LOS ANGELES COUNTY
COMMISSION ON HIV

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PUBLIC POLICY COMMITTEE SPECIAL MEETING

Monday, March 3, 2025
10:00am-12:00pm (PST)
****Please note change in time****

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r7312a7aebd67383a7461e04ec51c4763

Notice of Teleconferencing Sites

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

Public Comments

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

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

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

Accommodations

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

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

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: https://www.surveymonkey.com/r/COHMembershipApp
For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

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

PUBLIC POLICY COMMITTEE

MONDAY, MARCH 3, 2025 | 10:00 AM – 12:00 PM
Please note change in time

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

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

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

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/r7312a7aebd67383a7461e04ec51c4763
To Join by Telephone: 1-213-306-3065 U.S. Toll
Password: POLICY Meeting ID/Access Code: 2536 228 2957

Public Policy Committee Members:			
Katja Nelson, MPP *Co-Chair*	Lee Kochems, MA *(LOA)*	Mary Cummings	Terrance Jones
Leonardo Martinez-Real *(Alternate: Arburtha Franklin)*	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	Ronnie Osorio	
QUORUM: 4			

AGENDA POSTED: February 26, 2025.

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the

item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

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

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

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

10:10 AM – 10:13 AM

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

III. COMMITTEE NEW BUSINESS ITEMS

10:13 AM – 10:15 AM

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

IV. REPORTS

7. Executive Director/Staff Report — 10:15 AM – 10:25 AM
   a. Operational and Commission Updates
8. Co-Chair Report — 10:25 AM – 10:35 AM
   a. 2025 Co-Chair Elections
   b. 2025 Committee Meeting Calendar-- Updates

V. DISCUSSION ITEMS

10. 2025 Policy Priorities 10:35 AM – 10:40 AM
11. 2025 Legislative Docket—Updates 10:40 AM – 11:10 AM
12. State Policy & Budget—Updates 11:10 AM – 11:20 AM
13. Federal Policy-- Updates 11:20 AM – 11:40 AM
    a. Executive Order(s)
14. County Policy-- Updates 11:40 AM – 11:45 AM

VII. NEXT STEPS 11:45 AM – 11:50 AM

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

VIII. ANNOUNCEMENTS 11:50 AM – 11:55 AM

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

IX. ADJOURNMENT 12:00 PM

16. Adjournment for the meeting of March 3, 2025.

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) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

PUBLIC POLICY COMMITTEE MEETING MINUTES

Draft

February 3, 2025

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Leonardo Martinez-Real (Arburtha Franklin)	P
Lee Kochems, MA, Co-Chair	LOA	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	P
Mary Cummings	P	Ronnie Osorio	A
Terrance Jones	EA		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez, and Jose Rangel-Garibay			
MEMBERS OF THE PUBLIC			
Alasdair Burton, Arburtha Franklin, Peter Soto, Shae Sullivan,			

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

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

I. ADMINISTRATIVE MATTERS

- **CALL TO ORDER & MEETING GUIDELINES/REMINDERS**
  The meeting was called to order at 10:05am.
- **INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**
  Katja Nelson, Public Policy Committee (PPC) co-chair, led introductions.
- **APPROVAL OF AGENDA**
  MOTION #1: Approve the Agenda Order as presented or revised. ***(Passed by consensus).***
- **APPROVAL OF MEETING MINUTES**
  MOTION #2: Approve the Public Policy Committee minutes, as presented or revised. ***(Passed by consensus).***

II. PUBLIC COMMENT

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

There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

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

  There were no committee new business items.

IV. REPORTS

- **EXECUTIVE DIRECTOR/STAFF REPORT**
  - **Operational and Commission Updates**

    Cheryl Barrit, Executive Director, reported that the next COH meeting will be on February 13, 2025, at 9am at the CA Endowment. The meeting will be followed by the "Consumer Resource Fair" from 12pm-5pm. Parking at the CA Endowment is free, and many spots are available. A flyer for the event is included in the meeting packet.
  - **Conflict of Interest Form**

    C. Barrit reminded committee members to complete the Conflict-of-interest form and follow-up with COH staff if they need link to the form.
  - **"Parity, Inclusion, and Reflectiveness" Survey**

    C. Barrit reminded committee members to complete the PIR survey and follow-up with COH staff if they need the link to the survey. The survey collects contact information from commissioners, and it is used to determine if commissioners are assigned to the proper seat on the commission.

    C. Barrit reminded the committee to support each other and extend grace to each other given the pace of the news and the breakneck speed at which executive orders are announced; this has caused anxiety and fear among the community, and it is important not to succumb to the chaos aimed at further dividing communities. C. Barrit noted that the BOS is working closely with federal partners to address concerns about recent executive orders. Arburtha Franklin noted that the policy department at the Translatina coalition is tracking the executive orders and preparing to let the executive branch of the federal government know that the community does not support these orders and is prepared to fight. Katja Nelson noted that a lot of the executive orders will likely get tied up in litigation, attempt to delay their implementation as long as possible. Agencies can and are continuing business as usual.

    Paul Nash asked if the pause on federal agencies ability to share information with the public and the removal of critical population data on federal websites has an impact on the COH. C. Barrit shared that prevents the COH from sharing information publicly and the COH can still disseminate critical information at the local level. She added that the COH can serve as a mechanism to reassure the community that they still have access to critical information.

- **CO-CHAIR REPORT**
  - **2025 Co-Chair Elections**

    Elections for the second co-chair seat will take place at the March 3, 2025, PPC meeting or at a

future meeting once a candidate is nominated. C. Barrit reminded the committee that Arburtha Franklin is interested in becoming a co-chair for the Committee. A. Franklin will become eligible for the co-chair nomination once she is moved from a commissioner "alternate" seat to a commissioner "HIV stakeholder seat." The vote will take place at the COH meeting on February 13, 2025. Once the COH approves the seat change, the recommendation will be elevated to the BOS. COH staff will notify the Committee once this process has been completed.

- **Review 2025 Committee Meeting Calendar**
  K. Nelson provided an overview of the draft 2025 committee meeting calendar. She noted that the May 5, 2025, meeting is cancelled due to lack of conference room availability at the Vermont Corridor. She noted that for the meeting time for the March 3rd, April 7th, and June 2nd PPC meetings will change from 1pm-3pm to 10am-12pm for the due to lack of room availability. A copy of the calendar is included in the meeting packet.

V. DISCUSSION ITEMS

- **2025 POLICY PRIORITIES**
  K. Nelson led the committee in a review and discussion of the policy priorities document. She highlighted the revisions to the introductory paragraphs which aim to streamline the information. Jose Rangel-Garibay added that the bullet points under the main topic areas were also revised and condensed to limit the length of the document to two pages. He noted that the sections in red text are additions. The packet includes copies of the original document and the revised document.

  MOTION #3: Approve the 2025 Policy Priorities document, as presented or revised, and elevate to the Executive Committee. ***(PASSED; Yes: 4 K. Nelson, M. Cummings, L. Martinez-Real, P. Nash; No: 0; Abstain: 0).***

- **2025-2026 LEGISLATIVE DOCKET – UPDATES**
  K. Nelson provided an overview of the current bills on the 2025-26 Legislative Docket. She reminded the committee of the docket process development process which entails committee members and members of the public submitting bills for consideration to include in the docket. She explained that the committee then holds deliberations and takes a position on the bills. The available positions are support, oppose, support with amendments, oppose unless amend, and watch. The committee also can submit questions to the legislative offices of the assembly member or state senator's office to clarify and better understand the proposed bills. Once the committee has taken a position, the docket is submitted to LA County CEO's office of Legislative Affairs and Intergovernmental Relations and serves as recommendations to the BOS.

  Additionally, she noted that the document contains a table with five columns. The first column includes the bill number and legislator(s) who introduced/authored the bill; the second column includes the bill title; the third column includes a brief description of the bill, a link to the bill text, and any comments the committee has made regarding the bill; the fourth column includes the position the committee recommends; and the fifth column includes the current status of the bill and a date of the last update on that status. A copy of the document is included in the meeting packet.

  K. Nelson added that legislators have until February 21, 2025, to submit bills and the committee should come prepared to discuss the docket at the next committee meeting on March 3, 2025. The committee began their deliberations and made the following decisions:

- **AB 4** Covered California Expansion**: NEED MORE INFORMATION**
  P. Nash expressed his concern of the state's capacity to continue expanding access to the healthcare exchange. A. Franklin echoed this sentiment quoting the following bill language, "[…] as feasible, consistent with federal guidance and given existing federal law and rules." Reach out to the office and ask what the legislator's thoughts on the federal piece before taking a position.
- **AB 11** The Social Housing Act: **NEED MORE INFORMATION**
  How is this different from the housing and community development department?
- **AB 20** Homelessness: Housing First: **WATCH -NEED MORE INFORMATION**
  What is the County's take on this? **As** a "housing first" county
- **AB 45** Privacy: Health Care Data: **SUPPORT**
- **AB 73** Mental Health Black Mental Health Navigator Certification: **SUPPORT**
  Consider requesting feedback and will there be other bills or efforts that will support other communities that need similar health navigator certification programs? Wait for factsheet.
- **AB 229** Criminal Procedure: Sexually Transmitted Disease Testing: **NEED MORE INFORMATION**
  How is this different from the current law? How would this be implemented? Consider reaching out to local experts on HIV criminalization for insight.
- **AB 260** Sexual and Reproductive Health Care: **SUPPORT w/QUESTIONS**
  What is the potential impact of this bill and how does it protect sexual and reproductive health care rights at the state level?
- **AB 281** Comprehensive Sexual Health Education and HIV Prevention Education: **WATCH**
- **Federal Bill Number Pending** Protecting Sensitive Locations Act**: SUPPORT**

COH staff will add a link to the CEO LAIR office to the docket document as a reference for committee members to learn more about the current policy positions the BOS is considering.

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

VI. NEXT STEPS

- **TASK/ASSIGNMENTS RECAP**
  - COH staff will continue populating the 2025-26 Legislative Docket and follow-up with legislative offices to obtain additional information on bills upon the committee's request.

- **AGENDA DEVELOPMENT FOR THE NEXT MEETING**
  - Hold co-chair elections for vacant seat.
  - Review 2025-2026 Legislative Docket.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

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

The meeting was adjourned at 12:02pm.

Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

***SUBJECT TO CHANGE**

- All training topics listed below are mandatory for Commissioners and Alternates.
- All trainings are open to the public.
- Click on the training topic to register.
- Certificates of Completion will be provided.
- All trainings are virtual via Webex.
- For questions or assistance, contact: hivcomm@lachiv.org

Commission on HIV Overview	February 26, 2025 @ 12pm to 1:00pm
Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities	~~March 26, 2025~~ @ 12pm to 1:00pm April 2, 2025
Priority Setting and Resource Allocations Process	April 23, 2025 @ 12pm to 1:00pm
Service Standards Development	May 21, 2025 @ 12pm to 1:00pm
Policy Priorities and Legislative Docket Development Process	June 25, 2025 @ 12pm to 1:00pm
Bylaws Review	July 23, 2025 @ 12pm to 1:00pm

LOS ANGELES COUNTY
COMMISSION ON HIV
510 S. Vermont Ave. Floor 14, Los Angeles, CA 90020
(213) 738-2816 | hivcomm@lachiv.org

2025 PUBLIC POLICY PRIORITIES

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

With a renewed urgency, the PPC remains steadfast in its commitment to preserve, protect, and maintain services critical to ending the HIV epidemic. The PPC recommends the Commission on HIV endorse and prioritize the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations in 2025 that address the following priorities (listed in no order):

Funding

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

Systemic and Structural Racism

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

Racist Criminalization and Mass Incarceration

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

Housing

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

Mental Health

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

Sexual Health and Wellness

a. Increase access to care and treatment for People Living with HIV/AIDS (PLWHA).

b. Increase access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs. Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction.
c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
d. Advance and enhance routine HIV testing and expanded linkage to care.
e. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
f. Preserve funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Use and Harm Reduction

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

Consumers

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

Aging (Older Adults 50+)

