheer size, public health and emergency responders have had a plan for a flu-like pandemic and are taking the appropriate precautions to address any threat level. On March 4, 2020, Governor Newsom declared a state of emergency to help the state prepare for the spread of COVID-19. As of June 4, 2020, there are 119,807 confirmed cases and there have been 4,422 deaths in California. The number of cases in California is now on pace to double every 26.8 days, a reflection of how quickly the virus is spreading.<sup>1</sup>

To limit the spread of COVID-19, the California Department of Public Health recommends that individuals who experience respiratory symptoms such as a fever and cough stay away from work, school or other people. The severity of the disease varies as well as the time necessary to recover.

CFRA and federal Family and Medical Leave Act provide 12 weeks of unpaid leave in a 12-month period for an employee to care for their own serious health condition or a family member's serious health condition. To qualify for this leave, the employee must have worked for the employer for at least 12 months and provided 1,250 hours of service to the employer within the last 12 months. Employees who use this unpaid leave are protected from, among other things, discipline, retaliation, and termination.

What this pandemic has demonstrated is that California's job protections are vastly inadequate to address these unprecedented times. The federal Families First Coronavirus Response Act provides paid sick leave to some workers but leaves out nearly 12 million others. Yet, in California, workers are only guaranteed three days of paid sick leave under specified conditions while the

<sup>1</sup> Los Angeles Times - Tracking coronavirus in California <https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/>

recommended length of quarantine for individuals exhibiting symptoms of COVID-19 is 14 days. Employees who are diagnosed with or quarantined because of COVID-19 and who do not have the requisite amount of time or hours worked lack these important job protections.

Further, industries such as hotels, airport hospitality, event centers and building services have laid off one-third or more of their employees in the past two months. Workers in these industries, overwhelmingly people of color, have no right to be reconsidered or return to their previous employment and, even after their previous employer's business re-opens, could be passed over for younger workers willing to accept lower wages. These economic conditions add to physical toll this global pandemic has had on people of color, immigrant workers, and low wage workers.

Now that California is in its third month of complying with the Stay-At-Home orders, data demonstrates that low-income earners and Latino and African-American communities are disproportionately impacted by COVID-19. For example, in Santa Clara County, the four poorest zip codes in the county also have the greatest number of infected individuals and deaths from the disease. This is a reflection of the life and death decisions of those who do not have the means to stay at home face; work to provide for themselves and their families or stay home and risk dropping further into poverty.

## **SOLUTION**

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We are facing unprecedented times and unique challenges. As the state continues the careful process of re-opening its economy, it should do so with necessary job protections in place. California's economy cannot recover without its workers. Without these important protections in place, California further risks the slowing of its economic recovery and increases the public health threat of COVID-19. This important measure will help prevent the spread of COVID-19 by allowing workers impacted by the virus to remain away from

work while they are being treated or caring for their families.

## **CO-SPONSORS**

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- California Labor Federation
- American Civil Liberties Union of California
- California Employment Lawyers Association
- California Work and Family Coalition
- Equal Rights Advocates
- Legal Aid at Work

## **CONTACT**

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MOTION BY SUPERVISORS SHEILA KUEHL  
AND HILDA L. SOLIS

June 23, 2020

**Maintain LGBTQ+ Health Protections in the Affordable Care Act**

On Friday June 12, 2020, the Trump administration used its power to strip away rights from LGBTQ+ people. The timing of this rule—which impacts Section 1557 of the Affordable Care Act (ACA)—came on the 4th anniversary of the Pulse night club shooting, in which 49 people--most of them queer—were killed in a massacre by a lone gunman. The Rule also comes in the middle of Pride month—a time when the LGBTQ+ community and its allies join together in celebration, solidarity, and reflection on the gains made and the continued work ahead for the community. Instead of bolstering the rights and protections of those of us who are most vulnerable during a time that is fraught with unprecedented challenges, the administration chooses to do just the opposite—continuing to chip away at policies meant to ensure increased safety, well-being and dignity for all.

