



LOS ANGELES COUNTY
COMMISSION ON HIV



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

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

May 6, 2019



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

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Katja Nelson, MPP, <i>Co-Chair</i>	Aaron Fox, MPM, <i>Co-Chair</i>	Jason Brown	Cheryl Barrit, MPIA
Kyle Baker	Terry Goddard, MA	Kyle Gordon	Jane Nachazel
Alasdair Burton (<i>Alt.</i>)	Eric Paul Leue	Craig Scott, MA	Julie Tolentino, MPH
Jerry D. Gates, PhD		Lambert Talley	
Lee Kochems, MA			DPH/DHSP STAFF
Eduardo Martinez (<i>Alt.</i>)			Mario Pérez, MPH
Ricky Rosales			
Martin Sattah, MD			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Public Policy Committee Agenda, 5/6/2019
- 2) **Minutes:** Public Policy Committee Meeting Minutes, 3/4/2019
- 3) **Minutes:** Public Policy Committee Meeting Minutes, 4/1/2019
- 4) **Table:** 2019 Work Plan - Public Policy, Updated 4/18/2019
- 5) **Code:** Code of Conduct, 4/11/2019
- 6) **Table:** LA County HIV/AIDS Strategy (LACHAS) External Policy Workgroup, Policy Recommendations Matrix - Working Draft, Revised 4/3/2019
- 7) **Memorandum:** Addressing Gaps and Disparities to Help Reduce STD Rates in Los Angeles County, 3/7/2019
- 8) **Memorandum:** Increasing County Efforts to Address Rising Sexually Transmitted Disease Rates, 3/5/2019
- 9) **Memorandum:** Sacramento Update - Pursuit of County Advocacy Positions on State Budget Items Related to Child Support Services and Public Health, 2/14/2019
- 10) **Memorandum:** Report on Advocacy Strategies to Increase Sustained State and Federal Funding for Local Sexually Transmitted Disease Control Efforts (Item No. 8, Board Meeting of November 20, 2018), 1/4/2019
- 11) **Memorandum:** Addressing Gaps and Disparities to Help Reduce STD Rates in Los Angeles County, 9/7/2019
- 12) **Memorandum:** Sacramento - Pursuit of County-Advocacy Position to Support State Proposals Related to Workforce Development Data, Sickle Cell Disease, and LBQ Health Equity, 4/26/2019
- 13) **Article:** Gavin Newsom's bid to negotiate lower drug prices gets boost from LA County, 4/17/2019
- 14) **Press Release:** In First Act as Governor, Gavin Newsom Takes on Cost of Prescription Drugs & Fights for Health Care for All, 1/7/2019
- 15) **Graphic:** CALIFORNIA STATE LEGISLATION: How a Bill becomes a Law
- 16) **Graphic:** FEDERAL LEGISLATION: How a Bill becomes a Law