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

Women's Health and Wellness

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

Transgender Health and Wellness

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

General Health Care

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

Service Delivery

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

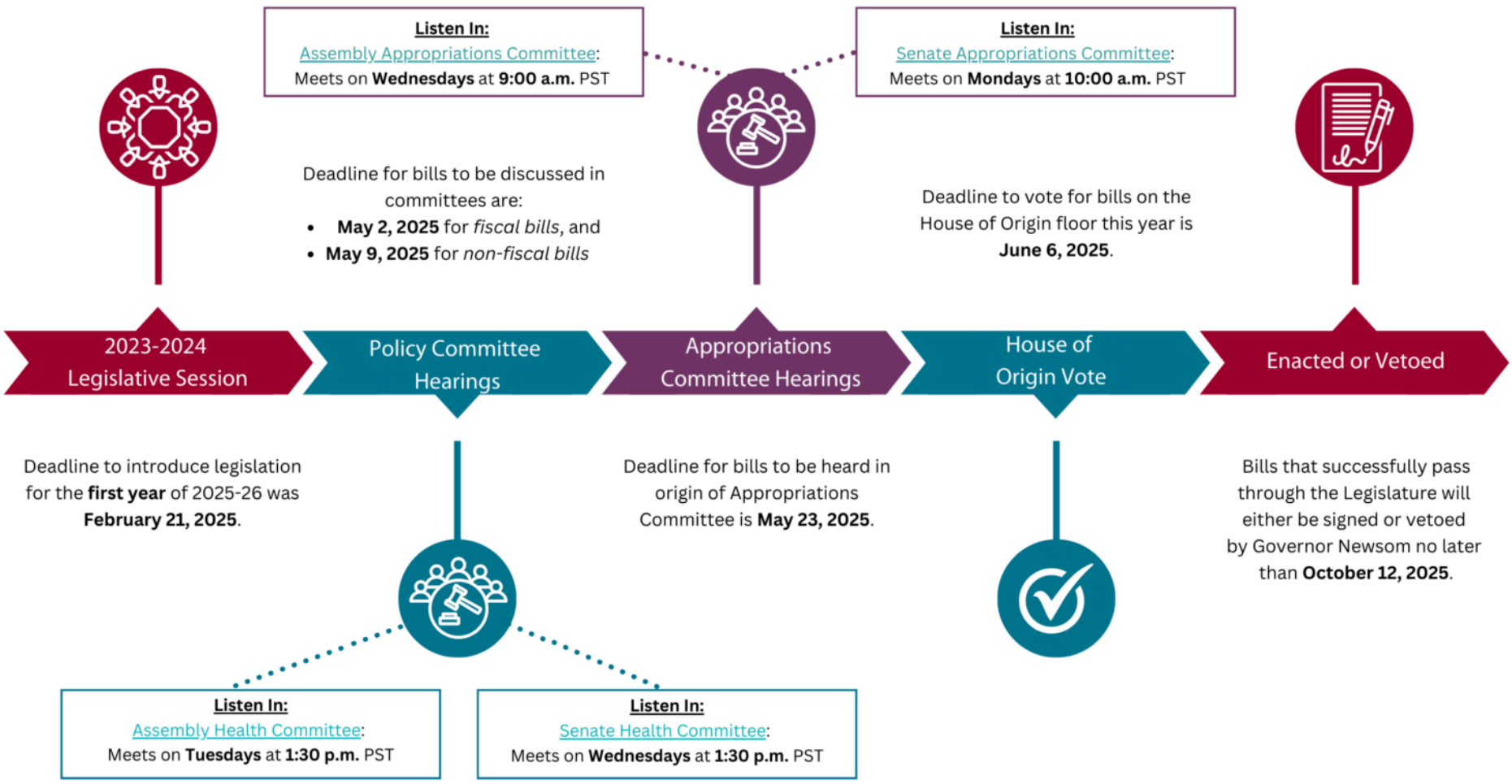
Data

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

Workforce

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

2025-26 Legislative Process Timeline



FOR PUBLIC POLICY COMMITTEEE REVIEW 03/03/25

LOS ANGELES COUNTY COMMISSION ON HIV

2025-2026 Legislative Docket

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

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 4 (Arambula)	Covered California Expansion	This bill would require the California Health Benefit Exchange to design a program, upon appropriation by the Legislature, to allow individuals to obtain coverage regardless of immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB4 *Given the political climate, what is the state's capacity to expand access to the healthcare exchange?*	***WATCH***	*Referred to Committee on Health. 02-03-25*
AB 11 (Lee)	The Social Housing Act	This bill would enact the Social Housing Act and would establish a state housing authority with the goal of developing social housing to tackle California's chronic housing shortage. The housing would be publicly backed, mixed-income, affordable, and financially self-sustaining. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB11 *How is this different from the CA department on Housing and Community Development?* *CA HCD serves as a program administrator that provides grants and loans and creates rental and homeownership opportunities for Californians. HCD does not manage properties or place individuals in affordable housing.*	***WATCH***	*Referred to Committee on Housing & Community Development. 02-03-25*
AB 20 (DeMaio)	Homelessness: Housing First	This bill would end the "Housing First" homeless model currently used and replace it with a "People First" model, which will redirect funds to programs that require mental health and substance abuse treatment to address the root causes of homelessness. The bill would prioritize expansion of shelter beds over permanent supportive housing, impose work requirements on individuals receiving assistance, and require the removal of homeless camps near schools and in public areas. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB20 ***NOTE:*** *AB 20 is an Intent Bill which includes a statement of intent by legislators and very little other language. As an intent bill makes its way through the legislative session to be considered for approval, substantive amendments will be added, including agree upon activities, actions, and desired outcomes.*	***WATCH***	*From printer. May be heard in committee January 2. 12-03-24*

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 45 (Bauer-Kahan)	Privacy: Health Care Data	This bill would protect health data privacy by prohibiting geofencing around healthcare providers and shielding research records from out-of-state subpoenas that interfere with abortion rights. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB45	**SUPPORT**	*From printer. May be heard in committee January 2. 12-03-24*
AB 67 *(Bauer-Kahan)*	*Attorney General: Reproductive Privacy Act: Enforcement*	*This bill grants the Attorney General authority to enforce penalties against local governments that obstruct reproductive healthcare, ensuring statewide accountability and access.* *https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB67*		*Read first time. 01-06-25*
AB 73 (Jackson)	Mental Health: Black Mental Health Navigator Certification	This bill would require the California Department of Health Care Access and Information to create a special certification program and training for Black Mental Health Navigators to help f\guide and support individuals in accessing mental health services in Black communities. Additionally, this bill requires HCAI to track and public data annually on the number of people certified through this program and how many are working in community roles. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB73	**SUPPORT**	*Referred to Committee on Health. 02-03-25*
AB 96 *(Jackson)*	*Community Health Workers*	*This bill would expand the definition of community health workers (CHW) to include peer support specialists, who are people with personal experience with a particular health issue and help others going through the same thing. The bill also states that if a peer support specialist is certified, they will be considered to have completed all the education and training needed to be certified as a CHW.* *https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB96*		*Re-referred to Committee on Health. 02-12-25*
AB 229 (Davies)	Criminal Procedure: Sexually Transmitted Disease Testing	This bill would authorize a search warrant to require testing a defendant for any sexually transmitted disease. The bill would also authorize the parent or guardian of a minor victim or the legal representative of a victim to exercise any of the rights conferred by these provisions, including receiving and disclosing test results. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB229&search_keywords=HIV	**WATCH**	*In Committee on Public Services. Read second time and amended. 02-24-25*
AB 257 *(Flora)*	*Specialty Care Network Telehealth and Other Virtual Services*	*This bill would require the California Health and Human Services Agency, in collaboration with HCAI and DHCS to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of quality providers, defined to include, among others, rural health clinics and community health centers.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB257*		*Referred to Committee on Health. 02-10-25*

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 260 (Aguiar-Curry)	Sexual and Reproductive Health Care	This bill would state the intent of the Legislature to enact legislation to ensure that patients can continue to access care, including abortion, gender-affirming care, and other sexual and reproductive health care in California, and to allow patients to access care through asynchronous modes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB260&search_keywords=HIV	**SUPPORT**	*From printer. May be heard in committee February 16. 01-17-25*
AB 290 *(Bauer-Kahan)*	*Emergency services and care*	*This bill would strengthen protections for patients seeking emergency reproductive healthcare by increasing civil penalties for hospital that fail to provide life-saving care in emergencies.* *https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB290*		*Re-referred to Committee on Health. 02-19-25*
AB 281 (Gallagher)	Comprehensive Sexual Health Education and Human Immunodeficiency Virus Prevention Education	This bill would amend Section 51938 of the Education Code to enhance parental rights and transparency in comprehensive sexual health and HIV prevention education. Key changes include allowing parents or guardians to inspect and copy educational materials, providing details on outside consultants or guest speakers, and clarifying notification and opt-out processes. Schools may charge a nominal fee for copies of materials. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB281&search_keywords=HIV	**WATCH**	*Referred to Committee on Education. 02-10-25*
AB 309 *(Zbur)*	*Hypodermic needles and syringes*	*This bill would ensure that pharmacists maintain the discretion to furnish sterile syringes without a prescription and that adults may legally possess syringes solely for personal use, as part of the state's comprehensive strategy to prevent the spread of HIV and viral hepatitis.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB309*		*Referred to Committee on Health. 02-10-25*
AB 396 *(Tangipa)*	*Needle and syringe exchange services*	*This bill would require an entity that provides needle and syringe exchange services to ensure that each needle or syringe dispensed by the entity is appropriately discarded and destroyed. The bill would require those entities to ensure that each needle or syringe dispensed by the entity includes a unique serial number.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB396*		*Referred to Committee on Health. 02-18-25*
AB 403 *(Carrillo)*	*Medi-Cal Community Health Worker Services*	*This bill requires the California Department of Health Care Services to annually review outreach and education efforts conducted by Medi-Cal Managed Care Programs (MCPs) and conduct an annual analysis of the CHW services benefit beginning July 1, 2027, of how CHW services are being utilized by Medi-Cal members.* *https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB403*		*Referred to Committee on Health. 02-18-25*

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 543 *(Gonzalez and Elhawary)*	*Medi-Cal: Street Medicine*	*This bill would introduce and integrate street medicine into Medi-Cal for persons experiencing homelessness. This bill would allow unhoused Californians to automatically qualify for full-scope Medi-Cal benefits during the eligibility process.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB543*		*Referred to Committee on Health. 02-24-25*
AB 554 *(Gonzalez)*	*Health Care coverage: antiretroviral drugs, drug devices, and drug products*	*This bill prevents health care plans and insurance companies from requiring prior authorization or step therapy for all antiretroviral drugs, including injectable medications, used for HIV/AIDS prevention. This bill also requires these drugs be covered without cost sharing or utilization review for individuals with private insurance.* *https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB554*		*Referred to Committee on Health. 02-24-25*
AB 590 *(Lee)*	*Social Housing Bond*	*This bill would enact the Social Housing Bond Act to build publicly developed and owned, mixed-income housing for Californians and place a bond measure on the November 2026 ballot to provider $950 million in funding dedicated to creating social housing in California.* *https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB590*		*From printer. May be heard in committee March 15. 02-13-25*
Ab 602 *(Haney)*	*Health care coverage: antiretroviral drugs*	*This bill would require insurance companies in California to cover all forms of PrEP, including the newly approved twice-a-year injectable formulation.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB602*		*Referred to Committee on Health. 02-24-25*
AB 688 *(Gonzalez)*	*Telehealth for all Act of 2025*	*This bill would enact the Telehealth for all Act of 2025 which requires DHCS to publish a report every 2 years, beginning in 2028, that analyzes how telehealth is being used in the Medi-Cal Program. The report will utilize Medi-Cal data to look at how telehealth is helping people get care, the quality of care, and the costs, while also disaggregating the data based on location, race, and social determinants of health categories to identify disparities in accessibility of telehealth services.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB688*		*From printer. May be health in committee March 17. 02-15-25*
SB 41 *(Wiener)*	*Pharmacy Benefit Manager (PBM) Regulation*	*This bill would require all PBMs be licensed and disclose basic information regarding their business practices to the licensing entity. This bill would also prohibit steering patients to affiliate pharmacies and instead allow patients to choose which in-network pharmacy best meets their needs; prohibits spread pricing, where PBMs charge a plan more for a drug than it pays a pharmacy; requires that the PBM pass through all negotiated drug rebates to the payers or patients; outlaws making any untrue, deceptive, or misleading statements; prohibits PBMs from negotiating exclusive arrangements with manufacturers for drugs, devices, or other products; and limits how fees may be charged and requires transparency in fees.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB41*		*Referred to committees on Health and Judiciary. 01-29-25*

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
SB 278 *(Cabaldon)*	*Health data: HIV test results*	*This bill would allow the disclosure of the health records of people living with HIV/AIDS to the state's Medi-Cal program to improve the care they are receiving. It would also allow the disclosure of HIV test results for the purpose of administering quality improvement programs under Medi-Cal.* *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB278*		*Referred to committees on Health and Judiciary. 02-14-25*

FEDERAL BILLS

BILL	TITLE	DESCRIPTION/COMMENTS	POSITION	STATUS
TBD	Protecting Sensitive Locations Act	The Protecting Sensitive Locations Act would codify the longstanding guidance into law and ensure that future administrations would not be able to so easily dismiss the protections in place. The guidance on limiting enforcement in and near sensitive locations played a critical role in providing immigrant families with a sense of security in places they accessed every day to thrive and contribute to their communities. It is imperative that Congress codify this policy into law so future administrations cannot disregard those protections that provide immigrant families safety. Endorse the Protecting Sensitive Locations Act	**SUPPORT**	

Endnotes

(1) Under Joint Rule 56, bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.

FACT SHEET

AB 309 (Zbur) – HIV & Hepatitis Prevention Through Pharmacy Access to Sterile Syringes

SUMMARY

AB 309 will support California's comprehensive strategy to prevent the spread of HIV & viral hepatitis by preserving existing laws that allow pharmacists to distribute sterile syringes and allow adults to possess syringes for personal use without a prescription.

BACKGROUND

The sharing of used syringes remains the most common mode of transmission of hepatitis B and hepatitis C, and the second most common mode of HIV transmission. These diseases are both potentially deadly and extremely costly. Hepatitis C is a leading cause of advanced liver disease in the United States and can result in a required liver transplant that can cost over $207,000. According to the U.S. Centers for Disease Control and Prevention (CDC), over 38,000 people in the U.S. received an HIV diagnosis in 2022, and the lifetime cost to treat one case of HIV is over $420,000 (NIH). Addressing the mode of transmission is the key to reducing the cost and scale of these significant health challenges.

The California Department of Public Health (CDPH) and the CDC have found that laws allowing adults to purchase sterile syringes from pharmacists without a prescription have reduced HIV and viral hepatitis transmissions by approximately 50%. Furthermore, over 200 studies, including a study from the CDPH, have shown that increased access to sterile syringes reduced rates of needle sharing and disease transmission without increasing rates of drug use, crime, or the unsafe disposal of syringes.

Local governments in California have been allowed to authorize pharmacies to sell sterile syringes to adults since 2004 (SB 1159). After twenty years, extensive research and data collection has repeatedly proven that increased access to sterile syringes significantly lowers rates of transmission, saves lives, and prevents taxpayers from shouldering the costs of expensive treatments.

PROBLEM

Two critical statutes will sunset in January 2026. One allows pharmacies to sell sterile syringes to adults without requiring a prescription, and the other clarifies that it is not a crime to possess sterile syringes and hypodermic needles solely for personal use.

SOLUTION

AB 309 will remove the January 2026 sunset on both statutes, ensuring that pharmacies are empowered to sell sterile syringes to adults without a prescription, and clarifying that it is not a crime to possess sterile syringes and hypodermic needles solely for personal use. In doing so, this bill will reaffirm California's commitment to research-driven and effective HIV and hepatitis prevention.

SUPPORT

- California Pharmacists Association (Sponsor)
- Drug Policy Alliance (Sponsor)
- Health Officers Association of CA (Sponsor)
- San Francisco AIDS Foundation (Sponsor)

FOR MORE INFORMATION

Sarah Meza, *Senior Legislative Aide*
Email: sarah.meza@asm.ca.gov
Phone: (916) 319-2051

Health4All Covered California: AB 4 (Arambula) Fact Sheet

Everyone Covered, No One Left Out—Regardless of Immigration Status

Undocumented Californians are explicitly and unjustly excluded from accessing and purchasing health care coverage plans through Covered California, the state's marketplace established under the federal Affordable Care Act (ACA).

Assembly Bill 4 (Arambula) would address this exclusion by taking the first step toward allowing undocumented Californians to buy health plans through Covered California. Specifically, AB 4 authorizes Covered California to establish a parallel marketplace that will offer the same Qualified Health Plans to undocumented Californians. The bill also sets the precedent for providing state-based affordability assistance for undocumented individuals in future years.