Specifically, the Trump administration moved to roll back nondiscrimination protections on the basis of sexual orientation and gender identity as outlined in Section 1557 of the ACA. The Obama-era protection defined gender identity expansively, as “male, female, neither, or a combination of male and female.” The current administration upholds a definition of gender that is based on biological sex, intentionally excluding people who do not identify as cisgender. Among those individuals left out of this narrow definition are

**MOTION**

SOLIS \_\_\_\_\_

RIDLEY-THOMAS \_\_\_\_\_

KUEHL \_\_\_\_\_

HAHN \_\_\_\_\_

BARGER \_\_\_\_\_

trans people, non-binary, genderqueer, intersex, and others. The new Rule would make it acceptable for a healthcare provider to refuse to see a transgender person. The implications of such a change are profoundly troubling for a population that routinely experiences negative interactions with healthcare providers at a disproportionately high rate. This Rule will likely further compound many LGBTQ+ people's complicated feelings about seeking out medical care in the first place, thereby contributing to even worse health outcomes. The Rule encourages discrimination by the health care industry and will harm an already vulnerable population, therefore, we are obligated to oppose it.

**WE, THEREFORE, MOVE** that the Board of Supervisors direct the Chief Executive Office's Legislative Affairs Division, in consultation with the relevant Health Agency departments to:

1. Send a 5-signature letter to HHS Secretary Alex M. Azar II opposing the proposed rule changes and seeking that the proposed Rule be withdrawn;  
and
2. Submit public comments in accordance with the official public comment process outlined by HHS.

**WE FURTHER MOVE** that the Board of Supervisors direct County Counsel to evaluate the Rule's impact in California and opportunities to join in or pursue litigation to challenge implementation of the final Rule.



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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Chief Executive Officer

Board of Supervisors  
HILDA L. SOLIS  
First District

MARK RIDLEY-THOMAS  
Second District

SHEILA KUEHL  
Third District

JANICE HAHN  
Fourth District

KATHRYN BARGER  
Fifth District

April 30, 2020

To: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

From: Sachi A. Hamai  
Chief Executive Officer

## WASHINGTON, D.C. UPDATE – PASSAGE OF THE FOURTH COVID-19 BILL (H.R. 266) AND THE PROCLAMATION TO SUSPEND IMMIGRATION

### Executive Summary

This report contains an update on the following legislative and Federal actions related to the response to COVID-19:

- **Passage of the Fourth COVID-19 Bill.** On April 24, 2020, President Donald J. Trump signed H.R. 266, the Paycheck Protection Program and Health Care Enhancement Act, which would provide additional funding for hospitals and COVID-19 testing, as well as additional funding to replenish Small Business Administration (SBA) programs. This is the fourth legislative measure Congress has enacted in response to the Coronavirus pandemic.
- **Presidential Proclamation to Suspend Immigration.** On April 22, 2020, President Donald J. Trump signed a proclamation to suspend immigration for 60 days, effective April 23, 2020.

Please refer to the attachment for more details on these measures.

We will continue to keep you advised.

SAH:FAD:SA  
OR:BSM:sy

Attachment

## **H.R. 266 – THE PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT**

On April 24, 2020, President Donald J. Trump signed H.R. 266, *the Paycheck Protection Program and Health Care Enhancement Act* (McCollum, MN-4), also referred to as the “COVID 3.5” Bill. H.R. 266 provides additional funding for hospitals and COVID-19 testing, as well as additional funding to replenish Small Business Administration (SBA) programs. This is the fourth legislative measure Congress has enacted in response to the Coronavirus pandemic.

This measure includes the following County-supported funding:

- \$75.0 billion for the Public Health and Social Services Emergency Fund for reimbursement to hospitals and healthcare providers to support the need for COVID-19 related expenses and lost revenue. This funding is in addition to the \$100.0 billion provided in the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136). ***The County’s Washington, D.C. Advocates will continue to advocate for increased funding that is targeted to supporting public hospital systems and additional emergency appropriations for the Hospital Preparedness Program.***
- \$25.0 billion for necessary expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests to effectively monitor and suppress COVID-19. Of that amount, \$11.0 billion will be available to states, localities, territories, and tribes to develop, purchase, administer, process, and analyze COVID-19 tests, scale-up laboratory capacity, trace contacts, and support employer testing. ***The County’s Washington, D.C. Advocates will continue to advocate for additional funds to enhance public health infrastructure in order to provide essential activities and build capacity for COVID-19 testing and linkage to care.***