- 17) **Table:** 2019-2020 Legislative Docket - Working Document, 4/25/2019
- 18) **Graphic:** California Housing Legislation Highlights, 4/4/2019
- 19) **Summary:** Equality California is sponsoring the following state legislation in 2019, 4/18/2019
- 20) **Assembly Bill:** No. 36, as amended: Bloom: Residential tenancies: rent control, 4/22/2019
- 21) **Memorandum:** Sacramento Update - Following pursuit of County position: Support AB 36, Support SB 736, 4/19/2019
- 22) **Assembly Bill:** No. 174, as amended: Wood: Health care coverage: financial assistance, 3/27/2019
- 23) **Assembly Bill:** No. 302, as amended: Berman: Parking: homeless students, 3/25/2019
- 24) **Memorandum:** Sacramento Update - Homelessness Legislation, 4/22/2019
- 25) **Assembly Bill:** No. 307, as amended: Reyes: Homeless youth: grant program, 3/27/2019
- 26) **Memorandum:** Sacramento - Pursuit of County-Advocacy Positions to Support Bills Related to Homelessness, 4/8/2019
- 27) **Assembly Bill:** No. 493, as amended: Gloria: Teachers: in-service training: lesbian, gay, bisexual, transgender, queer, and questioning pupil resources, 4/2/2019
- 28) **Assembly Bill:** No. 650, as amended: Low: 2019-20 Proposals, 3/22/2019
- 29) **Assembly Bill:** No. 711, as amended: Chiu: Pupil records: name and gender changes, 4/11/2019
- 30) **Assembly Bill:** No. 715, as introduced: Wood: Medi-Cal: program for aged and disabled persons, 3/21/2019
- 31) **Assembly Bill:** No. 731, as amended: Kalra: Health care coverage: rate review, 3/20/2019
- 32) **Assembly Bill:** No. 816, as introduced: Quirk-Silva: California Flexible Housing Subsidy Pool Program, 2/20/2019
- 33) **Assembly Bill:** No. 890, as amended: Wood: Nurse practitioners: scope of practice: unsupervised practice, 4/22/2019
- 34) **Article:** A bill to expand access to care: Nurse practitioners win first round against doctors in an effort to gain more autonomy, 4/10/2019
- 35) **Assembly Bill:** No. 993, as amended: Nazarian: Health care coverage: HIV specialists, 4/11/2019
- 36) **Hearing:** Assembly Committee on Health: AB 993: Health care coverage: HIV specialists, 4/9/2019
- 37) **Assembly Bill:** No. 1309, as introduced: Bauer-Kahan: Health care coverage: enrollment periods, 2/22/2019
- 38) **Assembly Bill:** No. 1683, as introduced: Arambula: Sexually transmitted diseases: prevention and control, 2/22/2019
- 39) **Assembly Bill:** No. 1702, as amended: Luz Rivas: Homeless Coordinating and Financing Council, 4/22/2019
- 40) **Senate Bill:** No. 50, as amended: Wiener: Planning and zoning: housing development: incentives, 3/11/2019
- 41) **Senate Bill:** No. 65, as amended: Pan: Health care coverage: financial assistance, 4/3/2019
- 42) **Senate Bill:** No. 132, as amended: Wiener: Corrections, 3/14/2019
- 43) **Summary:** Senator Scott Wiener, 11th Senate District: Senate Bill 132 - Transgender Respect, Agency and Dignity Act, 4/1/2019
- 44) **Senate Bill:** No. 145, as amended: Wiener: Sex offenders: registration, 3/4/2019
- 45) **Senate Bill:** No. 159, as amended: Wiener: HIV: pre-exposure and post-exposure prophylaxis, 4/11/2019
- 46) **Article:** Pharmacists could dispense HIV drugs on their own under bill advanced in Senate, 4/8/2019
- 47) **Senate Bill:** No. 329, as introduced: Mitchell: Discrimination: housing: source of income, 2/15/2019
- 48) **Article:** Opening door to Section 8 tenants in L.A.: Proposed law would bar landlords from ruling out vouchers, 4/18/2019
- 49) **Senate Bill:** No. 343, as introduced: Pan: Healthcare data disclosure, 2/19/2019
- 50) **Senate Bill:** No. 568, as amended: Portantino: Postsecondary education: student housing: College-Focused Rapid Rehousing Program, 4/23/2019
- 51) **Senate Bill:** No. 741, as amended: Galgiani: Change of gender, 3/27/2019
- 52) **H.R. Bill:** No. 1882, as introduced: Waters: Stop AIDS in Prison Act of 2017, 4/26/2017
- 53) **H.R. Bill:** No. 2119, as introduced: Lieu: Therapeutic Fraud Prevention Act of 2017, 4/28/2017
- 54) **H.R. Bill:** No. 3222, as introduced: Kennedy: Do No Harm Act, 8/3/2017
- 55) **S. Bill:** No. 1106, as introduced: Harris: Rent Relief Act of 2019, 4/10/2019
- 56) **S. Bill:** No. 1652, as introduced: Booker: Real Education for Healthy Youth Act of 2017, 7/27/2017
- 57) **H.R. Bill:** No. 1882, as introduced: 2019-20 Proposals, 3/22/2019
- 58) **Memorandum:** Washington D.C. - Pursuit of County-Advocacy Position to Support the Rent Relief Act of 2019, 4/19/2019

CALL TO ORDER, INTRODUCTIONS, CONFLICT OF INTEREST STATEMENTS: Ms. Nelson called the meeting to order at 1:03 pm.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

MOTION #1: Approve the Agenda Order, as presented (*Passed by Consensus*).

2. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 3/4/2019 and 4/1/2019 Public Policy Committee Meeting Minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT:

