



LOS ANGELES COUNTY
COMMISSION ON HIV



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PUBLIC POLICY COMMITTEE Virtual Meeting

Monday, January 9, 2022

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

*Meeting Agenda + Packet will be available on our website at:
<http://hiv.lacounty.gov/Public-Policy-Committee>

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

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PUBLIC COMMENTS

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 via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

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**REVISED AGENDA FOR THE VIRTUAL MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV**

PUBLIC POLICY COMMITTEE

MONDAY, JANUARY 9, 2023 | 1:00 PM – 3:00 PM

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r5a3c20908558c40f1b923ab53241b5db>

Link is for non-committee members only

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

Access code: 2592 458 5505

Password: PUBLIC

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton, (Alternate)	Mary Cummings
Pearl Doan	Felipe Findley, PA-C, MPAS, AAHIVS	Jerry D. Gates, PhD	Eduardo Martinez (Alternate)
Paul Nash, PhD, CPsychol, AFBPsS, FHEA	Ricky Rosales		
QUORUM: 6			

AGENDA POSTED January 3, 2023.

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California's Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx.

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 via https://www.surveymonkey.com/r/PUBLIC_COMMENTS. 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 a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated parking is available.

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 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 and Check-in, Conflict of Interest Statements 1:00 PM – 1:05 PM

I. ADMINISTRATIVE MATTERS

1:05 PM – 1:08 PM

- | | |
|--------------------------------|------------------|
| 1. Approval of Agenda | MOTION #1 |
| 2. Approval of Meeting Minutes | MOTION #2 |

II. PUBLIC COMMENT

1:08 PM – 1:10 PM

3. 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

4. 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

- | | |
|------------------------------------|-------------------|
| 5. Executive Director/Staff Report | 1:15 PM – 1:20 PM |
| 6. Co-Chair Report | 1:20 PM – 1:30 PM |
| a. 2023 Workplan Development | |

V. DISCUSSION ITEMS

- | | |
|--|-------------------|
| 7. FDA Blood Donation Policy Presentation
Catherine Lapointe, MPH | 1:30 PM—2:00 PM |
| 8. Legislative Docket | 2:00 PM – 2:10 PM |
| 8. Policies Priority – Action Plan Development | 2:10 PM – 2:20 PM |
| 9. State Policy & Budget Update | 2:20 PM – 2:30 PM |
| 10. Federal Policy Update | 2:30 PM – 2:40 PM |
| 11. County Policy Update
a. COH Coordinated Response to the STD Crisis | 2:40 PM – 2:50 PM |

VI. NEXT STEPS

2:50 PM – 2:55 PM

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

VII. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT

3:00 PM

- 15.** Adjournment for the meeting of January 9, 2023

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



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave., 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 •
FAX (213) 637-4748HIVCOMM@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.

Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

PUBLIC POLICY COMMITTEE MEETING MINUTES

December 5, 2022

Draft

COMMITTEE MEMBERS			
P = Present A = Absent EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Eduardo Martinez (Alternate)	A
Lee Kochems, MA, Co-Chair	P	Ricky Rosales	A
Alasdair Burton (Alternate)	P	Martin Sattah, MD	P
Felipe Findley	P	Courtney Armstrong	P
Jerry Gates, PhD	P		
COMMISSION STAFF AND CONSULTANTS			
Jose Rangel-Garibay			

*Some participants may not have been captured electronically. 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://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/1bf69852-a0a6-4140-9624-774aba5f84c6/Pkt-PPC-12-05-22-Final.pdf>

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Katja Nelson, Co-Chair, called the meeting to order, led introductions, and stated that conflicts of interest can be found in the meeting packet. During introduction, Courtney Armstrong shared that as of today she will be stepping down from role at the Division of HIV and STD Programs (DHSP). Mario Perez, DHSP Director, is in the process of hiring a successor. Lee Kochems, Co-Chair, and K. Nelson thanked Courtney for her service to the Commission and her contributions to the PPC.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approval of the Agenda Order as presented or revised ✓ Passed by Consensus

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approval of November 7, 2022 Public Policy Committee meeting minutes as presented or revised ✓**Passed by Consensus**

II. PUBLIC COMMENT

3. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION. *No public comments.*

III. COMMITTEE NEW BUSINESS ITEMS

4. 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.

Felipe Findley informed the Public Policy Committee (PPC) that he will be delivering a presentation on the intersections of HIV and mass incarceration at the December COH meeting. He requested for the PPC to consider discussing policies related to HIV and mass incarceration during the “Policy Priorities—Action Plan” agenda item.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

Jose Rangel-Garibay informed the PPC that there will be several meetings this week, including PPC, Standards and Best Practices Committee (SBP), Aging Caucus, Operations Committee, Executive Committee, and the full-body Commission on HIV (COH).

b. Policy and Legislative Docket Training Update

J. Rangel-Garibay led the Policy and Legislative Docket Training on November 16, 2022. Commissioners Lee Kochems and Everardo Alvizo were in attendance. Feedback from the training was to make sure that COH staff adds more emphasis on the training regarding the PPC’s role as an advisory body and how it is different from other planning bodies. J. Rangel-Garibay will host this training again in 2023.

c. Co-Chair Nominations/Elections

There were no additional nominations for the Co-Chair. Commissioners Katja Nelson and Lee Kochems were elected as Co-Chairs for 2023.

d. Comprehensive HIV Plan (CHP) Update

J. Rangel-Garibay noted that AJ King, consultant, provided an update at the COH's Annual Meeting on November 10, 2022. The public comment period for the document ended on November 21, 2022, and the CHP will be submitted to HRSA and the CDC on December 8, 2022.