Past Progress and the Current Problem

Over the last several years, California has made significant progress in removing immigration status as an eligibility exclusion in Medi-Cal. Income-eligible children under the age of 18, young adults ages 19 to 25, and older adults ages 50 and above are eligible for Medi-Cal, regardless of immigration status. Beginning January 1, 2024, adults ages 26-49—the final group of ineligible undocumented Californians—became eligible to access health care coverage under Medi-Cal. Medi-Cal is a means tested program, available to those below a certain income limit. Californians without employer-based coverage who make too much for Medi-Cal are able to purchase a health care plan on Covered California and receive affordability assistance to help pay for the plan. However, undocumented Californians who earn more than the Medi-Cal income threshold are explicitly and unjustly excluded by the ACA from purchasing plans on exchanges like Covered California—even using their own money—or from receiving federally funded affordability assistance.

The Population

The UC Berkeley Labor Center estimates that by 2024, there will be 2.57 million Californians who remain uninsured.[i] Of those, 520,000 would otherwise be eligible to purchase plans on Covered California if not for their documentation status. The Labor Center also estimates that there are an additional 110,000 undocumented individuals who pay the full cost of health care plans on the private market but would otherwise be able to purchase coverage on Covered California.[ii] The regional breakdown of the population of California residents who are undocumented, uninsured, and ineligible for Medi-Cal can be seen in the table to the right. More demographic details about the population are presented in Figure 3 of the UC Berkeley Labor Center's latest brief, California's Uninsured in 2024: Medi-Cal expands to all low-income adults, but half a million undocumented Californians lack affordable coverage options.

Californians who are undocumented, uninsured, ineligible for Medi-Cal, & without an offer of affordable job-based coverage, 2024

Region	Population
Northern CA & Sacramento	20,000
Greater Bay Area	80,000
Central Coast	50,000
San Joaquin, Central Valley, Eastern, Kern	50,000
Los Angeles	190,000
Inland Empire	50,000
Orange	50,000
San Diego	40,000

Source: UCB-UCLA CalSIM version 3.51

For 2023, the income threshold for Medi-Cal is 138% of the poverty level. Of the population who are undocumented and uninsured, with incomes above this Medi-Cal threshold, 190,000 of them have incomes at or below 250% of the FPL ($33,975 for an individual and $69,375 for a family of four).[iii, iv] This indicates that a significant number of these households are still low-income and just barely above the income cutoff for Medi-Cal eligibility. The full cost of private coverage on the individual market is completely out of reach for this population. Furthermore, over 70% of undocumented Californians are in mixed status families. Covered California should be a one-stop shop to help the whole family get coverage, rather than to turn away parents or other family members that it is unable to serve.

The Solution

AB 4 would take the first step in seeking to include all Californians regardless of their immigration status within our healthcare system, Covered California. In doing so, over half a million California residents would finally have access to all health care options, and our system will be set up to provide affordability assistance in the future. AB 4 helps build a more universal, efficient, and equitable health care system for all who call California home. Health care is a human right, and our health system is stronger when everyone is covered.

For more information, please contact:
Chloe Steck, csteck@caimmigrant.org with the California Immigrant Policy Center
Christine Smith, csmith@health-access.org with Health Access California

i. Dietz, Miranda and Laurel Lucia, et al. March 2023. “California’s Uninsured in 2024: Medi-Cal expands to all low-income adults, but half a million undocumented Californians lack affordable coverage options.” UC Berkeley Labor Center.

ii. Dietz, Miranda and Laurel Lucia, et al. March 2023. “California’s Uninsured in 2024: Medi-Cal expands to all low-income adults, but half a million undocumented Californians lack affordable coverage options.” UC Berkeley Labor Center.

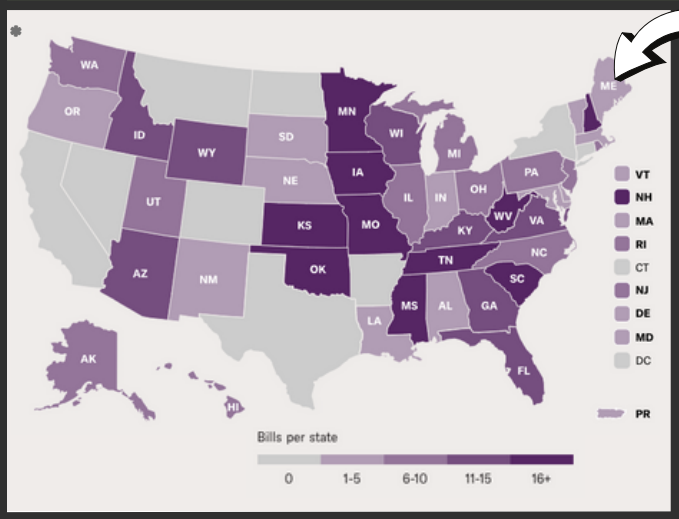
iii. Dietz, Miranda and Laurel Lucia, et al. March 2023. “California’s Uninsured in 2024: Medi-Cal expands to all low-income adults, but half a million undocumented Californians lack affordable coverage options.” UC Berkeley Labor Center.

iv. Covered California. “Program Eligibility by Federal Poverty Level for 2023”

ANTI-LGBTQ POLICIES THREATEN HIV PREVENTION IN US YOUTH

SCAN TO VIEW PUBLICATION

ANTI-LGBTQ+ POLICIES ARE INCREASING DRAMATICALLY IN THE US



- Over **500** anti-LGBTQ+ bills were introduced in state legislatures in 2024.
- This number has increased each year since 2019.
- This led the Human Rights Campaign to issue its first ever **national state of emergency for LGBTQ+ Americans.**
- These laws undermine human rights and likely have unknown health effects.

ACLU map of anti-LGBTQ+ bills from 2024.

LGBTQ+ YOUTH ARE STILL AT A HIGHER RISK OF HIV IN THE US

LGBTQ+ youth experience a disproportionate risk of HIV in the US.

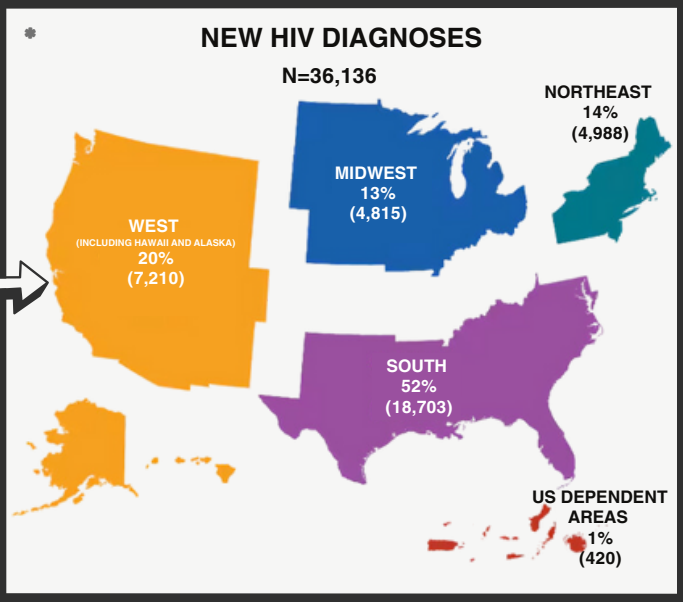
20% are young people

Among all new HIV diagnoses...

68% are men who have sex with men (MSM)

A hotspot of the US HIV epidemic is in the **South.**
This area also has some of the most severe anti-LGBTQ+ policies.

Map pulled from CDC from 2022.



Pre-exposure prophylaxis (PrEP) is almost ...
100% effective at preventing HIV.

PrEP use lags in youth, especially among marginalized ethno-racial groups.

PROTECTIVE POLICIES ARE LINKED TO HIGHER PREP USE IN YOUTH

Youth living in a state or county with more protective legislation had higher PrEP use.

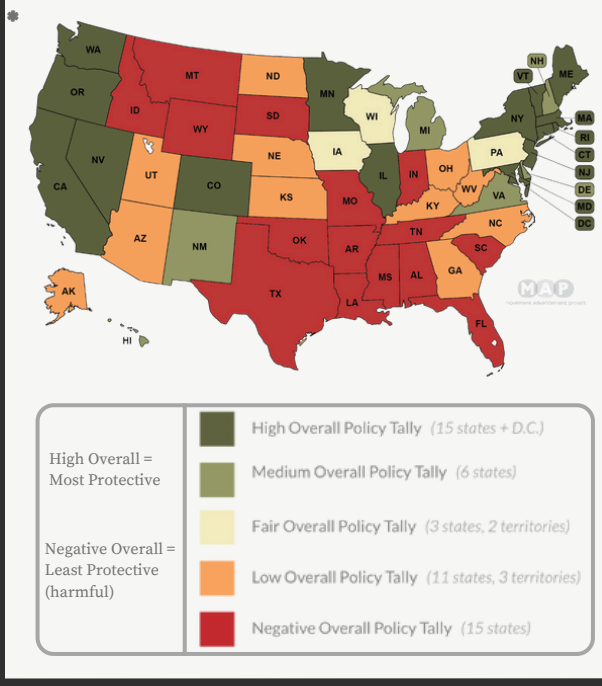
5% higher in protective states

6% higher in protective counties

10% higher PrEP use

Youth living in both a protective state **AND** county were the most likely to use PrEP.

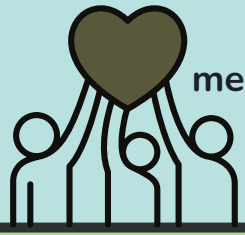
LOCAL POLITICS MATTER JUST AS MUCH AS STATE POLICIES



Voting in LOCAL elections matters!

County-level politics had an almost equal impact on PrEP use compared to state-level policies.

6% County-level impact vs. **5%** State-level impact



Passing protective *local* policies can have meaningful public health impacts even when these protections don't exist nationally.

* MAP Movement Advancement Project Map: "Snapshot: LGBTQ Equality by State". Data current as of January 6 2025.

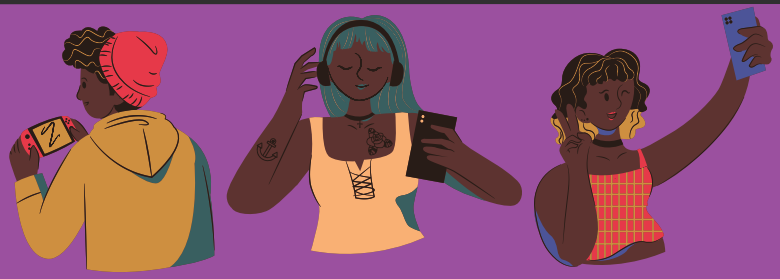
ANTI-LGBTQ+ POLICIES DISPROPORTIONATELY AFFECT BLACK YOUTH

The relationship between more protective LGBTQ+ policies and **increased PrEP use** was strongest among Black youth:

20% higher among Black LGBTQ+ youth

vs.

10% higher for youth overall

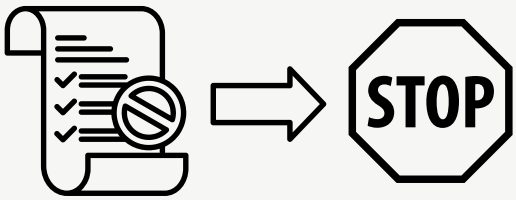


Protective LGBTQ+ policies could most strongly improve HIV prevention services for Black LGBTQ+ youth.

REPEAL AND REPLACE ANTI-LGBTQ+ POLICIES AT MULTIPLE LEVELS

Anti-LGBTQ+ policies threaten public health by contributing to the HIV epidemic.

Anti-LGBTQ+ policies reinforce ethno-racial inequities.



Repealing anti-LGBTQ+ legislation and implementing protective policies could reduce population-level HIV transmission by increasing PrEP use.

Passing protective policies would help the US meet its Ending the HIV Epidemic goal.

There is an urgent need to implement protective policies at every level—**national**, **state**, and **local**—to ensure the health of LGBTQ+ youth.

CalCenSyn
California Center for HIV Syndemic Policy Research
Community-Engaged. Data-Driven. Equity-Focused.

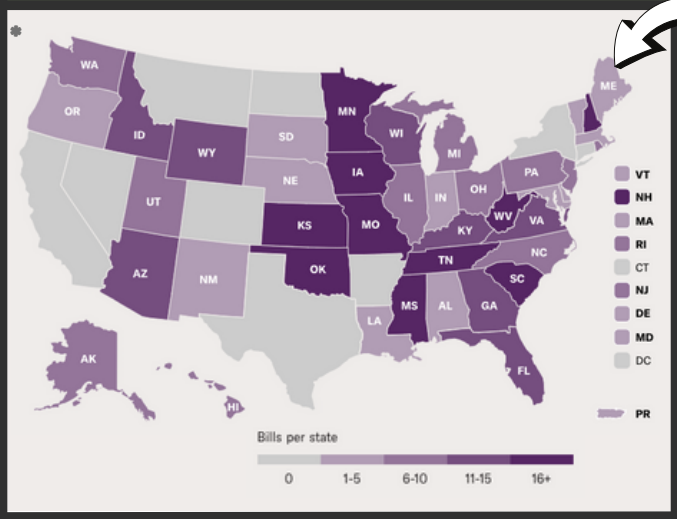
QUESTIONS? CONTACT US!

CALCENSYNPOLICY@HEALTH.UCSD.EDU

LEYES ANTI-LGBTQ AMENAZAN LA PREVENCIÓN DEL VIH EN LOS JÓVENES DE EE. UU.

ESCANEE PARA VER LA PUBLICACIÓN

LEYES ANTI-LGBTQ ESTÁN AUMENTANDO DRÁSTICAMENTE EN EE. UU.



- Más de **500** proyectos de ley anti-LGBTQ fueron introducidos en las legislaturas estatales en 2024.
- Este número ha aumentado cada año desde 2019.
- Esto llevó a la Campaña de Derechos Humanos a emitir su primer **estado de emergencia nacional para los estadounidenses LGBTQ.**
- Estas leyes socavan los derechos humanos y probablemente tienen efectos desconocidos para la salud.

* Mapa de ACLU de proyectos de ley anti-LGBTQ de 2024.

JÓVENES LGBTQ SIGUEN TENIENDO UN MAYOR RIESGO DE CONTRAER EL VIH EN LOS EE. UU.

Los jóvenes LGBTQ experimentan un riesgo desproporcionado de contraer el VIH en EE. UU.