- Ms. Barrit reported the 4/25/2019 Executive Committee reviewed recommendations from the National Youth HIV/AIDS Awareness Day (NYHAAD) panel at the 4/11/2019 Commission meeting.
- Feedback indicated additional meetings would create unrealistic time expectations. Instead, Executive chose to attempt to leverage input from the Youth Consumer Advisory Boards (CABs) associated with the Vulnerable Populations contracts and other CABs, as pertinent. Ms. Barrit will send a follow-up email to each Committee's Co-Chairs requesting specific questions on how the Commission can best engage youth in its work and inform its core functions. Staff will collect questions and coordinate a list for Executive review. Once finalized, staff will work with CAB facilitators to present them at a meeting.
- ➡ Anyone who wishes to submit a question for the Youth CABs should submit them to staff.
- a. **Committee Work Plan 2019:** This was updated by Ms. Tolentino and provided, as usual, in the packet. Al Ballesteros, MBA and Grissel Granados, MSW also have developed Co-Chairs Priorities which incorporate key Public Policy items.
- b. **Standing Packet Materials:**
 - Ms. Barrit commented that the Operations Committee devoted significant attention to updating the Code of Conduct. The revised iteration was approved at the 4/11/2019 Commission and provided in the packet. All Commissioners will be asked to sign the revised Code of Conduct to acknowledge receipt and agreement.
 - The Los Angeles County HIV/AIDS Strategy (LACHAS) External Policy Work Group has completed its working draft of policy recommendations, included in the packet, and has also referred continuing work back to the Committee. The Work Group prioritized recommendations. They will be agendaized for Committee consideration as time permits.
- c. **Ryan White Planning Council Primer:**
 - The Primer, a key guiding document, was in the 4/11/2019 Commission meeting packet and on the website for review.
 - Ms. Barrit noted especially the table, page 14, delineating roles and responsibilities of the Chief Elected Official (CEO, Board of Supervisors, BOS); recipient (DHSP); and Planning Council (PC, Commission). Many roles and responsibilities are shared, but others are strictly reserved to DHSP, like contracting and procurement, or to the Commission.
 - DHSP is also responsible for Clinical Quality Management (CQM), though the Commission can contribute. Becca Cohen, MD, MPH and Lisa Klein will present on CQM at the October Commission Orientation.
 - Public policy work is not reflected in the table because it is not part of Ryan White roles and responsibilities. The Commission is unique among PCs in that it also serves in an advisory capacity for the BOS.

6. CO-CHAIR REPORT:

- Ms. Nelson offered an update on the 4/30/2019 Ending the Epidemics Initiatives day in Sacramento. Over 70 people participated with many from Northern, some from Southern, and a few from Central California. Some eight teams each met with about five representatives. Overall response was good. Some were supportive and others requested information.

- Thank you and follow-up messages were going out. Contacted representatives were asked to sign a letter of support to the relevant committee. Some organizing committee members also met with Richard Figueroa, MBA, Deputy Cabinet Secretary in Governor Newsom's administration. He said Governor Newsome does support the Initiative and will address it in time.
- The organizing committee was working to maintain visibility and keep pressure on by continuing to engage legislators and mobilize. The committee was also organizing a series of town halls statewide. A call to start that process was planned soon.

V. DISCUSSION ITEMS

7. COUNTY POLICY ISSUES:

- a. **Los Angeles County HIV/AIDS Strategy (LACHAS) Policy Work Group:** Ending the Epidemics work was the key priority.
- b. **Housing Policy:**
 - Ms. Nelson reported the Los Angeles Homeless Services Authority (LAHSA) was expected to approve its 2019-2020 Measure H funding recommendations the next week for \$424 million across 21 strategies. A very long letter reviews allocations in detail. They remain largely unchanged. The BOS also wants to build supportive services and the City of Los Angeles will allocate \$457 million across a number of funding sources for its housing and homelessness work.
 - While building up and improving supportive services is valuable, the number one issue is the lack of housing units.
 - LAHSA's Coordinated Entry System (CES) Policy Council was proposing to focus services on the most vulnerable which would leave many others unserved. Homelessness and housing organizations were engaged in advocacy with BOS Deputies to oppose the change. More information will be provided as available.
 - Release of the LAHSA Greater Los Angeles Homeless Count was anticipated by the end of the month.
 - ➡ Mr. Talley was just appointed to the LAHSA Commission in April and volunteered to provide regular updates.
- c. **Sexually Transmitted Diseases (STD) Motion Follow-Up:**
 - Ms. Barrit noted the Commission previously sent a letter to the BOS asking for \$30 million to address STDs. That letter was initiated by the Public Policy Committee and, while it did not garner the full ask, \$5 million was approved. The Committee has requested an update on progress with discussion on possible other STD response opportunities. Memoranda to the BOS from September 2018 to March 2019, included in the packet, highlight key work.
 - Mr. Pérez shared again that the domestic STD response is woefully underfunded with a significant erosion of screening, diagnosis, and treatment capacity coupled with several trends that make it difficult to interrupt the transmission chain, e.g., few people diagnosed share partner names and contact information. Consequently, STDs continue to rise with 95,000 reported in 2018 to the Los Angeles County (LAC) Department of Public Health (DPH) and 2.3 million reported nationwide. Chlamydia is the most common with over 60,000 reported in LAC in 2018.
 - He began memoranda review with that of 3/7/2019, the most recent in a series of 90-day report backs in response to the BOS 5/29/2018 motion prompted by the increase in STDs. DHSP coordinates development of drafts which are forwarded to DPH leadership for final editing and forwarding to the BOS.
 - The first priority of the STD Work Plan is to identify cases earlier in order to engage people in treatment and interrupt the transmission cycle. Highlighted activities included increased investments to enhance or expand STD screening and treatment capacity. The private sector diagnoses approximately 80% of STDs versus 20% for the public sector.
 - That makes it important to look not only at LAC capacity at DPH or Department of Health Services (DHS) clinics, but also in the private health care system. Most private providers serve patients in their systems, but DHSP also tries to supplement those efforts with targeted screening including via some case finding contracts in place for several years. DHSP was in the final stages of a Request For Proposals (RFP) to expand that effort.
 - The report also discusses other models to significantly increase volume. For example, STD Express Clinics utilize a tech-forward approach which can increase people seen to 150-200 in three or four days rather than just 30-40.
 - The plan addresses hospitals and health plans in recognition of LAC's strong health plan coverage of over 95% including commercial and public plans such as the Medicaid system. Health plans were being called upon to screen more people for STDs; increase three-site testing for gonorrhea for some subpopulations such as MSM; and enhance syphilis screening for women of childbearing age, MSM, and PLWH. Program recommendations are clear.
 - The second priority is to interrupt disease transmission by treating not only cases, but partners. Untreated syphilis has the most dire consequences so is first priority, followed by gonorrhea, then Chlamydia. Due to scarce resources, the focus has been on the syphilis epidemic which often mirrors the HIV epidemic. Most cases are in men, primarily MSM.

