LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
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https://tinyurl.com/y83ynuzt

PUBLIC POLICY COMMITTEE SPECIAL MEETING

Monday, January 6, 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 http://hiv.lacounty.gov/Meetings

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/re91472f6a308226f1e07b9245c1b1244

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, JANUARY 6, 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/re91472f6a308226f1e07b9245c1b1244
To Join by Telephone: 1-213-306-3065 U.S. Toll
Password: POLICY Meeting ID/Access Code: 2534 455 6666

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

AGENDA POSTED: January 3, 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 – 10:35 AM
   a. Operational and Commission Updates
   b. 2025 COH Workplan
   c. Mini-Training—Policy Priorities and Legislative Docket Overview
8. Co-Chair Report 10:35 AM – 10:55 AM
   a. 2025 Co-Chair Elections

b. Review 2025 Committee Meeting Calendar

V. DISCUSSION ITEMS

10. 2025 Policy Priorities—Review	**MOTION #3**	10:55 AM – 11:15 AM
11. 2025 Legislative Docket		11:15 AM – 11:20 AM
12. State Policy & Budget—Updates		11:20 AM – 11:25 AM
13. Federal Policy-- Updates		11:25 AM – 11:35 AM
14. County Policy-- Updates		11:35 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 January 6, 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.
MOTION #3	Approve the 2025 Policy Priorities document, as presented or revised, and elevate to the Executive Committee.

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

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/10/24

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	**Rita**	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Data to Care Services
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

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

2025 COMMISSION ON HIV WORKPLAN
Ongoing 12-26-24

#	DUTY/ROLE	LEAD (S)	NOTES/TIMELINE
1	Conduct ongoing needs assessments	PP&A Shared task with DHSP	• Review, analyze and hold data presentations (Feb-August COH meetings)
2	Integrated/Comprehensive Planning Comprehensive HIV Plan Development	PP&A Shared task with DHSP	• Review CDC/HRSA guidance • Develop project timeline based on CDC/HRSA guidance • CHP Due June 2026 • Plan dedicated status-neutral and/or prevention-focused planning summit in collaboration with DHSP.
3	Priority setting	PP&A	• July-September
4	Resource allocations/reallocations	PP&A	• July-September • Receive and review expenditure data – quarterly
5	Directives	PP&A	• Complete by February 2025; secure COH approval by March 2025
6	Development of service standards	SBP Shared task with DHSP	• Housing services • Transitional case management
7	Assessment of the Efficiency of the Administrative Mechanism	Operations	• PY 33 & PY 34 AEAM recipient and subrecipient surveys will be disseminated in January/February 2025. Reports completed by April 2025
8	Planning Council Operations and Support	Operations	• Membership training • Membership recruitment and retention • Fill vacancies • Mentorship program • Bylaws and policies update

9	Complete restructuring framework and key principles and align with bylaws/ordinance updates.	Executive and Operations	• January- April 2025
10	MOU with DHSP	Co-Chairs and Executive Committee	• Complete by March 2025 (awaiting DHSP feedback)
11	Ongoing community engagement and non-member involvement of PLWH	Consumer Caucus and Operations	

Engage all caucuses, committees and subgroups in all functions.

Policy Priorities and Legislative Docket Development

LOS ANGELES COUNTY
COMMISSION ON HIV

KEYWORDS AND ACRONYMS

BOS: Board of Supervisors
COH: Commission on HIV
PPC: Public Policy Committee
CHP: Comprehensive HIV Plan
PSRA: Priority Setting and Resource Allocations
LAIR: Legislative Affairs and Intergovernmental Relations

WHAT IS POLICY?

Public Policy and **Policy** are laws, regulations, and executive orders at different levels of government in the United States **developed to solve or address relevant and real-world problems.**

PUBLIC POLICY COMMITTEE CORE RESPONSIBILITIES

Policy Priorities Document	• Document that guides the PPC's selection of policy issues to discuss and champion. • Aligns with service priorities set by COH through PSRA process and is broadly worded to allow swift response to rapidly changing political environment.