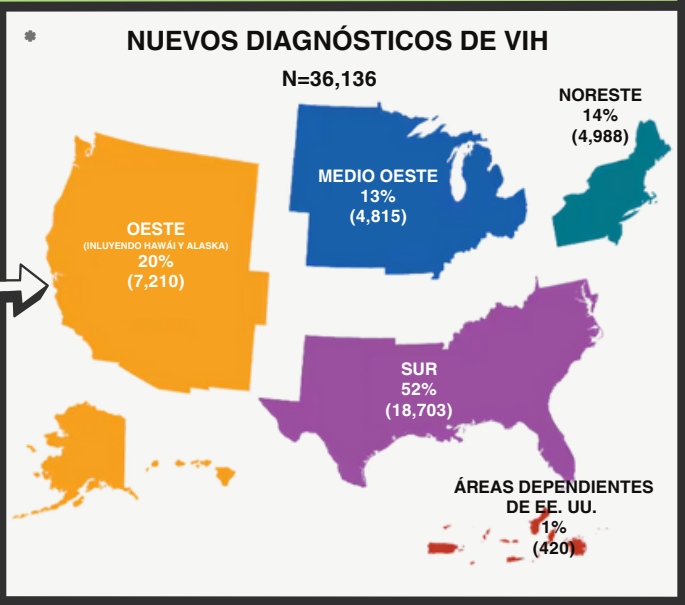
20% son jóvenes

Entre todos los nuevos diagnósticos de VIH...

68% son hombres que tienen sexo con hombres (HSH)

Un punto caliente de la epidemia de VIH en EE. UU. se encuentra en el **sur**. Esta área también tiene algunas de las leyes anti-LGBTQ más severas.

* Mapa extraído de los CDC de 2022.



La profilaxis pre-exposición (PrEP) es casi...

100% eficaz en la prevención del VIH.

El uso de la PrEP está rezagado en los jóvenes, especialmente entre los grupos étnico-raciales marginados.

LEYES DE PROTECCIÓN ESTÁN RELACIONADAS CON UN MAYOR USO DE PREP EN LOS JÓVENES

Los jóvenes que viven en un estado o condado con una legislación más protectora tenían un mayor uso de PrEP.

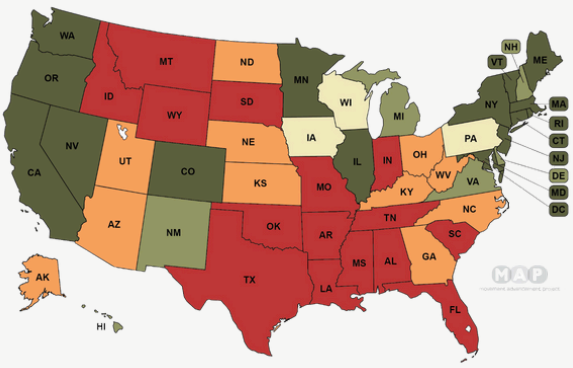
5% mayor en estados protectores

6% mayor en los condados protectores

10% mayor uso de PrEP

Jóvenes que vivían tanto en un estado Y en un condado protectora eran los más propensos a usar la PrEP.

LA POLÍTICA LOCAL IMPORTA TANTO COMO LAS POLÍTICAS ESTATALES



High Overall = Most Protective	High Overall Policy Tally *(15 states + D.C.)*
	Medium Overall Policy Tally *(6 states)*
	Fair Overall Policy Tally *(3 states, 2 territories)*
Negative Overall = Least Protective (harmful)	Low Overall Policy Tally *(11 states, 3 territories)*
	Negative Overall Policy Tally *(15 states)*

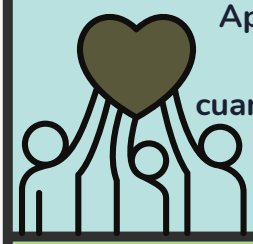
¡Votar en las elecciones LOCALES importa!

Las políticas a nivel de condado tuvieron un impacto casi igual en el uso de PrEP en comparación con las políticas a nivel estatal.

6% Impacto a nivel de condado

vs.

5% Impacto a nivel estatal



Aprobación de leyes locales protectivas puede tener impactos significativos en salud pública incluso cuando estas protecciones no existen a nivel nacional.

* Mapa del Proyecto de Avance del Movimiento MAP: "Instantánea: Igualdad LGBTQ por Estado". Datos actualizados al 6 de enero de 2025.

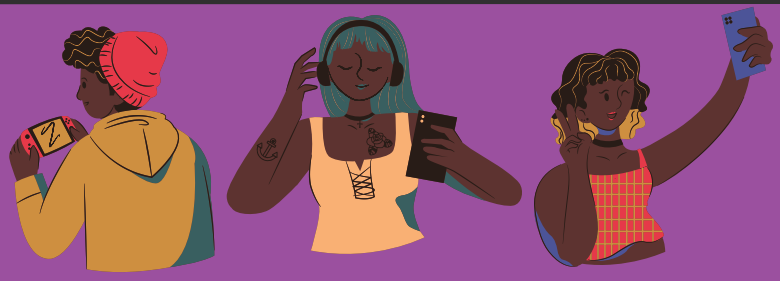
LEYES ANTI-LGBTQ AFECTAN DESPROPORCIONADAMENTE A LOS JÓVENES NEGROS

La relación entre políticas LGBTQ más protectoras y un **mayor uso de PrEP** fue más fuerte entre los jóvenes negros:

20% más entre los jóvenes negros LGBTQ

vs.

10% más para los jóvenes en general

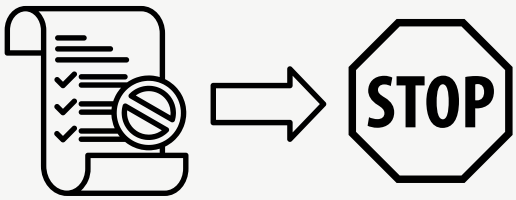


Leyes de protección LGBTQ podrían mejorar más fuertemente los servicios de prevención de VIH para los jóvenes LGBTQ negros.

DEROGAR Y REEMPLAZAR LEYES ANTI-LGBTQ EN MÚLTIPLES NIVELES

Leyes anti-LGBTQ amenazan la salud pública al contribuir a la epidemia del VIH.

Leyes anti-LGBTQ refuerzan las desigualdades étnico-raciales.



Derogar legislación anti-LGBTQ e implementar leyes de protección podría reducir la transmisión del VIH a nivel de la población al aumentar el uso de PrEP.

Aprobación de leyes de protección ayudaría a EE. UU. cumplir su objetivo de poner fin a la epidemia del VIH.

Existe una necesidad urgente de implementar leyes de protección en todos los niveles, **nacional**, **estatal** y **local**, para garantizar la salud de los jóvenes LGBTQ.

CalCenSyn
California Center for HIV Syndemic Policy Research
Community-Engaged, Data-Driven, Equity-Focused

¿PREGUNTAS? ¡CONTÁCTENOS!

CALCENSYNPOLICY@HEALTH.UCSD.EDU

COUNTY OF LOS ANGELES
Public Health

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February 12, 2025

TO: Each Supervisor

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

SUBJECT: **ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE SEXUALLY TRANSMITTED DISEASE RATES IN LOS ANGELES COUNTY (ITEM 58-A, BOARD AGENDA OF MAY 29, 2018, ITEM 8, BOARD AGENDA OF AUGUST 2, 2022, ITEM 53, BOARD AGENDA OF DECEMBER 19, 2023)**

This memorandum outlines our continued efforts to reduce Sexually Transmitted Disease (STD)/Sexually Transmitted Infection (STI) rates in Los Angeles County (LAC) and covers programmatic activities from May through December 2024, or as otherwise noted. This memorandum highlights key data updates, innovative strategies, expanded partnerships, and enhanced public health and community services -- all focused on improving STI detection and treatment across LAC.

In this report, the Department of Public Health (Public Health) refers to sexually transmitted diseases (STDs) and sexually transmitted infections (STIs) interchangeably. While "disease" often suggests a more severe or symptomatic condition, the term "infection" more accurately reflects the number and phase of cases, including asymptomatic periods of infection. This terminology shift also helps reduce stigma by focusing on the presence of infection rather than implying a disease state.

STD Surveillance

In 2023, nearly 90,000 STIs were reported in Los Angeles County (LAC), marking a potential shift in STI control after 15 years of increases. From 2022 to 2023, reported syphilis cases dropped 6% -- the first decline in years. This decline in total syphilis cases included a 12% decline in early syphilis cases – an indication of fewer recent infections. During the same period,

congenital syphilis cases fell 7% and gonorrhea cases fell 1% -- the second consecutive year of very small declines. Although chlamydia cases rose 1% from 2022 to 2023, cases remain below pre-COVID-19 peak levels.

Preliminary 2024 STI data shows continued progress as syphilis, congenital syphilis, gonorrhea, and chlamydia cases decreased during the period January to July 2024 compared to January to July 2023 levels. While these decreases are encouraging and suggest meaningful progress, we must remain cautiously optimistic and continue focusing on reducing STI rates, which are still 74% higher than 20 years ago. Public Health understands that sustained STI control efforts are critical, especially among youth, men who have sex with men, transgender persons, pregnant persons, and communities of color. Public-facing STD data dashboards continue to be available at: http://publichealth.lacounty.gov/dhsp/dashboard.htm.

Mpox Update

As previously reported to your Board, Public Health tasked the Division of HIV and STD Programs (DHSP) with managing mpox surveillance and information dissemination and separately tasked Vaccine Preventable Disease Control (VPDC) with mpox vaccination efforts. Between May 3, 2024, and November 21, 2024, a total of 176 mpox cases, primarily among men who have sex with men (MSM), were reported to Public Health. Of these cases, 66% occurred among individuals not vaccinated for mpox, 6% were among individuals who had been partially vaccinated for mpox, and 28% were among fully vaccinated persons. While 11 patients diagnosed with mpox required hospitalization, there have been no mpox-related deaths reported in 2024. Notably, two reported cases were among persons previously diagnosed with mpox. However, these second episodes were mild. Public Health launched an mpox vaccination social marketing campaign in conjunction with the 2024 LGBTQ+ Pride season.

In light of the commercialization of the JYNNEOS vaccine effective April 1, 2024, Public Health ordered doses from the available federal supply to support mpox vaccination during the 2024 Pride season and continued to offer free mpox vaccines at Public Health sites through August 2024. Public Health purchased a small amount of JYNNEOS vaccine to provide vaccinations after August 2024, to persons experiencing challenges with vaccination access regardless of insurance status. Public Health continues to engage with medical providers and pharmacies on matters related to JYNNEOS vaccine access and continues to provide technical assistance and education to providers.

Improving the Early Identification of STD Cases

Public Health continues to work to improve STI screening rates and build additional STI screening capacity across healthcare delivery systems in LAC. Below are updates that occurred since the last reporting period.

Community-Based Provider Contract Update
In 2023, the Board and Chief Executive Officer (CEO) allocated an additional $10 million from Tobacco Settlement Funds to strengthen STI prevention and control efforts in LAC. Approximately half of the funding was designated for contracted community-based providers and the remaining resources were earmarked to expand hospital-based and internal Public Health screening efforts. Public Health continues to track the use of these resources closely. The eligible expenditures tied to these resources include clinic infrastructure upgrades, adoption of new technology and data collection system enhancements, capital equipment and supplies.

On December 3, 2024, Public Health released a Request for Proposals (RFP) for Comprehensive HIV and STD Prevention Services in Los Angeles County (Prevention Services). The RFP will support the following services: HIV testing and linkage to care, STD screening and treatment, navigation services for HIV Pre-Exposure Prophylaxis (PrEP), HIV Post-Exposure Prophylaxis (PEP) and STD Doxycycline Post-Exposure Prophylaxis (DoxyPEP), Community Embedded Disease Intervention Specialists (CEDIS), and high impact prevention services targeted to priority populations. Services under this RFP are expected to begin July 1, 2025.

STI Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers
Public Health continues to provide confidential STI screening, diagnosis, treatment, and counseling services at Public Health Sexual Health Clinics throughout LAC at no charge to patients. These services include family planning services (e.g., oral, extradermal, injectable, and emergency contraception); mpox vaccinations, testing, and treatment; STI testing and treatment; HIV PrEP and PEP; and DoxyPEP for STD control, particularly for syphilis and chlamydia.

Sexual Health Clinics continue to be open between 3 and 5 days per week, depending on the Public Health Center, with evening clinic hours now available at all Public Health Centers. Mobile sexual health services are also offered through the Simms-Mann Health Center.

After an initial decline during the COVID-19 pandemic, patient visits to the Public Health Sexual Health Clinics have steadily increased, with 8,912 visits in 2020, 12,701 visits in 2022 and 15,345 visits in 2023. Public Health is on pace to deliver more visits in 2024 compared to 2023 levels, as 14,603 visits were provided between January 1, 2024 and October 31, 2024.

Necessary deferred maintenance efforts have continued at select Public Health Centers, with minimal interruption to STI services.

- STI services have been suspended at the North Hollywood Health Center due to the closure of the site in preparation for the construction of the North Hollywood Integrated Health Center. Public Health will offer sexual health services in medical trailers at the permanent relocation site in North Hollywood in early 2025 and throughout the duration of the construction of the North Hollywood Integrated Health Center. In the interim, sexual health services have been temporarily relocated to Glendale Health Center, where they are being offered four days a week.

- The remaining Public Health Centers (Antelope Valley Health Center, Central Health Center, Curtis Tucker Health Center, Hollywood-Wilshire Health Center, MLK Jr. Center for Public Health, Pomona Health Center, Ruth Temple Health Center, Torrance Health Center, and Whittier Health Center) are all in operation for Sexual Health Clinics, as scheduled.

Public Health Sexual Health Clinics continue to utilize innovative strategies and expand access points for STI and HIV prevention and treatment services such as:

- Public Health's HIV Tele-PrEP program offers counseling and medication recommendations via phone, text, and video for patients at elevated risk for HIV. The program now accepts referrals from the Public Health Infoline and includes telehealth nurses and providers facilitating assessments, lab referrals, and prescriptions.

- As of November 15, 2024, the Tele-PrEP program had enrolled 422 participants. Of the clients that scheduled one-month follow-up visits, 93% attended the appointments. For clients scheduling six-month appointments, 98% attended; for clients scheduling nine- and twelve-month appointments, 100% of clients attended the appointments.

- DoxyPEP prescriptions have been incorporated into the Sexual Health Clinic protocols since May 2023, and continue to be offered at the clinics.

- Public Health recently completed a Medi-Cal enrollment pilot at Central Health Center, allowing Business Office staff to help uninsured patients initiate Medi-Cal enrollment through the Medi-Cal website. This project will be expanded to all Public Health Centers by the end of 2024.

- Business Office staff continue to coordinate vehicle transportation of patients to and from Public Health Clinics using the Roundtrip rideshare service, at no cost to the patient. These transportation resources improve access to STI and HIV prevention and treatment services for patients across LAC.

Public Health's Mobile Vaccine and Testing Team (MVT) continued to provide services to people experiencing homelessness (PEH) living in sheltered and unsheltered settings throughout LAC. The services currently offered include screening for HIV, syphilis, gonorrhea, chlamydia, and hepatitis B and C; vaccinations (including mpox); TB testing; harm reduction supplies (naloxone and fentanyl test strips); linkage to resources; and health education.