- Most women are infected via male sexual partners who likely have sex with other men, though the woman may be unaware. Some 1,000 women of childbearing age were diagnosed in 2018 which risks congenital cases, 54 in 2018.
- Partner therapy is more complicated for syphilis because proper treatment depends on the stage of the infection, e.g., someone may have been exposed 15 years ago and not treated properly. This staging requires in-person treatment.
- Patient Delivered Partner Therapy (PDPT), also called Expedited Partner Therapy (EPT), is an option in Chlamydia cases when a partner is resistant to an in-person visit. The original patient is provided a partner pack to take back so the partner can treat their own likely infection. It is available in LAC, but underutilized. Challenges to increased use are physician reluctance to provide antibiotics without seeing the patient and pharmacy discomfort at filling prescriptions.
- Any person entering one of the three Juvenile Halls is screened, treated, and case managed. STD rates are high. Partner follow-up is included. DHSP has a very effective team, but hopes to grow it. Optional screening and treatment for HIV and STDs is available in Men's Central Jail. The Century Regional Detention Facility (Lynwood Jail) for Women also offers STD screening and treatment. In addition, it offers a pilot rapid syphilis project based on data that 35% of women diagnosed with syphilis may have had some contact with the correctional system in the last three years.
- The third priority is to raise awareness of the STD epidemics. DHSP used one-time state resources for a time-limited effort to highlight the impact of syphilis in women and related congenital syphilis. DHSP did detailing at clinics that diagnosed a case of syphilis. DHSP also worked with DPH partner programs especially to raise awareness through a comprehensive perinatal surveillance program for women who may not consistently access prenatal care. DHSP would expand awareness to other groups or other STDs if resources were available. Current resources expire 6/30/2019.
- DPH has also re-implemented the "Keeping it Real Together" sexual health curriculum in middle and high schools.
- Finally, the fourth priority addresses creating effective policies to impact health care provider behavior with an emphasis on advocacy for increased State and federal funding for disease control strategies. There was currently an ask for \$7 million above base for the Centers for Disease Control and Prevention (CDC) STD Control line item. STD awareness has increased in Washington D.C. and the Department of Health and Human Services (HHS) announced plans to develop the first STI action plan modeled on the National HIV/AIDS Strategy. Listening sessions were ongoing.
- Mr. Pérez has also been on the National Coalition of STD Directors (NCSDD) Board for some years. NCSDD has a footprint in Washington, D.C. and is one of the advocates whose sole focus is STDs. David Harvey, Executive Director, has visited LAC and briefly attended a Commission meeting so is aware of its size and scope.
- NCSDD has helped spearhead the request for additional federal resources. It is engaged in educating congresspersons and recently coordinated a panel for congressional office staff on the impact of STDs in America. LAC was invited to share its work on congenital syphilis. Sonali Kulkarni, MD, Medical Director, DHSP, discussed LAC's syphilis epidemic, its impact on various groups including women, and DHSP's response. Dr. Kulkarni has now been invited to the annual meeting of the National Association of City and County Health Officials (NACCHO) to present on congenital syphilis.
- Mr. Pérez noted his historic perspective has been HIV advocacy, funding, and systems while his NCSDD colleagues' focus has been the STD world. There is an opportunity to translate successful HIV activities into the STD space, but also a cultural tension between the two due to disparate funding and focus, e.g., there is no STD equivalent to hiv.gov.
- Dr. Sattah asked about the balance of STD screening and treatment between private and public. Mr. Pérez replied DHS serves about 700,000 of the 10.2 million LAC residents as their medical home. That should result in 7-9% of STD diagnoses, but DHS and the 11 DPH STD clinics are diagnosing 20% of STD cases and treating 27%.
- The private sector diagnoses 19% of STD cases, but treats just 73% of them. Patients may be referred to DPH STD clinics for treatment. That is especially true for syphilis with more complex treatment and lower Bicillin availability at private sites. It is less expensive if provided directly, not prescribed. DHSP will offer Bicillin to providers, if requested.
- Mr. Scott expected physicians would be reluctant to participate in PDPT because of liability concerns, e.g., if the person's partner has an allergic reaction to the medication. Mr. Pérez said DHSP has not yet developed a policy statement per se on PDPT expansion in LAC. DHSP's planned scale up of PDPT may well include a tool kit, much like that developed for PrEP, which would definitely address concerns about not seeing the patient and clinical practice issues.
- Such issues can be overcome. The State of Washington launched a PDPT expansion program that enlisted public and private sector pharmacies to make antibiotics widely available on diagnosis. It is the only jurisdiction with a drop in Chlamydia cases over a three or four year period. Mathew Golden, MD spearheaded the program. He has visited LAC multiple times and walked DHSP through the strategy. The LAC scale is larger, but the effort can be feasible if major pharmaceutical chains like RiteAid and Walgreens are enlisted to destigmatize PDPT and reduce prescription barriers.
- On questions of partner uptake and/or resistance, the one signal that PDPT is having an impact is that there are fewer diagnoses in that geographic area year over year. The standard also calls for the original patient to return in four to six