This measure includes the following provisions of interest to the County:

- An increase in funding for the SBA Paycheck Protection Program (PPP) from \$349.0 billion to \$659.0 billion and increases to the program’s appropriation level from \$349.0 billion to \$670.3 billion to ensure sufficient resources for the program. It also dedicates funds to small lender and community-based financial institutions and \$50.0 billion in new funding for the SBA’s Economic Injury Disaster Loan Program.
- \$10.0 billion in additional funding for the Emergency Economic Injury Disaster (EIDL).

This bill does not include the following County-supported provisions and funding: backfill funding for State and local government revenue losses; Medicaid and healthcare related provisions; additional funding for public health infrastructure and activities; increased funding for homelessness programs; additional funding for safety net programs and investments in preventing child abuse and neglect; and increased funding for the 2020 Census, among other County-supported proposals. ***The County’s Washington, D.C. Advocates will continue to advocate for these critical proposals for inclusion in the next legislative measure.***

The enactment of this measure follows the passage of H.R. 748, *the CARES Act* (P.L. 116-136); H.R. 6074, *the Coronavirus Preparedness and Response Supplemental Appropriations Act* (P.L. 116-123); and H.R. 6201, *the Families First Coronavirus Response Act* (P.L. 116-127). Prior to the passage of H.R. 266, the President indicated his interest in discussing options for a fifth legislative bill.



## **County-Supported Provisions**

**County-supported Funding for the Public Health and Social Services Emergency Fund:** \$75.0 billion for this emergency fund for reimbursement to hospitals and healthcare providers through grants or other mechanisms for health care-related expenses or lost revenues attributable to COVID-19, consistent with the provisions in the CARES Act. This funding is in addition to the \$100.0 billion provided in the CARES Act, of which the U.S. Department of Health and Human Services (HHS) has already allocated \$30.0 billion and is preparing to allocate the remaining funds. It is expected that this next allocation of funds from the CARES Act will be distributed to providers, including public hospital systems, based on the number of COVID-19 and intensive care unit (ICU) cases.

**The Department of Health Services is supportive of ongoing funding and resources to support health systems addressing the COVID-19 crisis and requests that funding include:** 1) targeted funding to public health systems allocated by each state's share of DSH funding; 2) hazard pay for all frontline workers during the pandemic; 3) a moratorium on the Medicaid Fiscal Accountability Regulation; and 4) an extension of the Medicaid 1115 waivers expiring this year.

**The Department of Public Health, Substance Abuse Prevention and Control, (DPH-SAPC) supports efforts to reimburse hospitals and healthcare providers, including specialty substance use disorder (SUD) providers, for health care related expenses or lost revenues that are attributable to the COVID-19 pandemic. DPH-SAPC estimates a significant reduction in claims and admissions (and/or utilization) during March 2020 due to COVID-19, resulting in an anticipated decline in March revenues that will adversely impact DPH-SAPC's provider network. Relief funds to address these types of budget shortfalls are needed to help minimize the potentially devastating effect of COVID-19 on community-based providers.**

***The County's Washington, D.C. Advocates will continue to advocate for increased funding that is targeted to supporting public hospital systems and additional emergency appropriations for the Hospital Preparedness Program.***

**County-supported Funding to Increase COVID-19 Testing:** \$25.0 billion is provided for necessary expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests to effectively monitor and suppress COVID-19. H.R. 266 requires plans from states, localities, territories, and tribes on how resources will be used for testing and easing COVID-19 community mitigation policies and specifies the appropriation of funding to enhance COVID-19 testing capacity as follows:

- **State and Local Agencies:** \$11.0 billion for states, localities, territories, and tribes to develop, purchase, administer, process, and analyze COVID-19 tests, scale-up laboratory capacity, trace contacts, and support employer testing. This funding is inclusive of:
  - \$2.0 billion provided to States consistent with the Public Health Emergency Preparedness grant formula, ensuring every state receives funding;
  - \$4.25 billion provided to areas based on relative number of COVID-19 cases; and
  - \$750.0 million provided to tribes, tribal organizations, and urban Indian health organizations in coordination with Indian Health Service; and
  - \$1.0 billion allowed to be used to cover the costs of testing for the uninsured.