6. CO-CHAIR REPORT

a. Act Now Against Meth (ANAM) Update

K. Nelson informed the PPC that the Board of Supervisors (BOS) have not received a report back from County departments (Public Health, Health Services, Mental Health, Alliance for Health Integration, Medical Examiner-Coroner, Alternatives to Incarceration, Children and Family Services, Homeless Services Authority, Homeless Initiative, Office of Education, and the Chief Executive Office)with an updated plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids, and other substances. The BOS gave the departments 120 days from the motion date (July 26, 2022) to report back. An update will be provided once the report is available. COH staff will also be monitoring the BOS) Correspondence website to track any reports from the County Departments. Kevin Donnelly, Planning Priorities and Allocations (PP&A) Co-Chair noted that staff from the County Department of Substance Abuse Prevention Control (SAPC) delivered a presentation to the COH Prevention Planning Workgroup (PPW) on programming they are implementing in response to budget increases. The presentation slides are available on the COH website and can be accessed here:

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/ff89d6da-a0e2-4eb3-824c-69ac28f10a60/Pkt_PPW_102622-revised.pdf

b. Workplan Update and 2023 Workplan Development

K. Nelson provided an overview of the 2022 Workplan; see meeting packet for additional details. She noted that the PPC will focus on developing the 2023 workplan, begin populating the 2023 Legislative Docket with new bills as the committee learns about them, lean on Commissioner Ricky Rosales for Item 7 on the 2022 workplan, and continue the discussion on modernizing the Ryan White Care Act with the goal to explore the feedback received during the Annual Meeting discussion to inform the PPC's policy activities.

c. Annual Meeting Debrief – *No discussion held.*

V. DISCUSSION ITEMS

7. LEGISLATIVE DOCKET

The PPC will begin drafting their 2023 legislative docket early 2023.

8. POLICIES PRIORITY – ACTION PLAN

F. Findley shared more details regarding the presentation he will deliver at the December 8, 2022, Commission meeting. He noted that the CHP includes language that describes the impacts of incarceration on increased vulnerability for HIV and added that the conversation should shift towards discussing divesting funds from the carceral system and redirecting these funds towards community programs to reduce HIV risk in LA County. K. Nelson added that the PPC can add this discussion in deliberations for the Policy Priorities Action Plan the committee will work on in 2023.

9. STATE POLICY & BUDGET UPDATE

K. Nelson informed the PCC that there will potentially be a \$25 million budget shortfall for the State of California in 2023. Courtney Armstrong shared a report from the CA Legislative Analyst's Office which provides an analyzes of the 2023-24 California's Fiscal Outlook. The document can be accessed here: [The 2023-24 Budget: California's Fiscal Outlook](#). The report notes that with the existing funding, there are no items that are necessarily at risk. However, the 10 million over 3 years for Syphilis has only been allocated for the first year and can potentially pose a vulnerability that the PPC and the BOS should consider monitoring. K. Nelson recommended coordinating a meeting with the Supervisorial District 3 (SD3) Health Deputies to alert the BOS of the need for their advocacy and support at the state level to protect any potential funding vulnerabilities. C. Armstrong also suggested following-up with Mario Perez to determine what actions the Department of Public Health will be taking in the matter.

The PPC held a robust discussion on the lack of reporting and awareness of trichomoniasis. Alasdair Burton suggested bringing this up to the full COH.

10. FEDERAL POLICY UPDATE

K. Nelson informed the group that COVID-19 will be declared an emergency until January 2023.

11. COUNTY POLICY UPDATE

a. COH Coordinated Response to the STD Crisis

K. Nelson informed the PPC that LA County will be having a new mayor (City of Los Angeles), sheriff, and District 3 representative following the midterm elections.

The Planning, Priorities and Allocations (PP&A) Committee and Executive Committee will be adding the COH coordinated response to the STD crisis as a standing item on their agendas.

VI. NEXT STEPS

12. TASK/ASSIGNMENTS RECAP

- The PPC will begin discussing their Action Plan for the Policy Priorities.
- The PPC will start developing their 2023 legislative docket.

13. AGENDA DEVELOPMENT FOR THE NEXT MEETING

The January PPC meeting will be held on Monday, January 9, 2023 and will have the following agenda items:

- Draft 2023 Workplan
- Draft 2023 Legislative Docket
- FDA Blood Donation Deferral Policy Presentation
- Follow-up on items related to modernizing the Ryan White Care Act
- Develop action plan for items in Policy Priorities document

VII. ANNOUNCEMENTS

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

- A. Burton announced that the Consumer Caucus will be meeting on December 8th from 3:00 – 4:30 PM.
- F. Findley announced that he will be presenting at the December COH meeting and encouraged members of the PPC to attend and participate in the conversation.

VIII. ADJOURNMENT

15. ADJOURNMENT FOR THE MEETING OF DECEMBER 5, 2022

The meeting was adjourned by K. Nelson.



2022 WORK PLAN – PUBLIC POLICY

Committee Name: PUBLIC POLICY COMMITTEE (PPC)			Co-Chairs: Katja Nelson, Lee Kochems	
Committee Adoption Date: January 3, 2022			Revision Dates: 8/9/22, 8/22/22, 9/27/22, 12/5/22	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2022				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Develop the Comprehensive HIV Plan 2022-26	The Committee will gather, discuss and provide policy issues for inclusion in the plan.	10/2022	The Committee will agendize the CHP and information will flow to the consultant on an ongoing basis.
2	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment	The Committee will hold public hearing(s) to encourage community engagement and representation in Commission legislative policy making. Public Policy priorities will be streamlined and barriers for community participation reduced.	06/2022 COMPLETED	The Committee is scheduled to hold a public hearing in February or March of 2022.
3	Continue to advocate for an effective County-wide response to the STD epidemic. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues. Follow up with BOS motions that include recommendations from the ANAM platform and track reporting.	The Committee will better inform the development of legislative and policy priorities with public hearings. The Committee will review government actions that impact funding and implementation of sexual health and HIV services.	Ongoing	The Committee has included “COH Response to STD crisis” as a standing item on the meeting agenda to track BOS motions related to the BOS STD response and the ANAM platform.
4	Prepare Policy Priorities for 2022 to include the alignment of priorities with the Black/African American Community (BAAC) Task Force, Women Caucus, Aging Task Force, Consumer Caucus, Prevention Workgroup and Trans-gender Caucus recommendations.	The Committee will discuss and craft policy priorities for 2022, ensuring policy efforts prioritize recommendations.	04/2022 12/2022 COMPLETED	The Committee approved the Policy Priorities 2022-2023 document on 9/12/22. The Executive Committee will vote on a motion to approve the 2022-2023 Policy Priorities document on 12/7/22. If the document is approved, it will be added to the 12/8/22 Full-body Commission meeting agenda.