months and be retested. While that does not always happen, a secondary clear test indicates the partner pack was used while a patient testing positive for Chlamydia again either has a new partner or the partner did not use the pack.

- The PDPT model has had the most success with Chlamydia, not gonorrhea, and that will be the focus of the effort.
- Mr. Pérez added that Chlamydia is the only STD which has a Healthcare Effectiveness Data and Information Set (HEDIS) measure, specifically for young sexually active women to get a Chlamydia screening once per year. National performance on the measure, in place since 2006, is 54%. Health plans try to perform well against HEDIS measures because large employers review them when choosing plans for their employees.
- Overall, STDs have been increasing since 2000, though syphilis was on the verge of being eliminated in 2006-2007. Multiple factors impact rising rates including eroding infrastructure, declining resources, easier connection with sex partners, even success with the HIV epidemic. DHSP still distributes 3 million condoms per year. While some may feel usage has declined since the advent of PrEP, that does not account for increases since 2000.
- STDs have drawn greater attention now because for the past three years Chlamydia, gonorrhea, and syphilis have all gone up and reached high levels. People remain motivated to stay HIV- and not pregnant, yet HIV incidence and pregnancy rates are both decreasing. Motivation may be weaker to avoid treatable Chlamydia or gonorrhea.
- Mr. Burton asked about the frequency of multiple diagnoses. Mr. Pérez replied that is rare. Instead, there are various impacted subpopulations, e.g., about half of HIV+ gay men in treatment were diagnosed with syphilis in the last 12 months. LAC can be proud that its Ryan White HIV/AIDS Program (RWHAP) contracts include a performance metric for annual syphilis screening so 100% of RWHAP patients are screened regardless of sexual orientation, race, or gender.
- Sequential diagnoses also happen. For example, a young, Latino, gay man may come in with Chlamydia, then gonorrhea in six months, and syphilis in 12 months. The most likely next diagnosis is HIV so those are intervention opportunities.
- Mr. Talley asked about STD awareness among youth, especially foster care youth and young adults. Mr. Pérez replied DHSP was doing more with the Juvenile Hall system, as noted above, and was having conversations with those overseeing foster care to identify collaborative opportunities with that very large system.
- The 3/5/2019 memorandum was in response to a BOS 11/20/2018 motion that followed the annual State report which shows each county's share of California's cases and the rate change year over year. The memorandum addresses the upcoming RFP, amendments to existing contracts, and activities related to available State resources.
- In particular, he noted there is an opportunity for many more public and private sector providers to bill for STD services. That revenue generating opportunity is not fully capitalized. There are also parallels with other memoranda regarding increased health plan engagement, budget advocacy, and some provider and youth work.
- Mr. Baker said LAC is officially in support of community asks such as Ending the Epidemics directly as a result of the Commission's November 2018 resolution and coordinating advocates. LAC is working hand-in-hand with advocates.
- ➡ Mr. Pérez will develop a pie chart for the next meeting to help reflect STD cases diagnosed by the public versus the private system of healthcare, and cases treated by the public versus the private system of healthcare.
- ➡ Mr. Pérez will offer a follow-up at the June meeting, including on potential Commission roles in education and funding.

8. HIV AND AGING TASK FORCE UPDATE:

- ➡ Mr. Rosales will provide a presentation on the City of Los Angeles Department of Aging at the June meeting.