- U.S. Centers for Disease Control and Prevention Funding: \$1.0 billion for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization.

***The County’s Washington, D.C. Advocates will continue to support additional funds to enhance public health infrastructure in order to provide essential activities and build capacity for COVID-19 testing and linkage to care.***

### **Provisions of County Interest**

#### **HEALTH**

**Funding of County-Interest to Increase COVID-19 Testing:** Of the \$25.0 billion provided to expand capacity for COVID-19 testing, the following appropriations are included:

- National Institutes of Health (NIH): \$1.8 billion provided to the NIH to develop, validate, improve, and implement testing and associated technologies; to accelerate research, development, and implementation of point-of-care and other rapid testing; and for partnerships with governmental and non-governmental entities to research, develop, and implement the activities.
- Biomedical Advanced Research and Development: \$1.0 billion for advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID-19 tests or related supplies.
- Food and Drug Administration: \$22.0 million to support activities associated with diagnostic, serological, antigen, and other tests, and related administrative activities.

**This office is working with all affected departments to assess the impact of these proposals.**

#### **SMALL BUSINESS ADMINISTRATION (SBA) PROGRAMS**

**Increases Funding and Authorization for the Paycheck Protection Program (PPP):** Proposes to increase funding for the PPP from \$349.0 billion to \$659.0 billion and to increase the program’s appropriation level from \$349.0 billion to \$670.335 billion to ensure sufficient resources for the program. This proposal also creates a set-aside for Insured Depository Institutions, Credit Unions, and Community Financial Institutions. Set asides include: \$30.0 billion for loans made by Insured Depository Institutions and Credit Unions that have assets between \$10.0 billion and \$50.0 billion; and \$30.0 billion for loans made by Community Financial Institutions and Insured Depository Institutions with assets of less than \$10.0 billion. Community Financial Institutions are defined as minority depository institutions, certified development companies, microloan intermediaries, and State or Federal Credit Unions.

**Increases Funding and Authorization for Economic Injury Disaster Loans:** Proposes to increase funding for the Emergency Economic Injury Disaster (EIDL) Grants from \$10.0 billion to \$20.0 billion. The proposal would allow eligible certain SBA agricultural enterprises, with not more than 500 employees, to receive EIDL grants and loans.

**Increases Funding for the Small Business Administration:** Proposes an additional \$2.1 billion to ensure that SBA has the staffing resources to support the loan programs, as well as an additional \$50.0 billion for the Disaster Loans Programs Account.

**Emergency Designation:** Includes emergency designation language for the grant funding to small business for budgetary purposes.

The Department of Consumer and Business Affairs (DCBA) reports that the first-come, first-serve criteria utilized for issuing forgivable loans under the PPP under the CARES Act gives preference to businesses with existing relationships with lenders and resources to navigate the government application. DCBA is in support of ensuring Federal relief efforts reach traditionally underserved markets by prioritizing PPP loans to small businesses owned by socially and economically disadvantaged individuals most adversely impacted by the COVID-19 pandemic, including minority-owned businesses, women-owned businesses and other companies disadvantaged in the lending market.

The Chief Executive Office (CEO) - Economic Development Branch concurs with DCBA's concerns about the implementation of the PPP funding under the CARES Act, noting that media reports indicate that 71 publicly traded companies with access to capital were given large awards, while many small businesses found it difficult to qualify.

The Chief Executive Office - Economic Development Branch also reports that according to Bloomberg News, although California received the highest allocation of PPP funding from the CARES Act, in reality, the state was at the bottom of the 50 states in terms of eligible payrolls versus funded loans, with only 38 percent of eligible payrolls funded while 27 other states (mostly midwestern) were funded at 60 to 80 percent of eligible payrolls.

The Department of Arts and Culture indicates this assistance to small businesses may also have a positive impact to the County's arts and creative economy.