2022 WORK PLAN – PUBLIC POLICY—APPROVED 7/14/22

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
5	Develop an Action Plan to align with the Policy Priorities document	The Committee will craft a document to describe and track the goals and action steps related to the recommendations outlined in the Policy Priorities document.	12/2022- Ongoing	Commission staff developed a template to populate with action steps.
6	Develop 2022 Legislative Docket	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses, and workgroups to develop the Commission docket, and discuss legislative position for each bill.	5/2022 07/2022 COMPLETED	<p>The Committee will begin legislative bill review in 2/2022. Once the docket is established it will be submitted to the Commission for approval.</p> <p>The legislative docket was approved by the Commission on 7/14/22. The document was edited on 9/27/22 to reflect the Governor's decisions on listed Bills.</p>
7	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	03/2022 - Ongoing	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.
8	Efforts to Modernize the Ryan White Care Act	The Committee will facilitate a discussion for the interest in modernizing the Ryan White Care Act at the Commission's Annual meeting.	2023- Ongoing	<p>The Committee Co-chairs will be listed as topic sponsors on the annual meeting agenda.</p> <p>Key takeaways from the "Dreaming Big: Community Wish List for a Better and Modernized Ryan White Care System & Ryan White CARE Act Legislation Overview":</p> <ul style="list-style-type: none"> • There is a need for a centralized eligibility process to End the HIV Epidemic. The amount of energy spent on eligibility screening is taxing on clients and providers • The lack of health system integration places undue burden on patients

2022 WORK PLAN – PUBLIC POLICY—APPROVED 7/14/22

				<p>who are already suffering. Modernizing the application process so that clients do not have to constantly renew and duplicate documentation. Documentation is a barrier.</p> <ul style="list-style-type: none"> • Living taking meds is not enough anymore. Need to reform the way HIV care and prevention can be more than just biomedical interventions; make care more holistic. • Need to improve training of incoming HIV care/prevention staff to enable them to provide holistic care and prevent adding more trauma to clients.
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2023 WORK PLAN – PUBLIC POLICY—UNDER REVIEW

Committee Name: PUBLIC POLICY COMMITTEE (PPC)			Co-Chairs: Katja Nelson, Lee Kochems	
Committee Adoption Date: TBD			Revision Dates:	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2023				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2023 workplan	COH staff to review and update 2023 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/23/23
2	Provide feedback on and monitor implementation of the Comprehensive HIV Plan (CHP)	Collaborate with the PP&A Committee to support the implementation of the CHP	Ongoing, as needed	
2	Hold public hearing to encourage community engagement and representation in Commission legislative policy advocacy.	The Committee will better inform the development of legislative and policy priorities with public hearings.	TBD	The Committee is scheduled to hold a public hearing in February or March of 2022.
3	Continue to advocate for an effective County-wide response to the STD crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of sexual health and HIV services. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STD crisis in Los Angeles County.
4	Continue to advocate for an effective County-wide response to the meth crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of items on the ANAM platform.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the ANAM platform.
5	Update the 2022-2023 Policy Priorities document.	The Committee will revise the Policy Priorities document to include the alignment of priorities from Commission stakeholder groups including the Black Caucus, Women’s Caucus, Aging Caucus, Transgender Caucus, Consumer Caucus, and the Prevention Planning Workgroup.	Ongoing, as needed	

2023 WORK PLAN – PUBLIC POLICY—UNDER REVIEW

6	Populate the Policy Priorities Action Plan to outline tasks and track progress towards meeting goals.	The Committee will craft a document to describe and track the goals and action steps related to the recommendations outlined in the Policy Priorities document.	Ongoing, as needed	.
6	Develop 2023 Legislative Docket	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses, and workgroups to develop the Commission docket, and discuss legislative position for each bill.	TBD	The Committee will begin legislative bill review in 2/2023. Once the docket is established it will be submitted to the Commission for approval.
7	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	Ongoing	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.
8	Efforts to Modernize the Ryan White Care Act	<p>The Committee facilitated a discussion for the interest in modernizing the Ryan White Care Act at the Commission's 2022 Annual meeting.</p> <p>"Dreaming Big: Community Wish List for a Better and Modernized Ryan White Care System & Ryan White CARE Act Legislation Overview"</p>	Ongoing	<p>Key takeaways:</p> <ul style="list-style-type: none"> • Need for a centralized eligibility process to End the HIV Epidemic. Energy spent on eligibility screening is taxing on clients and providers • Lack of health system integration places undue burden on patients who are already suffering. Documentation is a barrier. • Living taking meds is not enough anymore. Need to reform the way HIV care and prevention can be more than just biomedical interventions • Need to improve training of incoming HIV care/prevention staff to enable them to provide holistic care and prevent adding more trauma to clients.

U.S. FOOD AND DRUG ADMINISTRATION GUIDELINES FOR
BLOOD DONATIONS BY MEN WHO HAVE SEX WITH MEN:
POLICY ANALYSIS AND RECOMMENDED UPDATES RELEVANT
TO HIV PREVENTION

Catherine Lapointe, MPH

Anthony S. DiStefano, Ph.D., MPH

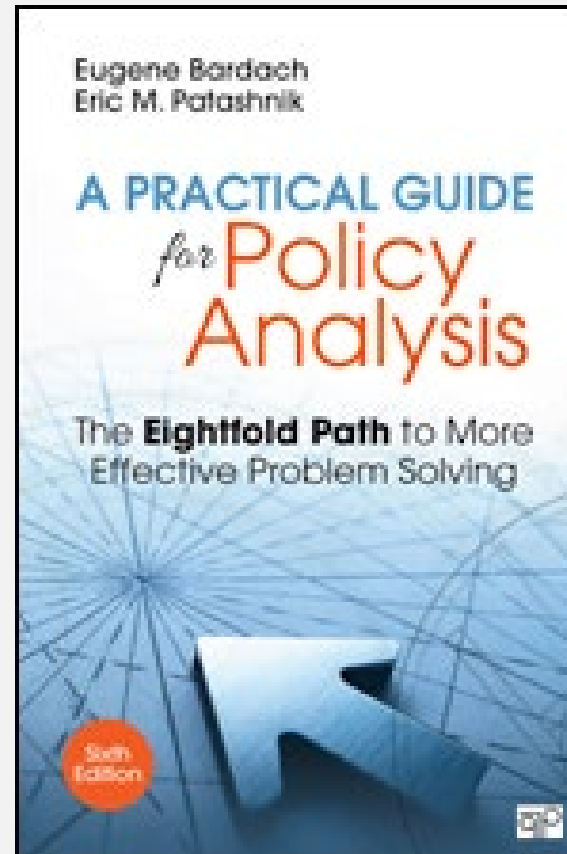
Department of Public Health, California State University, Fullerton