9. STATE LEGISLATION AND BUDGET:

a. Governor's Initiative to Reduce Drug Pricing:

- Ms. Nelson noted Al Ballesteros, MBA requested Public Policy review of Governor Newsom's first-in-the-nation executive order. It creates the largest single purchaser for prescription drugs and allows private employers to join the State in negotiating drug prices. LAC is the first county to join the effort. Mr. Ballesteros encouraged the Committee to weigh in on the issue and assess possible impacts on ADAP.
- Ms. Nelson said the CDC and California Primary Care Association (CPCA), representing Community Health Centers (CHCs), are reviewing the order to ensure no adverse impact to the 340B Drug Program. Concurrently, HIV advocates were working with the California Office of AIDS (OA) to carve out ADAP drugs also to ensure no adverse impact.
- Mr. Baker urged Public Policy not to consider a letter of support unless and until ADAP drugs are carved out. Not carving them out would be detrimental to ADAP in multiple ways such as how OA negotiates with drug companies for bulk purchasing, how that impacts the ADAP Rebate Fund, and what that funds that the State cannot otherwise fund.
- Discussions have started with the Governor's Office and other decision makers on those issues. He urged waiting for more information and assurances before providing any response. On one hand the executive order could have very

helpful consequences, but it could have harmful consequences on the back end. For example, the State might still receive rebates as a result of negotiations, but any rebates would go into the General Fund - not HIV programs.

- Pharmaceutical companies were more likely to support the Governor's proposal than continuing ADAP arrangements.
- ➡ Mr. Fox will update the status of this topic at the June Public Policy meeting.

b. Legislative Docket:

- Ms. Nelson noted input from the last meeting was incorporated into the Docket in the packet. Some bills have been added since the last meeting. LAC historically takes positions on only a small subset of bills. LAC positions on bills listed in the Docket are provided in parentheses. Lack of an LAC position may mean LAC has chosen not to take a position or the bill may be new and still under consideration. The Commission is under the BOS but, as its advisor, may support a position other than an LAC position should the Commission deem it important to call attention to the matter.
- Dr. Gates asked about guidance in addressing bills not specific to HIV. Ms. Barrit replied the 2019 Policy Priorities address Social Determinants of Health (SDH) as they relate to HIV.
- ➡ Agendize for review at June meeting: SCA 1, ACA 1, AB 53, AB 1481, AB 1483, AB 1486, HR 1384.

Bill	Title	Comments	Position
AB 4	Medi-Cal: eligibility	(Companion bill: SB 29.) Expands eligibility to undocumented.	Support (LAC: Watch)
AB 36	Residential tenancies: rent control	Modifies provisions of Costa-Hawkins Rental Housing Act and allows local governments to apply rent stabilization to specified housing units.	Support (LAC: Support)
AB 174	Health care coverage: financial assistance	Enhanced premium assistance to populations delineated by Federal Poverty Level (FPL). (Supported by Care4All and Ensure the Uninsured.)	Support
AB 302	Parking: homeless students	Requires community colleges with parking facilities to open them to homeless students in good standing to sleep in their vehicles overnight.	Support (LAC: Support)
AB 307	Homeless youth: grant program	Grant program to support young people experiencing homelessness including housing and to prevent/reduce incidence of Substance Use Disorders (SUD) with specific attention to LGBTQ.	Support (LAC: Support)
AB 318	Medi-Cal materials: readability	Requires "field testing" translated materials.	Support
AB 362	Controlled substances: overdose prevention program	City and County of San Francisco safe drug consumption and treatment referral site pilot.	Support
AB 414	Healthcare coverage: minimum essential coverage	(Companion bill: SB 175.) State Affordable Care Act (ACA) individual mandate replacing federal one.	Support (LAC: Watch)
AB 493	Teachers: in-service training: LGBTQ pupil resources	Starting with 2021-2022 school year, requires annual training for public/charter school teachers, grades 7-12, and other certified employees on both school site and community resources for LGBTQ pupils, and LGBTQ support strategies.	Support
AB 526	Medi-Cal: California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).	Delete current automated enrollment gateway system and replace by 5/1/2020 with pathway designating WIC Program agencies as Express Lane agencies and using WIC eligibility for Medi-Cal.	Support
AB 537	Medi-Cal managed care: Quality Improvement (QI) and value-based financial incentive	Starting 1/1/2022, requires Medi-Cal managed care plan to meet Minimum Performance Level (MPL) with QI and financial incentive provisions.	Support
AB 650	Homicide and suicide data	Requires sexual orientation on death certificate; requires law enforcement collect victim sexual orientation and gender identity in deaths from violent crimes, e.g., homicide, suicide, hate crimes;	Support (LAC: Watch)