While the Department of Consumer and Business Affairs, the CEO-Economic Development Branch, and the Workforce Development, Aging and Community Services (WDACS) Department are supportive of the allocations and programs established under the CARES Act and further supplemented by H.R. 266, the Departments request additional funding to ensure sufficient resources to support small businesses and workers. The Departments also note the need for further consideration of funding for small businesses owned by socially and economically disadvantaged individuals adversely impacted by COVID-19, including minority-owned businesses, women-owned businesses and other companies disadvantaged in the lending market. The Departments support the set-asides created under H.R. 266 as a great start but indicate that increased access to capital is needed to provide much needed economic relief to support Los Angeles County's diverse small business community.

The Department of Consumer and Business Affairs currently supports small businesses through a variety of programs, including most recently the Los Angeles County Disaster Help Center launched in partnership with WDACS that aids impacted small businesses, workers, non-profits, and landlords and tenants impacted by COVID-19 with vital information and resources. WDACS has launched the Los Angeles County Employer Assistance Grant fund to help smaller businesses employing between two through 50 employees retain their workforce and their revenue streams. Thus far, the County has awarded grants to 59 businesses Countywide, none of which were approved for the Paycheck Protection Program. Access to capital for these businesses is paramount. Additional funds for these and other programs will afford the opportunity to expand services to our diverse communities affected by COVID-19, including leveraging existing partnerships to provide increased access to capital.

This office, the CEO-Economic Development Branch, the Department of Consumer and Business Affairs, and the Workforce Development, Aging and Community Services department support increased funding for small and large businesses as well as funding to help provide workers relief from the economic impacts of COVID-19. Therefore, unless otherwise directed by the Board, consistent with existing policy to support legislation that would increase economic opportunities for small businesses, including access to capital and microlending opportunities, *the County's Washington, D.C. advocates will support increased funding for businesses and workers to increase economic relief opportunities for all businesses and workers impacted by COVID-19 and also support proposals that increase access to capital for underbanked and underserved markets.*

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### **PRESIDENTIAL PROCLAMATION TO SUSPEND IMMIGRATION**

On April 22, 2020, President Trump issued a proclamation to suspend immigration for 60 days, effective April 23, 2020.

The suspension and limitation of entry shall apply only to immigrants who:

- are outside of the U.S. on the effective date of this proclamation;
- do not have an immigrant visa that is valid on the effective date of this proclamation; and
- do not have an official travel document other than a visa that is valid on the effective date of the proclamation.

The suspension and limitation of entry shall not apply to:

- any lawful permanent resident of the U.S.;
- any immigrant seeking to enter the U.S. on an immigrant visa as a physician, nurse, or other healthcare professional to perform medical research or other work essential to combating, recovering from, or alleviating the effects of the COVID-19 outbreak and their spouse and children;
- any immigrant applying for a visa to enter the U.S. pursuant to the EB-5 Immigrant Investor Program;
- any immigrant who is the spouse of a U.S. citizen;
- any immigrant who is under 21 years old and is the child of a U.S. citizen, or who is a prospective adoptee seeking to enter the U.S. pursuant to the IR-4 or IH-4 visa classifications;
- any immigrant whose entry would further U.S. law enforcement objectives;
- any member of the U.S. Armed Forces and any spouse and children of a member of the U.S. Armed Forces;
- any immigrant seeking to enter the U.S. pursuant to a Special Immigrant Visa; or
- any immigrant whose entry would be of national interest.

**The Department of Consumer and Business Affairs - Office of Immigrant Affairs (DCBA-OIA) reports that given the numerous exceptions and closures of U.S. consulates, the impact on Los Angeles County will be limited if the proclamation ends after 60 days and is not extended thereafter. If consulates resume normal processing in the next couple of months and the President extends the suspension of immigration, DCBA-OIA anticipates that there will be an impact on Los Angeles County families. This includes U.S. citizens who have petitioned for their parents or those who have been waiting for years, sometimes decades, to reunite with their adult son/daughters or siblings. Los Angeles County is home to a disproportionate share of petitioners waiting to reunify with relatives in those preference categories. An extension of this proclamation is likely to inflict suffering on families who have waited a long time to be reunified through the legal immigration system.**