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

Public Health continues to screen clients for third-party coverage and bill Medi-Cal, Medicare, and commercial health plans for HIV, STI, family planning and field-delivered services that are provided to insured individuals at the Public Health Centers. Since the last report to your Board, Public Health enrolled in the HIV PrEP Assistance Program, allowing Public Health to bill the California Department of Public Health for medical visits, laboratory costs, and immunizations for uninsured and underinsured patients.

Public Health continues to establish a Memoranda of Understanding (MOU) with Medi-Cal managed care plans, which clarify roles and responsibilities for the delivery of care, including sexual health services, to health plan members. An MOU with Health Net Community Solutions, Inc. was executed in September 2024 and additional MOUs are under development.

Expanded Syphilis Screening Efforts

Expanding syphilis screening opportunities is critical to improving the prompt identification of people with syphilis, treating those cases, and identifying sexual contacts for screening to prevent the forward transmission and spread of this treatable bacterial infection.

- *Home Test Kit Distribution*

Public Health offered free HIV and STI self-test kits through an online ordering platform via a partnership with the National Alliance of State and Territorial AIDS Directors (NASTAD) Building Healthy Online Communities, *Take Me Home* program. Test kits included three-site STI self-testing for chlamydia and gonorrhea (rectal and oral swabs, cups for urine samples), syphilis and hepatitis C testing, and an HIV fingerstick test. Tests were available from March 14, 2024, through April 30, 2024. Public Health has now tabulated volume and demographic information tied to this program. During the 6-week period, 686 tests were ordered with 270 (39%) returned for STI lab results. Among the persons ordering tests, 30% were Latinx persons, 41% were female, and 79% were persons aged 20 to 39 years. Of the kits returned, 83% were usable. Of the more than 200 processed specimens, 4% were reactive for gonorrhea, 3% for chlamydia, 1.1% for syphilis, 0.6% for HIV, and 0% for hepatitis C.

- *Enhanced Programming*

Public Health collaborated with third-party administrators, Rising Communities (formerly Community Health Councils) and Heluna Health, to deliver STI prevention services. During this reporting period, Rising Communities adjusted their scope of work to prioritize the procurement of HIV and STI test kits for distribution to partners, as well as community education and engagement initiatives. Meanwhile, Heluna Health expanded its efforts to include: 1) the implementation of a contingency management prevention program for pregnant individuals with substance use disorders, 2) routine HIV, syphilis, and hepatitis C testing in five hospital emergency departments, and 3) provider education activities.

- *Emergency Department (ED) Syphilis Screening*

Routine syphilis screening continued to be offered at all three Department of Health Services' (DHS)-operated Emergency Departments: LA General, Olive View, and Harbor-UCLA. From January to November 2024, an estimated 11,000 of 16,000 eligible individuals were screened, with 223 (2%) diagnosed with syphilis. Among the people diagnosed with syphilis, 164 were new cases, 38 had a prior diagnosis but incomplete treatment, and 21 had untreated long-standing infections. Most of the syphilis reactive cases were among Latinx (40%) and Black/African American (24%) residents. The majority of persons tested were 30 to 33 years, 26% were

unhoused, and 2% were pregnant at the time of testing. Due to the high positivity rate, DHS is planning to expand syphilis testing to all 12 of its urgent care facilities. In addition to DHS sites, Public Health is expanding STI testing by partnering with five hospitals to implement routine HIV, STI, and hepatitis C screenings in emergency departments, in collaboration with the Public Health Institute's Bridge Emergency Department Screening Program. Implementation is expected to begin in early 2025.

Interrupt Disease Transmission through the Treatment of Cases and Their Partners

Community Embedded Disease Intervention Specialist (CEDIS) Expansion
Public Health expanded the Community Embedded Disease Intervention Specialist (CEDIS) program by adding four new positions and partnering with AltaMed Health Services and Wesley Community Health Center (aka JWCH Institute) to extend its reach. Planned Parenthood Los Angeles (PPLA) and Men's Health Foundation have also enhanced their capacity to deliver syphilis case management. Currently, 18 CEDIS are active, with five more joining in late December 2024. This growth enhances efforts to improve treatment outcomes, increase interview rates, and identify more contacts per client, further strengthening the syphilis response.

Specialized Investigation Team (SIT)
As highlighted in previous reports, the Specialized Investigation Team (SIT) is a multi-disciplinary group (including Public Health Nurses, Public Health Investigators, social workers, phlebotomists, and community physicians) focused on identifying and treating pregnant individuals and those who can become pregnant and who have not been treated for syphilis. During this reporting period, the SIT program was honored with the 2024 Model Award by the National Association of County and City Health Officials (NACCHO), recognizing its outstanding contributions to public health.

Expedited Partner Therapy/Patient-Delivered Partner Therapy
Public Health continued to partner with Essential Access Health (EAH) to promote the availability and use of Expedited Partner Therapy (EPT), particularly for young people diagnosed with gonorrhea and chlamydia. The EPT Distribution Program continues to experience a shortage of azithromycin and cefixime which limits the amount of medication available to distribute.

Bicillin Delivery Program and Bicillin Shortage Update
Providers serving PEH often face unique challenges in ensuring access to essential medications like Bicillin Long-Acting (L-A), an antibiotic used to treat syphilis. To address this challenge, Public Health expanded its Bicillin Delivery Program to include 10 LAC Street Medicine Teams dedicated to serving PEH. Through this initiative, Public Health directly supplies the medication to these teams, ensuring its availability and reducing the risk of untreated patients. As the first-line treatment for syphilis and the only effective option for preventing congenital syphilis in pregnant individuals, Bicillin's availability is crucial. Fortunately, the national Bicillin L-A shortage that began in 2023 has been resolved. During this reporting period, Public Health informed providers that alternative treatments are no longer necessary.

Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons

- *Jail Testing*

Public Health continues to support syphilis screening at the Century Regional Detention Facility (CRDF). In April 2024, the addition of a second Community Services Counselor to the day shift increased testing capacity, resulting in increased screening efforts. The program now operates with two counselors conducting testing within the housing unit during the day shift and one counselor providing testing services at the Inmate Reception Center during the night shift, ensuring comprehensive coverage across key areas. Between May 1 and November 6, 2024, DHSP staff conducted 798 rapid screening tests (RST) at CRDF, identifying 96 preliminary positive cases (12% positivity rate). Among the people diagnosed, CHS confirmed 17 new cases, with 15 people receiving treatment in custody and 2 persons released before treatment.

- *Student Wellbeing Centers (SWBC)*

During the 2023-24 and 2024-25 school years, Public Health-supported Student Wellbeing Centers (SWBCs) operated within 12 school districts and serving 44 high schools and two middle schools. Between April 1 and October 31, 2024, SWBCs promoted sexual health and STD prevention among students, including through the distribution of 16,776 condoms, facilitation of 95 classroom-based presentations and workshops to educate students on STI prevention and sexual health awareness, and engagement of 3,968 outreach activities. Together, these initiatives provided over 20,000 instances of engagement, equipping students with essential knowledge and tools to practice safer behaviors and reduce STD risks.

- *Online Testing Options for Youth*

The online I Know/Don't Think Know (DTK) program continues to expand its reach through strategic partnerships. During this period, new collaborations with community-based organizations and schools were established with DTK staff delivering four targeted presentations and participating in five outreach events. To streamline access to program materials, DTK launched an online order form for partners to easily request self-tests for gonorrhea and chlamydia screening.

Educate Consumers and Community Providers to Raise Awareness of STIs

Social Marketing Campaigns
Public Health launched two consumer-focused social marketing campaigns during this reporting period designed to increase awareness of STIs and available treatments. The two multi-platform campaigns focused on syphilis prevention and DoxyPEP.

Public Health and Provider Training and Detailing
During the reporting period, Public Health delivered the following training sessions to enhance local STI control efforts among diverse audiences, and covering critical topics:

- Essential Access Health Training: Three sessions were conducted with 67 participants. Topics included chlamydia screening, strategies to reduce congenital syphilis, and the implementation of DoxyPEP as an STI prevention tool.

- Public Health DoxyPEP Training: Targeted trainings were provided to various organizations, including C2PLA, ViaCare, WeCanStopSTDsLA Community Advisory Coalition, Claris Health, H. Claude Hudson Comprehensive Health Center, and W. King Health Group. These sessions aimed to promote awareness and integration of DoxyPEP into STI prevention practices. As a complement to this effort, Public Health launched a DoxyPEP education campaign to encourage providers to prescribe DoxyPEP for preventing syphilis, chlamydia, and gonorrhea among men who have sex with men and transgender women. Six contracted detailers were trained in STIs, DoxyPEP research, and outreach strategies.

- Between April 29 and July 16, 2024, Public Health detailers visited 917 providers in clinics reporting syphilis and HIV diagnoses, with 665 (73%) receiving follow-up visits. Initially, 54% of providers were familiar with DoxyPEP. After follow-up visits, the likelihood of prescribing increased across all groups, despite concerns about side effects and resistance. Among providers unfamiliar with DoxyPEP at baseline, 55% reported being likely to prescribe it after the intervention.

Ongoing training sessions are offered to providers, non-clinical staff, and community health workers, supporting the integration of DoxyPEP into STI prevention efforts. These efforts reflect our commitment to equipping community members and providers with the knowledge and tools needed to advance STI prevention and control.

Provider Communication: Updated Syphilis Screening Recommendations for Pregnant Persons
In response to rising syphilis and congenital syphilis rates, updated California Department of Public Health syphilis screening guidelines now apply to all pregnant individuals, regardless of gender or sexual orientation. The recommendations include screening for syphilis at pregnancy confirmation or the first prenatal visit (ideally in the first trimester), again during the third trimester (between 28–32 weeks), and at delivery, as LAC is a high-congenital-syphilis (CS) morbidity area. Clinicians needing assistance with diagnosing and treating syphilis are encouraged to contact the Public Health STD Provider Consult Line.

STI Awareness Among Youth
During the reporting period, Public Health supported several youth-specific efforts, including two described below:

- *Faith-Based Programming*

The WeCanStopSTDsLA.org Community Advisory Committee provided training and distributed the Faith-Based Toolkit to nine faith organizations. Two training courses targeted to youth included a session on reproductive health and another on financial literacy. A total of 40 youth attended.

- *Pocket Guide LA*

The Pocket Guide LA offers a menu of clinics vetted by Public Health staff that meet CDC guidelines for youth health services. The guide has evolved since its initial development over a decade ago and is continuously updated to maintain its focus on youth-friendly clinics. Over the last program year, 80 of the 198 listed clinics were contacted to verify and update their clinic details. Staff also continue to survey clinics to assess service capacity and youth-friendliness and have recently identified 20 potential new additions to the guide.

Federal and State Program and Funding Updates

Federal Advocacy Efforts

As previously mentioned to your Board, the House Appropriation Committee proposed FFY25 budget targets included considerable cuts to HIV/AIDS programming. Public Health worked with CEO-LAIR to educate our LA delegation members and California senators about the impacts of the proposed cuts and to urge additional funding for STD prevention and control.

The most recent Continuing Resolution maintains existing federal spending levels until March 2025 while the FFY25 appropriations are still outstanding. Public Health will continue to work with CEO-LAIR to advocate for increased funding levels for these critical services and to reject any proposed cuts in the FFY 2025 budget. We will continue to work with CEO-LAIR to advocate for these Board priorities throughout the federal appropriations process for federal FY 2026, as well.

Public Health also worked with CEO-LAIR and County Counsel to review the impact of the Trump Administration Office of Management and Budget Directive M-25-13 which would have placed a pause and review of federal grant spending in light of the Administration's executive orders. The OMB Directive has since been rescinded by the Administration (though uncertainty remains about enforcement efforts) and federal courts have placed a preliminary injunction against the Administration's efforts to withhold federal funding or otherwise enforce the Directive. Public Health will continue to monitor these efforts and work with CEO-LAIR and County Counsel to analyze impacts and educate Congressional members and partners about any efforts to reduce federal spending commitments on HIV and STD efforts.

California State Advocacy Efforts

On June 29th, 2024, Governor Newsom signed the 2024 State Budget Act legislation (Budget Act), laying out the budget for FY 2024-2025 and 2025-2026. Thanks to the tireless advocacy of the County in coalition with other local governments, health associations, public health partners, labor partners and residents, the final agreement between the Governor and the Legislature preserved most of the Public Health funding that was at risk of elimination earlier in the budget process.

Fortunately, the Budget Act retained the vast majority of the Future of Public Health Fund, adopting a 7.95% reduction in line with the similar across-the-Board cut to state Departments' General Funds. The preserved funding supported critical Public Health programs related to HIV/AIDS and STD's, including Community Embedded Disease Intervention Specialists (CEDIS) and baseline communicable disease surveillance staff.

In the Governor's Preliminary Budget for FY2025-2026, the budget holds funding for STD programming flat to the same levels in the FY24-25 budget. CEO-LAIR will continue to monitor the budget process and state legislative session in Sacramento and identify and recommend for County advocacy efforts to improve access to and efficacy of HIV and STI services.

If you have any questions or need additional information, please let me know.

BF:rs

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

Health Services
LOS ANGELES COUNTY

Mission
To advance the health of our patients and our communities by providing extraordinary care.

Mandatory & Major Duties

- Provider of comprehensive physical health services to DHS-responsible patients as delivered within DHS hospitals and clinics
- Delivery of specialty mental health services subject to a contract with the Department of Mental Health
- Delivery of comprehensive medical and psychiatric services for individuals incarcerated within the Los Angeles County jails as provided by Correctional Health Services
- Delivery of physical health services for youth within the County's Juvenile Halls and Camps under an agreement with the Probation Department
- Oversight of the County's Local Emergency Medical Services Agency
- Operation of Diversion and Reentry programs within the Office of Diversion and Reentry
- Provision of Supportive Housing and other services for persons experiencing homelessness by Housing for Health

Department Strategic Plan Exists?