ISSUE

- The U.S. Food and Drug Administration (FDA)'s lifetime deferral policy for blood donation by men who have sex with men (MSM) was first implemented in 1985 to protect the blood supply from HIV.¹
- In 2015, the policy was reduced from a lifetime ban to one year since last same-sex sexual contact.² In 2020, it was reduced to three months.³
- The current time-based deferral has been criticized for unnecessarily prolonging discrimination against MSM while eliminating potential donors as the national blood supply diminishes to crisis levels.

DESCRIPTION

- We conducted a policy analysis using Bardach's and Patashnik's Eightfold Path method ⁴
 - Traced historical antecedents of FDA's current MSM deferral policy
 - Weighed evidence for and against a shift to individual risk-based assessments of donor eligibility.
 - Offered new protocol recommendations to protect the blood supply from HIV without excluding all sexually active MSM
- We used the Centers for Disease Control and Prevention (CDC)'s *Steps for Writing Briefs* as a guide to write the policy belief ⁵



HISTORICAL CONTEXT

- **1981:** CDC reported multiple cases of unusual illness (Kaposi's sarcoma and *Pneumocystis pneumonia*) among young gay men in CA and NY.⁶⁻⁷ It was later determined these illnesses were caused by AIDS.
- **1981-1982:** Between 6/5/1981-9/15/1982, 593 cases of AIDS were reported, 41% resulting in death.⁸
- **1983:** CDC identified homosexual men with multiple sex partners, intravenous drug users, Haitians, and people with hemophilia as high-risk groups for AIDS. Sexual contact and exposure to blood or blood products identified as primary modes of transmission.⁹



HISTORICAL CONTEXT (CONTINUED)

- **1983:** FDA advised blood collection agencies to inform high-risk groups not to donate blood until the AIDS emergency was resolved or tests were available; and to quarantine or dispose of blood collected from a donor suspected or confirmed to have AIDS unless used for AIDS-related research.¹⁰
- **1984:** It was discovered that AIDS was associated with a viral agent initially referred to as both human T-cell lymphotropic virus type III¹¹ and lymphadenopathy-associated virus,¹² or HTLV-III/LAV.¹³
- **1986:** Name of viral agent responsible for AIDS changed from HTLV-III/LAV to human immunodeficiency virus (HIV).¹⁴

HISTORICAL CONTEXT (CONTINUED)

- **1985:** The FDA revised their donor deferral policy, stating that any man who reported having had sex with another man since 1977, even once, should not donate blood or plasma. ¹
- **2015:** FDA reduced the MSM deferral period from lifetime to one year since last sexual contact. ²
- **2020:** FDA reduced the MSM deferral period from one year to three months since last sexual contact. ³

COVID-19 AND THE NATIONAL BLOOD SHORTAGE

- The 2020 FDA donor deferral policy was largely influenced by the COVID-19 emergency, which caused a shortage in the U.S. blood supply.³
- Early efforts to reduce the spread of COVID-19 resulted in the cancellation of an estimated 2,700 Red Cross Blood Drives, contributing to the nation's blood shortage.¹⁵
- Discovery of convalescent plasma as a COVID-19 treatment increased the demand for blood donation further, pushing the FDA to reduce the deferral period for MSM to increase the pool of eligible donors.¹⁶



FDA IS ASSESSING ALTERNATIVES TO MSM DEFERRAL

- Assessing Donor Variability and New Concepts in Eligibility (the ADVANCE Study) is an FDA-funded project conducted by Vitalant, OneBlood, and the American Red Cross to evaluate alternatives to the current three-month MSM deferral period.
- Results will help determine whether an individual risk-based questionnaire would be as effective as a time-based deferral in keeping HIV out of the blood supply.¹⁷
- Enrollment concluded on September 30, 2022.
- In December 2022, the FDA published a statement that the data from the study will likely support a policy transition to individual risk-based donor screening questions.



ARGUMENTS FOR A SHIFT TO INDIVIDUAL RISK-BASED ASSESSMENTS

DISCRIMINATION

- The MSM donor deferral policy has been criticized as being discriminatory against gay, bisexual, and other MSM.
- The 2016 mass shooting at PULSE, a gay nightclub in Orlando, Florida, sparked major opposition to the FDA's deferral policy when many MSM were turned away from donating blood to victims injured during the shooting. ¹⁸



NATIONAL BLOOD SHORTAGE CRISIS

- In January 2022, several U.S. senators wrote a letter to leaders of the Department of Health and Human Services (HHS) and FDA requesting an update to the current MSM deferral policy based on individual risk factors.¹⁹
- The letter was written in light of the ongoing national blood crisis, which the American Red Cross labeled worst in more than a decade.²⁰

TESTING OF DONATED BLOOD

- The CDC requires that all donated blood be tested for infectious agents, including HIV.²¹
- All blood donations undergo two types of lab testing: antibody (enzyme immunoassay: GS HIV-1/HIV-2 PLUS O EIA) and nucleic acid amplification testing (NAT) for HIV-1 and HIV-2.^{21, 22}
- The U.S. blood supply is well protected with these measures in place. The likelihood of HIV transmission is low and the estimated risk per blood donation is 1 in 1.6 million.²³
- HIV is usually detected within 18-45 days after exposure using an antibody detection test and within 10-33 days using a NAT.²⁴
- NATs' reduced window period supports argument that the current three-month MSM deferral period can be shortened.²⁵