		DPH report as of 1/1/2021 on gender identity and sexual orientation of homicide or suicide victims.	
AB 683	Medi-Cal: eligibility	Depending on program, increases allowable assets/resources or prohibits assessing them.	Support
AB 711	Pupil records: name and gender changes	Requires school districts to update a former pupil's records if it receives government-issued documentation of legal name or gender change and reissue specified documents per pupil request.	Support
AB 715	Medi-Cal: program for aged and disabled persons	Introduced in past, this bill elevates program eligibility to 138% as used by Medi-Cal overall.	Support
AB 731	Health care coverage: rate review	Requires health care service plans/health insurers to file same information for large group health care plans and health insurance policies before implementing a rate change as they file now for individual or small group markets.	Support
AB 816	California Flexible Housing Subsidy Pool Program	Establishes Pool to fund grant for cities, counties, continuums of care for activities such as rental assistance and affordable unit operating subsidies.	Support (LAC: Support)
AB 824	Business: preserving access to affordable drugs	Prevents brand and generic drug manufacturers entering agreement to delay drug introduction.	Support
AB 890	Nurse practitioners (NPs): scope of practice: unsupervised practice	Establishes Advanced Practice Registered Nursing Board to authorize certified NPs in certain settings/organizations to do specified functions without physician/surgeon supervision. (Commission has supported similar bills to expand access. Many NPs do some functions now. Concerns noted about NP controlled substance training.)	Support
AB 929	California Health Benefit Exchange: data collection	Requires at least annual posting to Exchange website of otherwise required health plan data on cost reduction efforts, quality improvements, or disparity reductions.	Support
AB 993	Health care coverage: HIV specialists	(Was AB 1534 in 2017.) Requires health care service plans starting in 2019 to allow HIV specialist to be primary care provider (PCP) status if requested and meets plans' specialist PCP criteria. (Public Policy changed from Watch to Oppose on 9/5/2017 [4/25/2018 Docket] as did not go far enough to address network adequacy, parity, and quality of care across all health systems; unclear on impact to Ryan White funded services. Changed to Watch on 4/1/2019 pending information from AIDS Healthcare Foundation and Nazarian's Office, which was not received as of 5/6/2019.)	Watch
AB 1063	Healthcare coverage waivers	(Revised SB 1108 from 2018.) Requires American Health Benefit Exchange get statutory authority from United States Department of Health and Human Services (HHS) before seeking a 1332 innovation waiver to ensure same coverage.	Support
AB 1246	Healthcare coverage: basic health care services	Requires large group health policies starting in 2020, excepting specialized policies, cover medically necessary basic services as well as drugs	Support

		depending on prescription coverage.	
AB 1309	Health care coverage: enrollment periods	Starting 1/1/2020, expand individual enrollment from December 10 to January 31 for plans offered through the Covered California Exchange and from October 15 to January 31 for plans not in it.	Support: With information request on closing coverage gap.
AB 1611	Emergency hospital services: costs	Starting in 2020, caps health care service plan or insurance policy costs for covered services at noncontracting to those for a contracting hospital.	Support
AB 1683	Sexually transmitted diseases (STDs): prevention and control	Shifts authority to develop and participate in STD prevention and control programming from California Department of Public Health (CDPH) to Local Health Jurisdictions (LHJs); reorients CDPH to assist, e.g., medical, advisory, financial. (Supported by California Primary Care Association [CPCA].)	Watch: Request clarification and information on motivation for bill.
AB 1702	Homeless Coordinating and Financing Council	Add six full-time staff to promote and improve State homeless services integration; recommend statutory changes to streamline service delivery and effectiveness to Legislature by 1/1/2021.	Support (LAC: Support)
SB 29	Medi-Cal: eligibility	(Companion bill: AB 4.) Expands eligibility to undocumented.	Support (LAC: Watch)
SB 50	Planning and zoning housing development incentives	(Revised SB 827 from 2018.) Requires city and/or county grant on request equitable communities incentive for residential development satisfying specified criteria, e.g., job-rich or housing-rich. (Cities of Los Angeles and San Francisco oppose. Co-sponsor has dropped. Governor Newsome feels will fuel community demolition. Goal to increase housing density, but issues with local control.)	Watch (LAC: Watch)
SB 65	CA Health Benefit Exchange: financial assistance	(Companion bill: AB 174.) Requires Exchange, as allowed by other provisions and Legislature funding, to assist low- and middle-income Californians meeting income requirements with premium contributions, copays, and deductibles.	Support
SB 132	Corrections (Transgender Respect Agency and Dignity Act)	Requires prison system to recognize a person's chosen gender identity, with consistent ID; have preferred gender identity officer for lawful body search; and consistent housing except as specified. (Was previously on Watch for more information on specifics. Supported by Lambda Legal, Transgender Law Center, ACLU, and others.)	Support
SB 145	Sex offenders registration	Authorizes person convicted of certain offenses involving minors to seek discretionary relief from duty to register if pertains to just one such conviction and person not more than 10 years older than minor. (Equality CA believes redresses practice of treating LGBTQ and non-LGBTQ youth differently in cases of voluntary sexual activity.)	Support
SB 159	HIV: pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)	Legislature intent for legislation to remove HIV biomedical prevention insurance preauthorization requirements; and authorize pharmacists to provide PrEP and PEP without prescription.	Support