☑ Strategic Plan

2024-25 Budget ($ in thousands)
As of Supplemental Budget Phase

EXPENDITURES/APPROPRIATIONS	
Total Salaries & Employee Benefits	$ 4,586,460
Total Services & Supplies	$ 3,607,915
Other Charges	1,724,366
Cap Assets – Equip	139,599
Other Financing Uses	956,237
TOTAL GROSS APPROP	**$ 11,014,577**
Intrafund Transfers	**391,947**
TOTAL NET APPROP	**$10,622,630**
Revenue	**9,173,306**
NET COUNTY COST[1]	**$ 1,449,324**
TOTAL BUDGETED POSITIONS	**27,605**

1 Includes restricted and unrestricted locally generated revenues

2025-26 Department Budget Presentation Summary

Department Budget Request:
Budget Priorities

Listed in order of priority, $ in thousands

TOTAL BUDGET REQUEST FOR 2025-26 RECOMMENDED BUDGET PHASE ($Thousands)

$12,032 Gross Approp − $(22,167) Total IFT − $13,614 Total Revenue → $20,585 Total NCC | 332.0 Position Change

#	Request Title/Short Descriptor	Fund Source	Gross Approp	less IFT	less Revenue	= NCC	Position Change	Board Priority	Directed By	Metrics Plan?
1	Integrated Correctional Health Services (ICHS) - Right-Sizing (primarily due to pharmacy and registry)	NCC	42,228	-	-	42,228	-	-	Statute	Y
2	ICHS - Program Staffing Needs	NCC	17,437	-	-	17,437	105.0	-	Statute	Y
3	ICHS - Additional Drugs Funding (Hepatitis-C, Opioid Use Disorder)	NCC	17,407	-	-	17,407	-	-	Motion	Y
4	Office of Diversion & Re-Entry (ODR) - Program Staffing Needs	RO	15,988	-	15,988	-	15.0	Care First Jails Last	Fund Req	Y
5	Department of Health Services - Program Staffing Needs	RO	22,654	-	8,702	13,952	69.0	-	*n/a*	Y
6	Appropriation/Revenue Changes	NCC	(42,282)	(22,167)	(11,234)	(8,881)	-	-	*n/a*	Y
*	*Other Ministerial Changes*		*(180,000)*	-	*158*	*(180,158)*	-	-	*n/a*	*N*
	TOTAL		**$ (106,568)**	**$ (22,167)**	**$ 13,614**	**$ (98,015)**	**189.0**			

LEGEND

Primary Use of Funding Service Delivery to the Public | Service Delivery to Other Departments | Administration

Funding Source **RO:** Revenue Offset | **NCC:** Net County Cost Change | **AFB:** Available Fund Balance | **DAFB:** Department Available Fund Balance | **CO:** Carryover | Other - **SBI:** State Budget Impact

Department Budget Request: Unmet Needs

$ in thousands

Health Services
LOS ANGELES COUNTY

#	Unmet Need	Approp	IFT	Revenue	NCC	Positions
Tier 1: Critical Unmet Needs						
1	ODR - Program Expansions (primarily for 1,000 ODR slots and Harm Reduction Division)	$ 29,200	$ -	$ -	$ 29,200	-
Tier 2: Priority Unmet Needs						
2	ICHS - Program Staffing Needs	$ 71,500	$ -	$ -	$ 71,500	143.0
3	ICHS - Program funding Needs	$ 16,400	$ -	$ -	$ 16,400	-
4	ODR - Harm Reduction Division Management Program	$ 1,000	$ -	$ -	$ 1,000	-
Tier 3: Other Unmet Needs						
5	ICHS - Wellness Stations	$ 500	$ -	$ -	$ 500	-
	TOTAL UNMET NEEDS	**$ 118,600**	**$ -**	**$ -**	**$ 118,600**	**143.0**

Tiering Definitions

TIER 1: Critical Unmet Needs
Requests where, if unfunded in the upcoming budget year, a department would be prevented from meeting mandatory obligations imposed by settlement, contract, audit finding, new legislation, Board mandate, or imminently cause a health or safety risk.

Detailed justification for critical unmet needs must be included in a department's budget requests submission.

TIER 2: Priority Unmet Needs
Requests where, if unfunded in the upcoming budget year, a department would be prevented from establishing, maintaining or enhancing programs and services having a close nexus to the department's statutory obligation(s) and/or core mission.

Detailed justification for priority unmet needs must be included in a department's budget requests submission.

TIER 3: Other Unmet Needs
Requests that do not meet the criteria in either category above. Other Unmet Needs include requests that are not characterized by urgency but are included to establish a record of the request (whether submitted with or without justification) or to signal a current intent to submit the request in one of the two prior categories in a future budget phase. Requests in this category are not limited to requests funded by NCC.

Documentation for these requests does not need to be included in a department's budget requests submission.

Department Budget Request: Budget Challenges/Pressures

Budget Challenge/Pressure	Source	Impact Summary
• Uncertainties with respect to Medi-Cal and Medicare reimbursements due to federal policy shifts associated with changes in White House Administration	External	Ramifications cannot be determined at this time. DHS continues to monitor arising developments and will work with the State Department of Health Care Services (DHCS) and other stakeholders to evaluate any potential issues.
• Low volume of commercially insured patients	External	Commercial insurance is attributed to less than 10% of services being provided at DHS. Most patients served within DHS are insured by government-funded programs.
• Need for renewal of Global Payment Program (GPP) in 2027	External	GPP supports public hospital systems in providing services to the uninsured and promoting the delivery of higher-value care models and settings. Renewing the revenue program is key to serving the uninsured in the most cost-effective manner possible.
• Ongoing structural deficit of ICHS	Internal	DHS continues to work with County CEO and Sheriff's Department to ensure the ongoing provision of high-quality care within the jails and to address various Department of Justice (DOJ)-related operational and staffing issues.
• Continued funding for DHS Community Programs needed to support County's Persons Experiencing Homelessness and Care First, Jails Last County priorities	Internal	Programs operated by Housing for Health, the Office of Diversion and Re-Entry, and the DHS' Harm Reduction unit, (including housing and housing supports, diversion programs, and overdose prevention activities) require additional funding to be fully implemented.

COUNTY OF LOS ANGELES
Public Health

Mission
To protect health, prevent disease and injury, and promote health and well-being for everyone in the County.

Mandatory & Major Duties
- Assess and monitor population health
- Investigate, diagnose, and address health hazards and root causes
- Ensure equitable distribution of health affirming resources
- Implement policies, plans, and practices that reduce inequities in health
- Identify and resolve barriers to good health that affect those most vulnerable
- Utilize legal and regulatory actions to enhance and protect population health
- Build and support a diverse and skilled workforce and a just workplace
- Build and maintain a strong organizational infrastructure for public health
- Strengthen collaborations with community partners to build equity and justice
- Improve and innovate through evaluation, research, and quality improvement

Department Strategic Plan Exists?
☑ Strategic Plan 2018-2023
(rev July 2019)

2024-25 Budget ($Thousands)
As of Supplemental Budget Phase

EXPENDITURES/APPROPRIATIONS		
Total Salaries & Employee Benefits	$	923,160
Total Services & Supplies	$	822,433
Other Charges		34,941
Cap Assets – Equip		3,600
Other Financing Uses		-
TOTAL GROSS APPROP	**$**	**1,784,134**
Intrafund Transfers		**114,056**
TOTAL NET APPROP	**$**	**1,670,078**
Revenue		**1,371,429**
NET COUNTY COST[1]	**$**	**298,649**
TOTAL BUDGETED POSITIONS		**5,631**

1 *Includes restricted and unrestricted locally generated revenues*

2025-26 Department Budget Presentation Summary

Department Budget Request:
Budget Priorities

Listed in order of priority, Amounts in $Thousands

TOTAL BUDGET REQUEST FOR 2025-26 RECOMMENDED BUDGET PHASE ($Thousands)

$93,569 Gross Approp − **$(15,986)** Total IFT − **$138,678** Total Revenue → **$(29,123)** Total NCC; **79.0** Position Change

#	Request Title/Short Descriptor	Fund Source	Gross Approp	*less* IFT	*less* Revenue	= NCC	Position Change	Board Priority	Directed By	Metrics Plan?
1	Environmental Health	RO	3,173	-	3,173	-	17.0	Environmental Health	*n/a*	N
2	Substance Abuse Prevention & Control	RO	164,625	-	164,625	-	37.0	#N/A	*n/a*	N
3	Health Facilities Inspection	RO	11,071	-	11,071	-	5.0	#N/A	*n/a*	N
4	Maternal, Child & Adolescent Health	RO	189	-	189	-	-	Child Protection	*n/a*	N
5	Office of Workers' Health and Safety	RO	-	-	-	-	1.0	#N/A	*n/a*	N
6	Children's Medical Services	RO	384	-	384	-	2.0	Child Protection	*n/a*	N
7	Acute Communicable Disease Control	RO	3,135	-	3,135	-	2.0	#N/A	*n/a*	N
8	Chronic Disease and Injury Prevention	RO	800	-	800	-	-	#N/A	*n/a*	N
*	*Other Ministerial Changes*		*(103,456)*	*(15,986)*	*(44,699)*	*(42,771)*	*1.0*	*#N/A*	*n/a*	*N*
	TOTAL		**$ 79,921**	**$ (15,986)**	**$ 138,678**	**$ (42,771)**	**65.0**			

LEGEND

Primary Use of Funding — Service Delivery to the Public | Service Delivery to Other Departments | Administration

Funding Source — **RO:** Revenue Offset | **NCC:** Net County Cost Change | **AFB:** Available Fund Balance | **DAFB:** Department Available Fund Balance | **CO:** Carryover | Other - **SBI:** State Budget Impact

Department Budget Request: Unmet Needs

Amounts in $Thousands

#	Unmet Need	Approp	IFT	Revenue	NCC	Positions
Tier 1: Critical Unmet Needs						
1	Trans, Gender Expansive, and Intersex (TGI) Wellness and Equity Initiative	$ 3,500	$ -	$ -	$ 3,500	-
2	LA County's Gender Impact Assessment (GIA) Implementation	$ 125	$ -	$ -	$ 125	-
3	Prioritizing Gender-Based Violence Prevention in LA County	$ 1,650	$ -	$ -	$ 1,650	-
4	Domestic Violence Services for All Program (DVSFA)	$ 2,934	$ -	$ -	$ 2,934	2.0
5	Addressing Hepatitis C in LA County	$ 441	$ -	$ -	$ 441	2.0
6	Establishing a Safe Maximum Temperature Threshold for Residential Units	$ 549	$ -	$ -	$ 549	-
Tier 2: Priority Unmet Needs						
7	Office of Worker Health & Safety (OWHS)	$ 426	$ -	$ -	$ 426	2.0
8	Reducing Medical Debt	$ 445	$ -	$ -	$ 445	2.0
9	Tuberculosis Control Program (TBCP)	$ 233	$ -	$ -	$ 233	2.0
10	Free Gun Locks - Firearm Safety Initiative	$ 1,956	$ -	$ -	$ 1,956	2.0
11	Domestic Violence Housing & Support Services (DVHSS)	$ 165	$ -	$ -	$ 165	1.0
Tier 3: Other Unmet Needs						
12	Chronic Disease and Injury Prevention (CDIP)	$ 253	$ -	$ -	$ 253	1.0
13	Centralized Access System for Domestic Violence Services	$ 971	$ -	$ -	$ 971	-
	TOTAL UNMET NEEDS	**$ 13,648**	**$ -**	**$ -**	**$ 13,648**	**14.0**

Tiering Definitions

TIER 1: Critical Unmet Needs
Requests where, if unfunded in the upcoming budget year, a department would be prevented from meeting mandatory obligations imposed by settlement, contract, audit finding, new legislation, Board mandate, or imminently cause a health or safety risk.

Detailed justification for critical unmet needs must be included in a department's budget requests submission.

TIER 2: Priority Unmet Needs
Requests where, if unfunded in the upcoming budget year, a department would be prevented from establishing, maintaining or enhancing programs and services having a close nexus to the department's statutory obligation(s) and/or core mission.

Detailed justification for priority unmet needs must be included in a department's budget requests submission.

TIER 3: Other Unmet Needs
Requests that do not meet the criteria in either category above. Other Unmet Needs include requests that are not characterized by urgency but are included to establish a record of the request (whether submitted with or without justification) or to signal a current intent to submit the request in one of the two prior categories in a future budget phase. Requests in this category are not limited to requests funded by NCC.

Documentation for these requests does not need to be included in a department's budget requests submission.

Department Budget Request: Budget Challenges/Pressures

Budget Challenge/Pressure	Source	Impact Summary
Potential Significant Reduction to Federal Funding	External	75% of the Department's proposed $1.77B Recommended Budget for FY25-26 is ascribed to anticipated federal and state funding sources. Of this funding, 41% is associated with funding received directly from the federal government and 34% with the State, (of which approximately 40% is federally sourced). Although we have not yet received official notice from the federal government about specific reductions to current programs and services, recent announcements, budget proposals, and executive orders indicate a policy and resource shift away from many public health priorities. The proposals contemplated by the new administration would result in a significant reduction in federal support that would have a damaging impact on DPH's operations and our ability to effectively serve the residents of Los Angeles County.
Increased Cost of Operations	External	State and federal grants, which comprise most of the public health budget, have not kept pace with inflation and County COLA and benefit increases. While we continue to implement efficiency measures and explore revenue generating opportunities , there is increasing pressure on the department t's budget to support increased costs, with finite grant funding. Not filling essential vacancies has resulted in curtailment of services, and this impact is unevenly distributed across public health programs.
Fee Schedule for the Environmental Health Division Does Not Reflect Cost of Services	External	DPH has not updated the fee schedule that supports core Environmental Health functions since 2018. While the Department has improved efficiencies through process changes and the application of new technologies, the costs of the operations continue to exceed available revenue from the fees. In the coming months, we will need Board support for the adoption of an updated fee schedule to address the current revenue gap.
Need for a Sustainable Source of Flexible Funds to Respond to Emergency Responses and the Impact of Climate Change	External	DPH continues to face budget pressures from its response to a wide variety of public health and other local emergencies. In the last five years alone, the department has responded to large scale disease outbreaks (e.g., COVID-19, MPox, STIs, Hepatitis A), dangerous workplace exposures (bird flu, engineered stone), environmental hazards (Dominquez Channel, Chiquita Canyon), and most recently, the wildfires that have devastated communities. For each response, flexible funding is needed to augment DPH capabilities on an accelerated timeline. Almost all the grant funding received by DPH is restricted and cannot be used to offset costs associated with specific emergency response activities. Currently, there is a need for a sustainable dedicated funding source that DPH can easily access for public health emergencies to avoid delays that impact health and safety.

Other Impact from January 2025 Windstorm and Critical Fire Event		
• **Anticipated Wildfire Recovery Impacts**	External	The Department expects to incur costs related to wildfire recovery efforts including expedited plan check review and permitting services at each of the County One-Stop locations and technical assistance on health and safety matters to impacted residents.

California Budget & Policy Center

How Republican-Led Budget Cuts Could Impact Californians in Every Congressional District

February 2025 | By California Budget & Policy Center

Access to affordable health care, housing, and nutritious food is necessary for all Californians to thrive. But Republican federal budget proposals would pave the way for deep and harmful cuts that would take health coverage, nutrition assistance, and other essentials away from millions of Californians who are already struggling to make ends meet in the face of persistently high inflation and the high cost of living. These cuts would increase poverty and hardship, widen race and ethnic inequities, and make it harder for workers to maintain their jobs in exchange for funding huge tax giveaways for the wealthy.