AVERAGE WINDOW PERIODS BETWEEN HIV INFECTION AND DETECTION IN LAB TESTS USED FOR BLOOD DONATION

Type of Test	Window Period
Antibody Detection Test	18 - 45 Days
Nucleic Acid Test	10 - 33 Days

Data source: Centers for Disease Control and Prevention (2022).²⁴

INDIVIDUAL RISK FOR A MORE TARGETED ASSESSMENT

- Opponents of the FDA deferral policy advocate an individual risk-based screening to take its place – for use with all potential donors, regardless of the sex and gender of sexual partners.^{17,26,27}

POLICY CHANGES IN OTHER COUNTRIES TO REMOVE MSM DEFERRALS

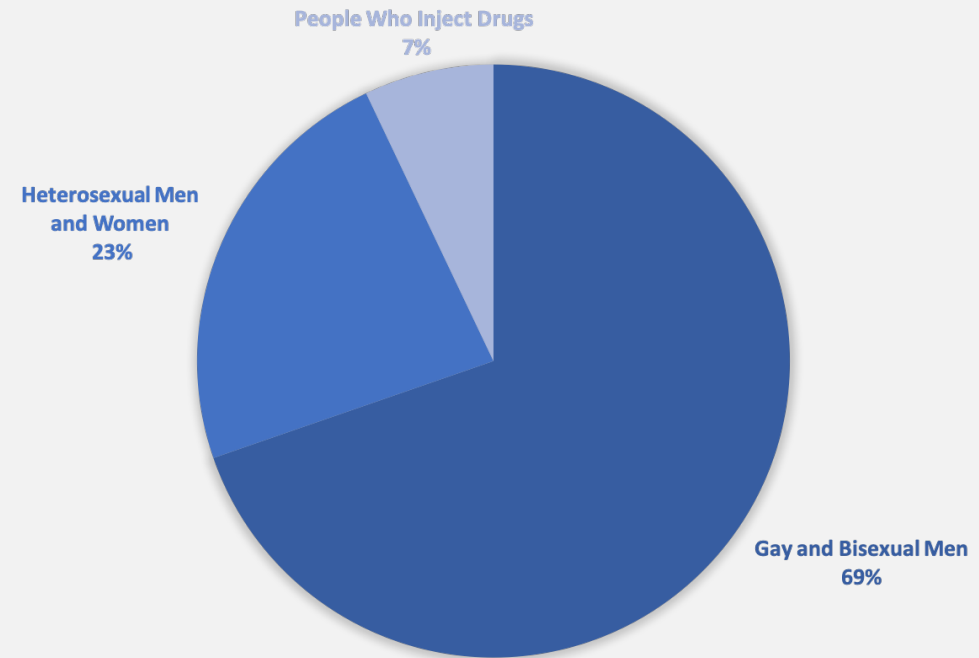
- 2001: Italy shifted from a permanent MSM deferral to an individual risk assessment for sexual behavior.²⁸
- 2015: Argentina implemented a gender-neutral risk-based policy for blood donor screening.²⁹
 - Surveillance data from Italy and Argentina showed modest post-policy-implementation increases and decreases in HIV incidence and prevalence among blood donors, but not all non-significant.^{28,29}
- Modeling in Canada predicted no significant increase in risk of an HIV+ donation entering the blood supply if MSM deferral removed.³⁰
 - September 2022: Canada removed gender and sexual orientation as considerations. Same screening questions are asked of all potential donors.³¹
- Other countries with similar policy changes: UK (June 2021), Netherlands (September 2021), Greece (January 2022), France (March 2022), Austria (May 2022).

ARGUMENTS AGAINST A SHIFT TO INDIVIDUAL RISK-BASED ASSESSMENTS

HIV RATES AMONG MSM (2019)

- Existing cases: 1.2 million Americans living with HIV; 63% were gay and bisexual men.³²
- New cases: 36,801 new HIV diagnoses; 69% were among gay and bisexual men.³³

U.S. NEW HIV DIAGNOSES BY POPULATION, 2019

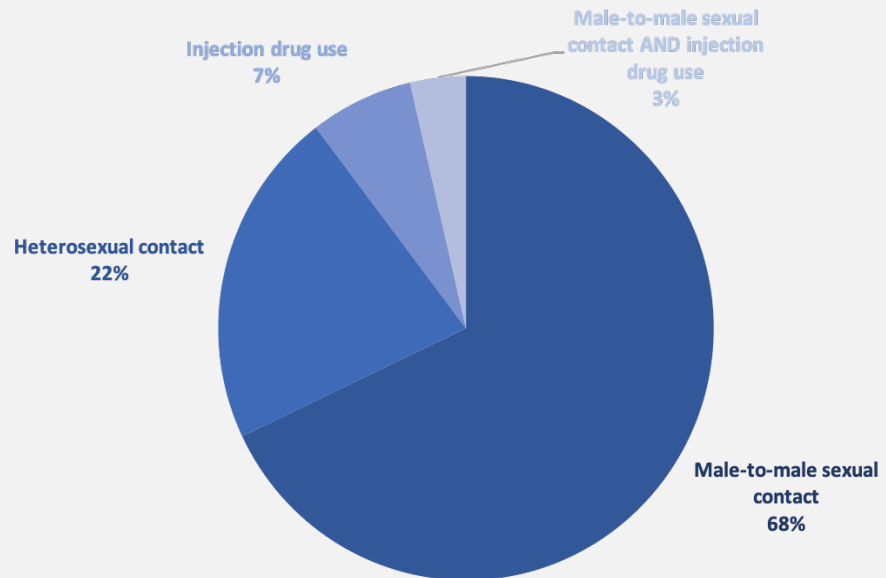


*Subpopulations representing 2% or less of new HIV diagnoses not included.
Data source: Centers for Disease Control and Prevention. (2021b).³³

HIV RATES AMONG MSM (2020)

- In 2020: 30,692 new HIV diagnoses — a 17% decline compared to 2019. But MSM and MSM who injected drugs together accounted for 71% of new cases.³⁴

U.S. NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY, 2020



*Subpopulations representing 2% or less of new HIV diagnoses not included.
Data source: Centers for Disease Control and Prevention. (2022b).³⁴

Note: Data from 2020 should be interpreted with caution because of the impact of COVID-19 on testing and surveillance.