SB 175	Healthcare coverage: minimum essential coverage	(Companion bill: AB 414.) State ACA individual mandate replacing federal one.	Support (LAC: Watch)
SB 233	Immunity from arrest	Prohibits possession of a condom as evidence of intent to commit prostitution or for maintaining a public nuisance.	Support
SB 260	Automatic health care coverage enrolment	Starting by 7/1/2020, requires California Health Benefit Exchange enroll a person in lowest cost silver or other plan on receipt of person's account from county or termination notice from State Department of Health Care Services (DHCS).	Support
SB 329	Discrimination: housing: source of income	Redefines "source of income" for housing provisions to mean verifiable income paid directly to a tenant, or to a housing owner or landlord on a tenant's behalf including specified federal, state, or local assistance and housing subsidies. (Broad support. Prevents discrimination in housing against those receiving Section 8 or other assistance.)	Support
SB 343	Healthcare data disclosure	Requires uniform reporting standard for health plan and hospital financial data by ending hospital/plan/insurer alternate reporting requirements.	Watch
SB 464	California Dignity in Pregnancy and Childbirth Act	Makes legislative findings relating to implicit bias and racial disparities in maternal mortality rates; and requires implicit bias training for perinatal providers with refresher every two years or more often if deemed necessary by the facility.	Support
SB 568	Postsecondary education: student housing: College-Focused Rapid Rehousing Program (CFRRP)	Establishes CFRRP to provide housing options for homeless students, contingent on appropriation of State funds, implemented by public segments of higher education if they choose to participate.	Support (LAC: Support)
SB 673	Comprehensive sexual health education and HIV prevention education	Reverses CA Healthy Youth Act's opt-out for sexual health education and HIV prevention by requiring, for grades lower than 7, parental opt-in signature; and notification by schools of next year's instruction with ability to inspect materials.	Oppose
SB 689	Needle and syringe exchange programs	Prohibits State DPH from authorizing entities to provide hypodermic needle and syringe exchange services unless the city and/or county where the entity will operate has adopted an ordinance or resolution approving authorization.	Oppose
SB 741	Change of gender	Authorizes person, as part of petition for judgment recognizing change of gender, to also seek order to revise petitioner's marriage certificate and/or birth certificate of petitioner's child.	Support
HR 1882	Stop AIDS in Prison Act of 2017	Requires Bureau of Prisons comprehensive policy to provide HIV testing, treatment, and prevention in prison and on reentry including HIV testing. (Bill was supported on 2018 Docket.)	Support
HR 2119	Therapeutic Fraud Prevention Act of 2017	Prohibits sexual orientation or gender identity conversion therapy or assistance in offering it in exchange for monetary compensation; limits advertisements for such therapy in multiple ways.	Support

		(Bill was supported on 2018 Docket.)	
HR 3222	Do No Harm Act	Makes Religious Freedom Restoration Act (RFRA) inapplicable to certain federal laws to protect civil rights of third parties.	Support
S 1106	Rent Relief Act of 2-018	Creates new, refundable tax credit for tax years starting after 12/31/2018 for those paying more than 30% of income for rent (including utilities); allows credit to be accessed monthly, if desired.	Support (LAC: Support)
S 1653	Real Education for Healthy Youth Act (REHYA)	Supports young people's health and well-being by providing comprehensive sexual health education.	Support

MOTION #3A: (Nelson/Burton) Extend meeting by 30 minutes **(Passed by Consensus)**.

MOTION #3: Approve the Legislative Docket, as revised, for Executive Committee review **(Passed by Consensus)**

10. FEDERAL POLICY UPDATE:

- Ms. Nelson reported the Labor-HHS Appropriations Bill was released 4/30/2019. Preliminary HIV-related funding was: CDC, \$140 million; Health Resources Services Administration (HRSA)/RWHAP, \$70 million; PrEP, \$50 million; and some miscellaneous funding. The Bill will be voted in the House first.
- The Trump administration finalized a rule protecting statutory conscience rights in healthcare. HHS reports it does not foresee the rule being an issue in provision of care, but others do.
- The Title X Protect Life Rule, which prohibits Title X grants to facilities co-located with abortion facilities, is under injunction.

VI. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP: There were no items.

12. AGENDA DEVELOPMENT FOR NEXT MEETING: There were no additional items.

VII. ANNOUNCEMENTS

13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There were no announcements.

VIII. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 3:23 pm.