This fact sheet shows how many residents in each of California's congressional districts benefit from vital programs at risk of being cut to illustrate the potentially wide-reaching impact cuts could have in communities across the state.

Health Care and Nutrition Assistance Programs Benefit Millions of Californians Across Congressional Districts

Type your representative below to quickly access data for your congressional district.

District Characteristics			Health Care		
District	Representative	Political Party	Residents Benefiting from Health Coverage Through Medi-Cal		
-	-	-	# in District	% Residents in District	Medi-Cal Spending in District (in Billions)
1	Doug LaMalfa	R	326,823	43%	$4.28
2	Jared Huffman	D	238,194	31%	$3.02
3	Kevin Kiley	R	174,941	23%	$2.25
4	Mike Thompson	D	234,242	31%	$2.91
5	Tom McClintock	R	228,161	30%	$2.86
6	Ami Bera	D	330,107	44%	$3.95
7	Doris Matsui	D	324,237	43%	$4.06
8	John Garamendi	D	301,905	40%	$3.70
9	Josh Harder	D	315,364	41%	$3.76
10	Mark DeSaulnier	D	148,575	20%	$1.99
11	Nancy Pelosi	D	200,736	26%	$3.15
12	Lateefah Simon	D	262,116	35%	$3.53

12	Lateefah Simon	D	262,116	35%	$3.52
13	Adam Gray	D	450,225	59%	$4.93
14	Eric Swalwell	D	205,356	27%	$2.73
15	Kevin Mullin	D	210,438	28%	$2.79
16	Sam Liccardo	D	157,943	21%	$2.20
17	Ro Khanna	D	150,162	20%	$2.13
18	Zoe Lofgren	D	354,699	46%	$3.99
19	Jimmy Panetta	D	179,365	24%	$2.30
20	Vince Fong	R	283,880	37%	$3.31
21	Jim Costa	D	486,083	64%	$5.50
22	David G. Valadao	R	527,192	67%	$5.80
23	Jay Obernolte	R	366,472	48%	$4.26
24	Salud Carbajal	D	258,390	34%	$2.99
25	Raul Ruiz	D	427,700	56%	$5.04
26	Julia Brownley	D	237,130	31%	$2.78
27	George Whitesides	D	302,427	40%	$3.66
28	Judy Chu	D	208,964	28%	$3.10
29	Luz Rivas	D	387,821	51%	$4.91
30	Laura Friedman	D	268,558	35%	$4.04
31	Gilbert Cisneros	D	306,447	40%	$4.03
32	Brad Sherman	D	216,316	29%	$2.99
33	Pete Aguilar	D	378,433	50%	$4.30
34	Jimmy Gomez	D	424,896	56%	$5.56
35	Norma Torres	D	339,369	45%	$3.92
36	Ted Lieu	D	124,668	16%	$1.76

37	Sydney Kamlager	D	402,281	53%	$5.06	
38	Linda Sánchez	D	251,528	33%	$3.30	
39	Mark Takano	D	377,996	50%	$4.18	
40	Young Kim	R	157,262	21%	$1.94	
41	Ken Calvert	R	256,180	34%	$2.94	
42	Robert Garcia	D	333,666	44%	$4.16	
43	Maxine Waters	D	417,513	55%	$5.06	
44	Nanette Barragán	D	347,990	46%	$4.39	
45	Derek Tran	D	276,714	36%	$3.71	
46	Lou Correa	D	397,412	52%	$4.74	
47	Dave Min	D	152,411	20%	$1.90	
48	Darrell Issa	R	223,201	29%	$2.60	
49	Mike Levin	D	168,575	22%	$1.93	
50	Scott Peters	D	159,639	21%	$2.05	
51	Sara Jacobs	D	239,455	32%	$2.99	
52	Juan Vargas	D	365,215	48%	$4.39	

Note: **CalFresh:** District-level estimates for CalFresh are based on zip code-level proportions of recipients within congressional districts in November 2024 applied to the average monthly participation levels for the full calendar year. Data are for individuals receiving federal SNAP benefits and do not reflect individuals receiving state-funded assistance through the California Food Assistance Program.
School Meals: District-level estimates for school meal eligibility are based on county-level proportions of recipients within congressional districts for the 2023-2024 school year.

Source: **Residents benefiting from Medi-Cal:** UC Berkeley Labor Center (2024). **Adults at risk of losing health coverage:** Center on Budget & Policy Priorities (2024). **CalFresh:** Budget Center analysis of CA Department of Social Services (2024) and US Census Bureau, American Community Survey (2023)

data. **School Meals:** Budget Center analysis of CA Department of Education (2023-24 school year) and US Census Bureau, American Community Survey (2023) data.

California Budget & Policy Center

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Sacramento, CA 95814

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In 2025, we celebrate 30 years of advancing equity and opportunity for Californians with low and middle incomes. For three decades, the Budget Center has been a trusted source of budget analysis, shaping policies that reflect our shared values and priorities.

THE AIDS INSTITUTE

February 2025

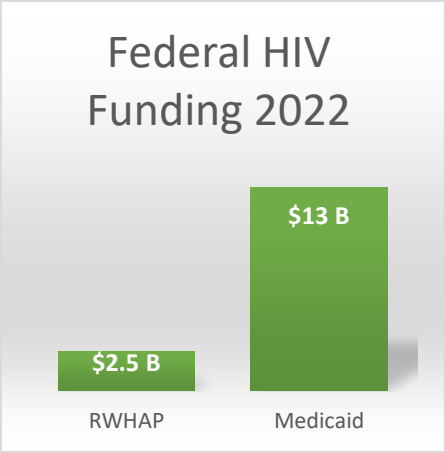
Cutting Medicaid Threatens Plans to End the HIV Epidemic

Approximately 1.2 million people in the U.S. are living with HIV, and another 1.2 million are vulnerable to acquiring HIV.[1] People with HIV disproportionately rely on Medicaid (40% of non-elderly people with HIV are enrolled in Medicaid compared to 15% of the overall non-elderly population) for access to comprehensive and affordable health care.[2] Medicaid is the largest source of funding for HIV-related health care. Congress is currently considering enormous reductions in Medicaid funding that could amount to as much as $2.3 trillion, nearly one third of its projected budget over the next 10 years. **Medicaid cuts of this magnitude will decimate our nation's ability to end the HIV epidemic, resulting in more AIDS-related deaths and more HIV transmission.**

Medicaid is crucial to ending the HIV epidemic

Medicaid covers HIV screening, prevention, and treatment services that are necessary to ending the HIV epidemic. It covers HIV pre-exposure prophylaxis (PrEP), which prevents the acquisition of HIV with a daily pill or a bi-monthly injection. It also covers effective HIV treatment, which, when used consistently, reduces viral load to undetectable levels, preventing HIV transmission to others and allowing people with HIV to live longer, healthier lives. Cutting Medicaid will force states to decide whether to increase taxes to continue this care or stop providing it. Without consistent access to treatment, people with HIV are at risk of developing AIDS, and more people will acquire HIV.

Cutting Medicaid Jeopardizes Ryan White Programs



Medicaid is the largest source of federal funding for HIV, contributing $13B in 2022, 5 times larger than the Ryan White HIV/AIDS Program (RWHAP), which was funded at $2.5 billion in 2022.[3]

In inflation-adjusted dollars, RWHAP has been flat-funded since 2001, despite increases in caseload and the cost of health care.

Medicaid enables HIV clinics to serve more people and keep up with medical innovations that have transformed HIV care. Without Medicaid, RWHAP clinics would be unable to meet the needs of people with HIV. [4]

Medicaid Expansions Save Lives

Medicaid expansion has helped improve access to care, health outcomes and economic mobility, in addition to reducing the spread of HIV. Although just 36% of people with HIV live in a non-expansion state, more than 50% of new HIV diagnoses occur among people living in these states.[5] Medicaid expansion has resulted in more health coverage for people living with HIV, better access to health care, lower rates of death from AIDS, and fewer new cases of HIV.[6]

Reducing the federal share of Medicaid payments to states with Medicaid expansions would jeopardize this progress. Nine states (Arizona, Arkansas, Illinois, Indiana, Montana, New Hampshire, North Carolina, Utah, Virginia) have laws automatically ending their Medicaid expansion if the federal matching share is cut.[7]

Work Requirements are Funding Cuts by Another Name

A majority of Medicaid enrollees – including people with HIV – already either work or live in working families, and it is precisely because their health care needs are met by the Medicaid program that these individuals are able to be productive.[8] In 2023, estimates showed that nearly two-thirds (64%) of non-elderly, adult Medicaid enrollees are working either full-time (44%) or part-time (20%).[9] Those who were not reported that they had a disability, were caring for family members, or were enrolled in school.[10]

The purpose of a Medicaid work requirement is not to increase the number of people who are employed, but to reduce the number of people enrolled in Medicaid. Extensive data from states with work requirements in Medicaid and other means-tested programs shows that the administrative burden of work reporting requirements causes a substantial number of people to lose Medicaid.[11] And people with HIV who are able to find jobs face a catch-22 in states with low Medicaid income limits (many of the states with the greatest HIV burden in the U.S.) because they earn too much to qualify for Medicaid and too little to qualify for a premium subsidy for ACA coverage. Without insurance, people with HIV will not have consistent access to treatment, making them sicker and undermining progress toward ending the epidemic.

Block Grants and Per Capita Caps Undermine Ending the HIV Epidemic

Medicaid block grants (a fixed dollar amount for Medicaid) and per capita caps (a fixed dollar amount per enrollee) are equivalent to Medicaid cuts across the board. Shifting costs to states will result in fewer people covered. Moreover, states will be forced to make deeper and deeper cuts whenever Medicaid costs increase because of medical inflation, medical innovation (such as new, long-acting HIV medications currently in development), natural disasters, or epidemics. Medicaid cuts will reduce states' ability to meet increasing demands for HIV-related health care while causing more people to acquire HIV.

Conclusion

The HIV epidemic can be ended, but only with access to ongoing treatment and prevention services covered by Medicaid. Medicaid funding cuts would limit access to the crucial health care services needed to end this epidemic once and for all. People with and vulnerable to acquiring HIV need better access to care, not more restrictions.

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[1] HIV.gov. *U.S. Statistics.* (Updated: February 5, 2025). https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics

[2] Kaiser Family Foundation. Medicaid and People with HIV. Published March 27, 2023. Online at: https://www.kff.org/hivaids/issue-brief/medicaid-and-people-with-hiv/

[3] HIV.gov. *Medicare, Medicaid, and People with HIV: New Issue Briefs from KFF.* (July 12, 2023). Online at: https://www.hiv.gov/blog/medicare-medicaid-and-people-with-hiv-new-issue-briefs-from-kff

[4] HRSA, *Ryan White HIV/AIDS Program and the Evolving Health Care Landscape: Working together to ensure optimal HIV care and treatment for people living with HIV*. https://ryanwhite.hrsa.gov/hiv-care/landscape.

[5] Kaiser Family Foundation. Online at: https://www.kff.org/hivaids/issue-brief/medicaid-and-people-with-hiv/

[6] Bita Fayaz Farkhad, David R. Holtgrave, Dolores Albarracín. *Effect of Medicaid Expansions on HIV Diagnoses and Pre-Exposure Prophylaxis Use*. Am J Prev Med. (March 2021). https://pmc.ncbi.nlm.nih.gov/articles/PMC7903489/

[7] Adam Searing. Georgetown University Center for Children and Families. *Federal Funding Cuts to Medicaid May Trigger Automatic Loss of Health Coverage for Millions of Residents of Certain States* (November 27, 2024). https://ccf.georgetown.edu/2024/11/27/federal-funding-cuts-to-medicaid-may-trigger-automatic-loss-of-health-coverage-for-millions-of-residents-of-certain-states/.

[8] Kaiser Family Foundation. *Understanding the Intersection of Medicaid and Work.* (Updated January 2018). Online at: https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/.

[9] LaDonna Pavetti, Ed Bolen, Laura Harker, Allison Orris, Alicia Mazzara. *Expanding Work Requirements Would Make It Harder for People to Meet Basic Needs.* (March 15, 2023). https://www.cbpp.org/sites/default/files/3-15-23pov.pdf.

[10] The Commonwealth Fund. *Work Requirements for Medicaid Enrollees.* (January 14, 2025). Online at: https://www.commonwealthfund.org/publications/explainer/2025/jan/work-requirements-for-medicaid-enrollees

For Immediate Release: Assemblymember Davies Introduces Bill to Bolster Protections for Sexual Assault Victims

JANUARY 14, 2025 / PRESS RELEASE

Sacramento – Today, Assemblymember Laurie Davies (R-Laguna Niguel) introduced AB 229, legislation that would allow a victim of sexual assault to petition a court to test a defendant for various sexually-transmitted diseases (STDs).

"Sexual Assault is one of the most heinous crimes that can be done to a person," Davies said.

"In addition to the emotional and physical trauma done to the victim, if the perpetrator carries any sexually-transmitted diseases (STDs), that can cause serious healthcare risks as well. AB 229 is a common-sense measure to provide reassurances to the victim that they are allowed to petition a court to test their assailant to determine if they carry any STDs that would need immediate or long-term treatment," continued Davies. "Testing allows healthcare providers the ability to promptly identify and treat any infections, reducing the risk of long-term health complications such as infertility, chronic pain, or other health issues associated with untreated STDs," stated Davies.

Under current law, victims of crimes that involve transmission of bodily fluids are currently unable to compel testing of the defendant for sexually-transmitted diseases (STDs) other than HIV. Moreover, parents or guardians of minor victims cannot make the request for such testing. AB 229 seeks to correct this hindsight and allow for the testing of all STDs plus allow parents to request the testing if the victim is a minor.

###

ITUP
Insure the Uninsured Project

» Fact Sheet

California Health Care Specialty Workforce Shortages:
A Critical Analysis of Current Challenges and Future Solutions

JANUARY 2025

Introduction

California is facing a critical shortage of specialty health care physicians and workers, particularly within allied health professions, which includes health care professionals such as nurses and nurse practitioners, as well as specialized areas of medicine like labor and delivery and behavioral health.[1] This shortage disproportionately affects underserved communities, exacerbating existing health inequities, threatening access to essential services, and worsening health outcomes, especially for vulnerable populations in rural areas. In rural regions, geographic isolation, limited health care infrastructure, and a lack of health care providers compound these challenges, making it even more difficult for residents to access timely care. Health disparities carry significant social and economic risks, exemplified by rising maternal mortality rates, and the behavioral health crisis that Californians face across generations.