HIV WINDOW PERIOD

- A major concern is the possibility that MSM will donate blood too soon after being infected with HIV. Viral load would be too low to be detected in lab tests.³⁵
- In 2008, a case of transmission through blood transfusion was reported after the male donor failed to accurately report HIV risk factors, including recent sex with another man.³⁶

LIMITATIONS TO INDIVIDUAL RISK ASSESSMENTS

- In 2018, the Association for the Advancement of Blood & Biotherapies (AABB) published a list of limitations to an individual risk-based questionnaire, including time constraints, the repetitive nature of donor history questionnaires, and social desirability bias.³⁷
- AABB also proposed an alternative approach by which potential donors who reported MSM history in the past 12 months would be asked follow-up questions to assess risk further.³⁷

ANTIRETROVIRAL THERAPY, PREP, & PEP

- Adherence to antiretroviral therapy (ART) among people living with HIV (PLWH) can result in an undetectable viral load.
 - Pros: Better health; Undetectable = Untransmittable (U=U) through sex.
 - Cons:
 - Low viral load → HIV possibly missed in NATs in blood screening.
 - ART can reduce antibodies → HIV possibly missed in antibody tests in blood screening.
 - U=U has not been proven for blood transfusions.³⁵
- Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for prevention among presumably HIV-negative people: Similar pros and cons.

ANTIRETROVIRAL THERAPY, PREP, AND PEP

- Sept. 2022: AABB published updated recommendations to avoid false-negatives in blood screenings:
 - PLWH taking ART should be deferred indefinitely.
 - HIV uninfected people taking oral PrEP or PEP should be deferred for three months after their last dose.
 - HIV uninfected individuals who have received injectable PrEP should be deferred for two years after their last injection (pharmacokinetics: longer decay in body).³⁸

RECOMMENDATIONS

RECOMMENDATIONS

- All potential donors should receive the same set of core screening questions to assess individual HIV risk; however, follow-up questions should be tailored based on answers to the core questions.
 - One core question should continue to ask about MSM sexual contact.
 - Follow-up questions should be tailored to MSM sexual and HIV prevention practices.

RECOMMENDATIONS

- **MSM donors at low risk of HIV infection should be allowed to donate.**
- Other groups with high risk of HIV infection at the population level should follow a similarly tailored protocol to assess their individual HIV risk.
- Screening questions about HIV risk behaviors, including risky sexual activity, injection drug use, and exchanging sex for money or drugs, should ask about the preceding five weeks (35 days).
- All potential donors who report recent high-risk behaviors for HIV should be deferred for 35 days to conservatively accommodate the window period for NATs used with all donated blood.

RECOMMENDATIONS

- If potential donors choose to return, they should be tested individually for HIV using a NAT test prior to donating blood.
 - Would create increased costs over the current pooled-sample NAT strategy but would be limited only to previously deferred returnees.
 - Rationales: urgency of the national blood shortage; need to increase eligible donor pool. As demonstrated with COVID testing, with enough pressure and will, the cost of NATs could be reduced through innovation.

RECOMMENDATIONS

- Potential donors who have ever tested positive for HIV—even those on ART reporting undetectable viral load—should continue to be deferred indefinitely.
- Further research to assess the effects of PrEP and PEP on risk to the blood supply is needed to develop concrete recommendations for blood donation.

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LOS ANGELES COUNTY
COMMISSION ON HIV



2023-2024 Legislative Docket
Approval Date: DRAFT as of 01/6/23

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Covered California: Expansion	<i>This bill would declare the intent of the Legislature to enact legislation to expand Covered California access to all Californians regardless of immigration status.</i> https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4		05-DEC-22 <i>From printer. May be heard in committee January 5</i>
AB 15 (Dixon)	Public Records: Parole Calculations and Inmate Release Credits	<i>This bill would provide that Department of Corrections and rehabilitation records pertaining to an inmate's release date and their early release credits are public records and are subject to disclosure under the California Public Records Act. The bill would state that the provisions relative to the California Public Records Act are declaratory of existing law.</i> https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB15		06-DEC-22 <i>From printer. May be heard in committee January 5.</i>
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835	Support	30-NOV-22 <i>From Senate committee without further action.</i> <i>Placed on suspense file.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1038 (Gipson)	California Health Equity Program	<p>This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038</p>	Support	<p>30-NOV-22</p> <p><i>From Senate committee without further action.</i></p> <p><i>Placed on suspense file.</i></p>
AB 1928 (McCarty)	Hope California: Secured Residential Treatment Pilot Program	<p>Existing law authorizes a court to grant pretrial diversion to a defendant in specified cases, including when the defendant is suffering from a mental disorder, specified controlled substances crimes, and when the defendant was, or currently is, a member of the United States military. This bill would, until January 1, 2026, the Counties of San Joaquin, Santa Clara, and Yolo to develop, manage, staff, and offer a secured residential treatment pilot program, known as Hope California, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1928</p>	Watch	<p>30-NOV-22</p> <p><i>From Senate committee without further action</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2194 (Ward and Lee)	Pharmacists and pharmacy technicians: continuing education: cultural competency	<p>Requires pharmacists and pharmacy technicians to complete at least one hour of continuing education through a cultural competency course focused on lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) patients.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2194</p>	Support	<p><i>30-SEP-22</i></p> <p><i>Approved by the Governor.</i></p>
AB 2223 (Wicks)	Reproductive Health	<p>Existing law requires a county coroner to hold inquests to inquire into and determine the circumstances, manner, and cause of violent, sudden, or unusual deaths, including deaths related to or following known or suspected self-induced or criminal abortion. Existing law requires a coroner to register a fetal death after 20 weeks of gestation, unless it is the result of a legal abortion. If a physician was not in attendance at the delivery of the fetus, existing law requires the fetal death to be handled as a death without medical attendance. Existing law requires the coroner to state on the certificate of fetal death the time of fetal death, the direct causes of the fetal death, and the conditions, if any, that gave rise to these causes.</p> <p>This bill would delete the requirement that a coroner hold inquests for deaths related to or following known or suspected self-induced or criminal abortion, and would delete the requirement that an unattended fetal death be handled as a death without medical attendance. The bill would prohibit using the coroner's statements on the certificate of fetal death to establish, bring, or support a criminal prosecution or civil cause of damages against any person.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2223</p>	Support	<p><i>27-SEP-22</i></p> <p><i>Approved by the Governor.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2312 (Lee)	Nonprescription contraception: access	<p>This bill would, with certain exceptions, prohibit a retail establishment, as defined, from refusing to furnish nonprescription contraception to a person solely on the basis of age or any of the above-listed characteristics by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age or other characteristic.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2312</p>	Watch	<p>30-NOV-22</p> <p><i>From committee without further action.</i></p>
AB 2521 (Santiago)	Transgender, Gender Nonconforming , or Intersex Fund	<p>This bill would rename the fund as the Transgender, Gender Nonconforming, or Intersex Fund. The bill would require the office to establish a community advisory committee for the purpose of providing recommendations to the office on which organizations and entities to select for funding and recommendations on the amount of funding for each organization or entity. The bill would require the community advisory committee to be composed of multiple marginalized members of the TGI community for whom the services provided by the funds are intended.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2521</p> <p>Sponsored by TransLatin@ Coalition</p>	Support	<p>30-SEP-22</p> <p><i>Approved by Governor.</i></p>
SB 56 (Durazo)	Medi-Cal: eligibility	<p>This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56</p>	Support	<p>30-NOV-22</p> <p><i>From Assembly without further action</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	<p>This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57</p> <p>The City of Los Angeles approved a pilot site for this program and requested a bill amendment to include the City of Los Angeles. The sponsor held the bill for this legislative session and will continue the legislative process in January 2022 (Legislative Session 2022-23).</p>	Support	<p><i>22-AUG-22</i></p> <p><i>Vetoed by Governor.</i></p>
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	<p>This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225</p>	Support	<p><i>27-SEP-22</i></p> <p><i>Approved by Governor.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 464 (Hurtado)	California Food Assistance Program: eligibility and benefits	<p>This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464</p>	Support	<p>30-NOV-22</p> <p><i>From Assembly without further action.</i></p>
SB 523 (Leyva)	Health care coverage: contra-ceptives	<p>This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523</p>	Support	<p>27-SEP-22</p> <p><i>Approved by the Governor.</i></p>
SB 923 (Wiener)	Gender-affirming care	<p>This bill requires health plans and insurers to require all of its support staff who are in direct contact with enrollees or insureds to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex. This bill adds processes to continuing medical education requirements related to cultural and linguistic competency for physician and surgeons specific to gender-affirming care services, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB923</p>	Support	<p>29-SEP-22</p> <p><i>Approved by the Governor.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 939 (Pan)	Prescription drug pricing	<p>This bill prohibits payers and drug manufacturers from imposing requirements, conditions, or exclusions that discriminate against certain health care entities participating in a federal drug discount program, including contracted pharmacies of the health care entities.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB939</p>	Support	<p>30-NOV-22</p> <p><i>From Assembly without further action.</i></p>
SB 1033 (Pan)	Healthcare Coverage	<p>This bill would require the Department of Managed Health Care (DMHC) and the Insurance Commissioner, no later than July 1, 2023, to revise specified regulations that would require health plans, specialized health plans, or insurance policies, excluding Medi-Cal beneficiaries, for cultural and health-related social needs in order to improve health disparities, health care quality and outcomes, and addressing population health.</p> <p>This bill is referred by the community as the health equity and data bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1033</p>	Support	<p>30-NOV-22</p> <p><i>From Assembly without further action.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 1234 (Pan)	Family Planning, Access, Care, and Treatment Program	<p>The bill would require reimbursement, subject to an appropriation by the Legislature and any potential draw down of federal matching funds, for services related to the prevention and treatment of sexually transmitted diseases (STDs), including counseling, screening, testing, follow-up care, prevention and treatment management, and drugs and devices outlined as reimbursable in the Family PACT Policies, Procedures and Billing Instructions manual, to uninsured, income-eligible patients or patients with health care coverage who are income-eligible and have confidentiality concerns, including, but not limited to, lesbian, gay, bisexual, transgender (LGBTQ+) patients, and other individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. In addition, the bill would require any office visits, including in-person and visits through telehealth modalities, to be reimbursed at the same rate as office visit.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1234</p>	Support	<p><i>25-SEP-22</i></p> <p><i>Vetoed by the Governor.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 1338 (Umberg)	Community Assistance, Recovery, and Empowerment (CARE) Program	<p>Senate Bill 1338 would establish the Community Assistance, Recovery, and Empowerment (CARE) Court Program, which would authorize specified persons to petition a civil court to create a CARE plan and implement services for individuals suffering from specified mental health disorders. If the court determines the individual is eligible for the CARE Court Program, the court would order the implementation of a CARE plan, as devised by the relevant county behavioral services agency, and would oversee the individual's participation in the plan.</p> <p>https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202120220SB1338</p> <p>Supported by the Los Angeles County Board of Supervisors</p>	Watch with reservations	<p><i>14-SEP-22</i></p> <p><i>Approved by the Governor.</i></p>
FEDERAL BILLS				
BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R.5 (Cicilline)	Equality Act	<p>This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/5</p>	Support	<p>17-March-2021 Senate Committee on the Judiciary Hearings Held</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 1201 (Lowenthal-Markey)	International Human 5 Rights Defense Act of 2021	<p>The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1201/text</p>	Support	02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights
H.R. 1280 (Bass)	George Floyd Justice and Policing Act of 2021	<p>This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes best practices and training requirements.</p> <p>The Commission on HIV refer this bill back to the Committee because funding for the police is included in the bill. This is at odds with the movement for Black Lives which opposes the bill.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&s=2&r=1</p>	Watch with reservations	09-March-21 Received in the Senate Referred Back to Committee in Discussion