A diverse health care workforce is essential to achieving health equity in our communities. Patients have better experiences, higher levels of trust and improved health outcomes when their medical care teams reflect the populations they serve. However, despite California's diverse population, many racial, ethnic, and linguistic groups remain significantly underrepresented in health care professions. This disparity in representation limits the ability of the health care system to effectively address and meet the needs of the diverse communities it is meant to serve.

This ITUP fact sheet examines the current landscape of California's specialty health care workforce, analyzes the implications it has for health outcomes, and explores both short- and long-term strategies and investments needed to create a diverse and reflective workforce for California communities.

Fast Facts »

- Approximately **2.7 million** Californians are impacted by maternity care deserts.[2]
- **2.53 million** Californian women lack access to a birthing hospital within a 30-minute drive.[2]
- Nearly **9.2%** of pregnant Californians receive insufficient prenatal care.[2]
- California faces a shortage of **5,000** mental health practitioners by 2026.[3]
- Approximately **40%** of births in California are funded by Medi-Cal and could benefit from doula support.[4]
- In California, there are approximately **114,600** medical assistant vacancies annually.[5]
- California faces an estimated shortage of **36,000** licensed nurses.[6]
- By 2036, California is projected to have **26%** reduction in the number of registered nurses.[7]
- In 2023, the median age of nurse practitioners in California was **52**, with over **22%** nearing retirement age.[8]
- **23** of the state's 58 counties have fewer than one psychiatrist per 10,000 residents.[9]

Key Workforce Initiatives and Legislation

March 2016
Managed Care Organization (MCO) Tax package implementation, reducing Medi-Cal spending by over $1 billion annually.

June 2021
University of California launched first-in-state Psychiatric Mental Health Nurse Practitioner (PMHNP) certificate program.

January 2023
Laura Rodriguez Medical Assistant Institute launched, addressing Medical Assistants (MAs) shortage with $450,000 Direct Relief grant.

October 2023
Senate Bill 525 (SB 525 - Durazo) passed, mandating a $25/hour minimum wage for health care workers, which aimed to benefit 426,000 workers.

September 2024
SB 1015 (Cortese) passed, requiring the Board of Registered Nurses (BRN) to provide an annual report to the Legislature on clinical nursing placement management and coordination.

November 2024
Proposition 35 passes. Medi-Cal rate increases will be permanently secured through MCO tax funding starting in 2027. However, the state still needs federal approval to impose the tax.

January 2030
Assembly Bill 2104 (AB 2104 - Soria) goes into effect. AB 2104 requires the Chancellor of California's Community Colleges to create a pilot program for certain community colleges to offer a Bachelor of Science in Nursing (BSN) degree.

Current Landscape of California's Specialty Workforce

Allied Health Professionals

Allied health professionals are essential in bridging medical expertise and patient care as their specialized skills and collaborative approach ensure holistic, high-quality care. In California, allied health professionals—including medical assistants—constitute 60 percent of the health care workforce and are vital in supporting specialty care, from diagnostic services like imaging and lab tests, to implementing treatment plans developed by specialist physicians.[10]

In addition, allied health professionals serve as vital intermediaries between specialists and patients, providing education on condition management and supporting patient adherence to prescribed treatments. In addition, allied health professionals help transform complex medical instructions into practical, patient-centered interventions, ultimately enhancing the quality and effectiveness of specialty care. However, conservative estimates indicate that California will need 65,000 allied health care professionals each year, creating a demand for 500,000 new workers by end of 2024.[10]

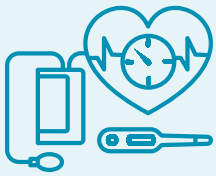
Medical Assistants (MAs)

Medical Assistants (MAs) are essential to the smooth functioning of specialty care settings, acting as a crucial bridge between patients and specialist physicians.[11]

California's demand for health care workers, especially MAs, is expected to rise sharply. The number of MA jobs is expected to grow by nearly 30% by 2026, adding about 24,800 positions.[12]

Roles of Medical Assistants

- Patient Histories
- Record Vital Signs
- Conducting Tests
- Collecting Specimens
- Assist Physicians During Procedures
- Patient Education
- Manage Continuity of Care
  - Referrals
  - Specialist Coordination
  - Follow-Up



Registered Nurses (RNs)

Registered Nurses (RNs) are the backbone of specialty care, providing comprehensive, patient-centered support. Specialty nurses manage complex conditions, collaborate with physicians on treatment plans, and coordinate care across providers. Both offer and deliver hands-on-care and educate patients and families through complex medical decisions. However, a wave of experienced RNs left the profession at an alarming rate between 2020-2022 during the height of the COVID-19 pandemic.[13] Long hours and high stress have contributed to burnout and forced RNs to leave the profession, leading to shortages in high-demand areas. With limited numbers of available RNs, this further strains the remaining workforce and threatens care quality, especially impacting unserved and underserved regions and populations.

See ITUP's 2024 Regional Equity Collaboratives Key Takeaways Report for more detailed information about the workforce shortage occurring across each region.

Nurse Practitioners (NPs)

Nurse Practitioners (NPs) are key drivers of specialized care, bringing advanced education and clinical training to multiple fields and helping to shape the future of specialized health care. Through their work, NPs not only deliver exceptional care, but also contribute to a more efficient, equitable health care system, ensuring that specialized services are available and accessible to all.

California faces a critical shortage of NPs, who are essential in delivering care to underserved populations.[14] Many of these areas lack sufficient health care providers and depend heavily on NPs to meet the growing demand for services. However, high patient volumes, limited resources, and insufficient support in these regions place immense pressure on NPs, contributing to existing burnout, job dissatisfaction, and high turnover rates. This workforce strain not only exacerbates health inequities but also threatens the continuity and quality of care for California's most vulnerable communities.

Roles of Nurse Practitioners

- Independently Assess, Diagnose and Treat Patients
- Prescribe Medications
- Order & Interpret Tests
- Perform Procedures Within Their Expertise
- Research, Quality Improvement, and Develop Clinical Protocols

Labor and Delivery

Labor and Delivery care is a cornerstone of maternal and infant health, however many California communities, particularly rural and underserved areas, are facing increasing barriers to access. Maternity care deserts are expanding, leaving many communities, particularly Black and Latinx populations, without essential services.[15] The shortage of midwives, doulas, and culturally competent birth workers exacerbates pre-existing health disparities, depriving communities of vital, culturally tailored care and support. Health disparities in maternal care are driven by systemic inequities, including limited access to culturally appropriate care, economic barriers, and structural and medical racism.[16] See ITUP's Mobilizing Doulas: Advancing Equitable Maternal Health Outcomes in California Fact Sheet for more information on addressing maternal health challenges.

Addressing these challenges requires centering focus on health equity, ensuring all birthing people have access to skilled, culturally sensitive care, regardless of race, ethnicity, or location. A commitment to expanding access to midwives, doulas, and culturally competent health care workers is critical to reducing disparities, improving maternal and infant health outcomes, and restoring trust in the health care system. Expanding access to equitable labor and delivery services is not just a health care issue—it is a matter of social justice.

Behavioral Health

Behavioral health specialists, such as psychiatrists, peer counselors, therapists, psychologists, and other mental health professionals, are crucial partners in specialty care workforce. This branch of specialists aims to address the psychological and emotional aspects of health, ultimately aiming to help transform and promote healing of both body and mind.[17] By working alongside medical teams, they provide holistic care that connects clinical treatment with real-world struggles, help patients manage grief, anxiety, and depression. Peer counselors offer empathy through shared experiences, while therapists and counselors help patients build coping strategies and overcome psychological barriers, thus leading to better adhesion to treatment and overall recovery.

Behavioral health specialists help patients adjust to diagnoses, manage emotional challenges, and build mental resilience for recovery. Their compassionate approach ensures patients receive not just physical treatment, but holistic support leading to a better, more sustainable health outcome.

Despite the growing support on the need of behavioral health specialist, California faces a severe shortage of mental health and substance use disorder providers, particularly within Medi-Cal.[18] The lack of available behavioral health specialists' hampers efforts to meet the growing demand for services statewide. This shortage affects all demographics and regions, with rural areas especially underserved. See ITUP's Behavioral Health Policy Toolkit for more information and resources on advancing behavioral health in California.

Impact Analysis and Future Implications

Without comprehensive interventions, California faces the prospect of worsening health outcomes across historically marginalized and vulnerable populations through increased emergency department utilization, and higher health care costs across the system.[19,20] Access to medical care in a timely manner is emerging as a significant public health threat throughout California.[21] For example, patients face a wait of six to nine months just to secure a preventive appointment with a gastroenterologist.[22] In addition, individuals with Medi-Cal or no insurance face barriers to seeing specialists, even when specialized care is critical, resulting in negative health outcomes.[22] In the LA County system, patients faced an average wait of 89 days to see a specialist.[23]

Geographic disparities are likely to worsen, with rural areas facing continued closure of specialty services while urban areas experience increasingly lengthy wait times. Health care availability is decreasing for over 2 million Californians.[24] Out of California's 55 rural hospitals, 16 (29%) are at risk of shutting down.[25]

California's older adults' population is rapidly growing. California's over-60 population is projected to be 25% of the population by 2030, when there will be 10.8 million older adults, and California's public mental health system is unprepared to meet the growing mental health needs of the elderly, nor does it have the capacity to deliver specialized care for substance abuse.[26]

The specialty health care workforce shortage in California represents a complex challenge requiring immediate attention and long-term commitment. Success requires a coordinated effort from policymakers, health care institutions, educational facilities, and communities. Only through comprehensive, sustained efforts will California ensure adequate specialty health care access for all, especially for those historically marginalized and underserved communities.

Policy Considerations

The following short-term and long-term policy recommendations form a comprehensive strategy to address California's specialty health care workforce challenges. By implementing both immediate measures and investing in long-term strategies, the health care workforce can be rebuilt to be reflective, diverse, and sustainable to meet the health care needs of Californians, particularly in underserved areas, and ensure equitable access to specialized care for all.

Short-Term Solutions

- **Build on Existing Legislative Bills**: California should expand on SB 233 (Skinner) by introducing legislation that authorizes licensed medical specialists from other states to practice in California, provided they meet specified requirements. This would ensure an adequate workforce of qualified health care specialists, addressing potential shortages and improving access to critical medical services.
- **Expand Loan Repayment & Residency Programs**: Increase loan repayment incentives for specialty providers and expand residency positions to grow the health care workforce in underserved areas.[27,28]
- **Implement Telehealth & Rural Incentives**: Expand telehealth programs and offer incentives for rural practice to enhance access and support underserved communities.[29]
- **Grant Independent Practice to Nurse Practitioners (NPs)**: Allow NPs to practice independently, improving access to primary care, particularly in underserved areas.[30]
- **Optimize the Role of Medical Assistants (MAs)**: Ensure MAs in primary care settings are working at the top of their scope to improve efficiency and ease the burden on providers.[31]
- **Travel Compensation for Specialists**: Provide financial incentives, such as travel compensation, to specialists serving multiple rural locations.

Long-Term Investments

- **Support and Fund Existing Initiatives**: Support the successful implementation and continued funding of existing initiatives like the Children and Youth Behavioral Health Initiative (CYBHI),to drive lasting transformation in California's support systems for children, youth, and families.
- **Create Diverse Health Care Pathways**: Establish programs to support underrepresented high school and college students in pursuing health care careers, ensuring a more diverse workforce that reflects California's patient population.[32]
- **Integrate Mental Health Services in Schools and Rural Areas**: Implement standardized mental health training for school staff (K-12), co-locate services in rural community hubs and develop culturally competent care models to ensure early intervention and accessibility in underserved areas.[33,34]
- **Hub-and-Spoke Specialty Care Networks**: Establish regional hub-and-spoke networks where large, central medical centers (hubs) collaborate with smaller rural facilities (spokes) to ensure the delivery of specialty services across a broader geographic area. These networks will facilitate coordinated care, remote consultations, and patient referrals between hubs and spokes.[35]
- **Rotating Specialist Programs**: Implement rotating specialist programs where health care professionals from urban or larger facilities travel to rural areas on a scheduled basis to provide care.

Key Terms

Allied Health Professionals: Health care providers who are not physicians/nurses (e.g., laboratory technicians, physical therapists, respiratory therapists).[36]

Behavioral Health Specialists: Health care professionals who address mental and emotional well-being, including psychiatrists, psychologists, social workers, and counselors, treating mental health conditions, substance use disorders, and supporting recovery through therapy.[37]

Burnout: Physical or mental collapse caused by overwork or stress, leading to workforce attrition.[38]

Cultural Competency: The ability to effectively deliver health care services that meet social, cultural, and linguistic needs of patients.[39]

Graduate Medical Education (GME): Residency training for physicians after medical school.[40]

Hub-and-Spoke Specialty Care Networks: A model for providing specialized care in rural or underserved areas, where central medical centers (hubs) work with smaller local facilities (spokes) to offer specialty services through remote consultations, rotating specialists, and patient referrals.[41]

Labor and Delivery: A specialized area of health care that focuses on the care of women during childbirth, including prenatal care, labor management, delivery, and postpartum care.[42]

Loan Repayment Programs: Financial incentives that help repay educational debt in exchange for service.[43]

Maternal Care Desert: Also known as maternity care deserts, are geographic areas with limited or no access to maternity care services.[2]

Maternal Mortality: The death of a woman during pregnancy or within 42 days of pregnancy termination, from any cause related to or worsened by the pregnancy or its management, but not from accidents or unrelated causes.[44]

Medical Assistants (MAs): Health care workers who assist in clinical and administrative tasks, such as taking patient histories, preparing patients for procedures, assisting in exams, and handling office tasks like scheduling and billing.[45]

Nurse Practitioners (NPs): Advanced practice nurses with a master's degree in nursing provide specialized care in areas like pediatrics, family medicine, or mental health. NPs can diagnose, treat, prescribe medications, and order tests, often working independently or with physicians.[46]

Pipeline Programs: Educational pathways designed to prepare and support students entering health care professions.[47]

Psychiatric Mental Health Nurse Practitioner (PMHNP): Advanced practice nurse specialized in mental health.[48]

Retention Rate: The percentage of health care workers who remain in their positions over time.[49]

Specialty Health Care: The focus on specific medical fields, separate from primary care. Patients are typically referred by primary care providers for expert diagnosis and management. However, accessing and staying engaged with specialty care can be more challenging than with primary care.[50]

Telehealth: The delivery of health care services through digital communication technologies, allowing patients to receive care remotely, especially in underserved or rural areas.[51]

Workforce Pipeline: A system for recruiting, training, and retaining health care professionals.[52]

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About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and community-informed policy solutions that expand access to equitable health care and improve the health of all Californians.

ITUP is generously supported by the following funders:

- California Health Care Foundation
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