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
Federal Bill Proposal (Sponsored Movement for Black Lives)	The BREATHE Act	<p>Divesting Federal Resources from Policing and Incarceration & Ending Federal Criminal-Legal System Harms</p> <p>Investing in New Approaches to Community Safety Utilizing Funding Incentives</p> <p>Allocating New Money to Build Healthy, Sustainable & Equitable Communities for All People</p> <p>Holding Officials Accountable & Enhancing Self-Determination of Black Communities</p> <p>file:///S:/2021%20Calendar%20Year%20-%20Meetings/Committees/Public%20Policy/07%20-%20July/Package/The-BREATHE-Act-V.16_.pdf</p>	Watch with discussion	Referred Back to Committee in Discussion
HR 5611 (Blunt Rochester)/ S. 1902 (Cortez Masto)	Behavioral Health Crisis Services Expansion Act	<p>This bill establishes requirements, expands health insurance coverage, and directs other activities to support the provision of behavioral health crisis services along a continuum of care.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/5611?q=%7B%22search%22%3A%5B%22hr5611%22%2C%22hr5611%22%5D%7D&s=1&r=1</p> <p>https://www.congress.gov/bill/117th-congress/senate-bill/1902?q=%7B%22search%22%3A%5B%22S1902%22%2C%22S1902%22%5D%7D&s=2&r=1</p>	Support	<p>HR 5611 02-NOV-21 House Referred to the Subcommittee on Health</p> <p>S. 1902 27-MAY-21 Read Senate twice and referred to the Committee on Health, Education, Labor, and Pensions</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
S.1 (Merkley)	For the People Act	<p>This bill addresses voter access, election integrity and security, campaign finance, and ethics for the three branches of government.</p> <p>https://www.congress.gov/bill/117th-congress/senate-bill/1?q=%7B%22search%22%3A%5B%22S+1%22%5D%7D&s=1&r=1</p>	Support	11-AUG-21 Placed on Senate Legislative Calendar Under General Orders. Calendar No. 123
S. 854 (Feinstein)	Methamphetamine Response Act of 2021	<p>This bill designates methamphetamine as an emerging drug threat (a new and growing trend in the use of an illicit drug or class of drug). It directs the Office of National Drug Control Policy to implement a methamphetamine response plan.</p> <p>https://www.congress.gov/bill/117th-congress/senate-bill/854</p>	Support	14-MARCH-22 Became Public Law/Signed by the President
S.4263/ H.R.4 (Leahy)	John Lewis Voting Rights Advancement Act 2021	<p>To amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/4?q=%7B%22search%22%3A%5B%22H.4%22%2C%22H.4%22%5D%7D&r=1&s=4</p>	Support	14-SEP-20 Received in the Senate.

* The bill was not approved by the Commission on HIV

** Commission on HIV recommended bill for the Legislative docket

Footnotes:

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

Notes:

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



PUBLIC POLICY COMMITTEE (PPC)¹ **2022-2023 POLICY PRIORITIES**

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now.

With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to trauma informed care and supportive services, including comprehensive harm reduction services, to ensure that all people living with HIV and communities most impacted by HIV and STDs, live full, productive lives.

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

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

Systemic and Structural Racism

- a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; as well as criminalization.

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

- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

Racist Criminalization and Mass Incarceration²

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

Housing⁴

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

Mental Health

² Black/African Americans, while making up only 8% of the LA County population, represent over 30% of the jail population. In the [Los Angeles County Alternatives to Incarceration Report](#), "Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth." As documented in the [Los Angeles County HIV/AIDS Strategy for 2020 and Beyond](#): "Incarceration destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. Incarceration is associated with harmful effects on viral suppression, lower CD4/T-cell counts, and accelerated disease progression."

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

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

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

Sexual Health

- a. Increase access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
- b. Increase comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases; especially among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
- f. Promote women centered prevention services to include domestic violence and family planning services for women living with and at high-risk of acquiring HIV/AIDS.
- g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Abuse

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

Consumers

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

Aging

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

Women

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

Transgender

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

General Health Care

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

Service Delivery

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

Data

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

2022-2023 POLICY PRIORITIES – ACTION PLAN

Committee Name: PUBLIC POLICY COMMITTEE (PPC)			Co-Chairs: Katja Nelson, Lee Kochems	
Committee Adoption Date:			Revision Dates:	
Purpose of Action Plan: To outline key action steps for the PPC policy priorities for 2022-2023. Each year there will be a detailed action plan for 1-2 items for the PPC to focus on.				
#	ISSUE	DESCRIPTION	ACTION STEPS	TIMELINE
Ex.	<i>In this section, name the issue.</i>	<i>In this section, describe the issue, provide context, and explain the reasoning for selecting the issue as a priority for the year.</i>	<i>In this section, outline the steps the PPC will take to act on the issue described. The goal is to develop detailed and concrete the action steps.</i>	<i>In this section, set a timeframe for completing the action steps.</i>
1	Effective countywide response to the Sexually Transmitted Disease (STD) epidemic	<p>In October 2021, the PPC submitted a letter to the Board of Supervisors (BOS) outlining the wants of the PPC and requesting the BOS to consider prioritizing the response to the rising STD epidemic in Los Angeles County.</p> <p>In November 2021, the BOS instructed the Department of Public Health (DPH) to provide a description of the current strategies, funding sources, and data developments regarding the county-wide STD response.</p> <p>In April 2022, the DPH provided the BOS a detailed description of current services, data projects and needs, and funding sources.</p> <p>Given the recent momentum with the BOS considering improvements to the countywide STD response, the PPC will consider drafting a letter to respond to the DPH letter to the BOS.</p>	<p>The PPC will draft a letter based on the DPH report to the BOS in which the PPC will outline priorities/recommendations to improve the countywide STD response.</p> <p>The PPC will request a formal letter of support from the BOS to support the Ending the Epidemics budget request to the State of California.</p>	



2022-2023 WORK PLAN – PUBLIC POLICY--Draft

2	Effective Countywide response around Harm Reduction Services and Syringe Exchange			
3	Aging			
4	Housing			
5	Mental Health			
6	Street Medicine			