Legislative Docket	• Document listing state and federal bill summaries for the current legislative cycle that the PPC uses to recommend advocacy positions to the COH and the BOS as appropriate.
	• **KEY DATES AND DEADLINES**
	  ○ **2/21/25:** Last day for bills to be introduced to CA Assembly and Senate.
	  ○ **6/6/25:** Last day for each house to pass bills introduced in that house.
	  ○ **9/12/25:** Last day for each house to pass bills.
	  ○ **10/12/25**: Last day for Governor to sign or veto bills passed by the Legislature before 9/12 and in the Governor's possession on or after 9/12.

REMINDER

Only the BOS can set policy for the County. County Commissions and other advisory bodies may make recommendations which are subject to review and approval by the Los Angeles County Chief Executive Office's LAIR Division.

PUBLIC POLICY COMMITTEE CORE RESPONSIBILITIES CONTINUED

Community Engagement and Education	• Hold trainings to educate COH and the public on the legislative process, share updates on policy priorities, and discuss bills on docket.
	• Advocate public policy issues impacting COH efforts to implement a HIV service delivery system consistent with the CHP.
	• **UPCOMING TRAINING OFFERINGS**
	  ○ **3/26/25** at **12pm-1pm**: "Ryan White Act Legislative Overview and Membership Structure and Responsibilities" virtual training
	  ○ **6/25/25** at **12pm-1pm:** "Policy Priorities and Legislative Development Process" virtual training

Additional Duties and Responsibilities	• Carry out additional duties and responsibilities as assigned by COH leadership and/or the BOS.

LEGISLATIVE DOCKET DEVELOPMENT PROCESS

Track Legislation

- PPC tracks bills introduced in CA legislature and lists potential bills for consideration to include in the Docket.
- Bills tracked via leginfo.legislature.ca.gov
- COH Caucuses and Committees provide input and highlight policy issues for PPC to discuss.

Hold Deliberations

- PPC uses Policy Priorities document as guide for deliberations.
- PPC reviews bills and other policy issues by assessing pros and cons.
- Invite speakers to inform discussion and request more information from bill author(s) as appropriate.

Recommend Advocacy Positions

- Once approved by COH, the document is sent to LA County CEO's LAIR
- PPC monitors status of bills on docket thru October.
- PPC meets with BOS Health Deputies to continue policy adovcacy efforts throughout the year.

together.

WE CAN END HIV IN OUR COMMUNITY ONCE AND FOR ALL

For additional information about the COH, please visit our website at: http://hiv.lacounty.gov

Subscribe to the COH email list: https://tinyurl.com/y83ynuzt

LOS ANGELES COUNTY
COMMISSION ON HIV

PUBLIC POLICY COMMITTEE 2025 MEETING CALENDAR (Updated 1/3/25)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
Jan. 6, 2025 10am to 12pm TK02	*Time change due to room unavailability.* Elect co-chairs. Review 2025 COH workplan and 2025 Committee meeting calendar Overview of PPC Core Responsibilities
Feb. 3, 2025 10am to 12pm TK02	*Time change due to room unavailability.*
Mar. 3, 2025 10am to 12pm TK02	*Time change due to room unavailability.* Review and approve Legislative Docket. Send to COH for review and approval.
Apr. 7, 2025* 10am to 12pm TK02	*Time change due to room unavailability.*
May 5, 2025* TBD	**No room availability—consider cancelling meeting**
Jun. 2, 2025 10am-12pm TK02	*Time change due to room unavailability.*
Jul. 7, 2025* 1pm to 3pm TK02	
Aug. 4, 2025* TBD	
Sep. 8, 2025* TBD	Consider cancelling or rescheduling due to Labor Day holiday on 9/1/25.
Oct. 6, 2025 TBD	Review Legislative Docket outcomes
Nov. 3, 2025 TBD	Commission on HIV Annual Conference 11/13/2025
Dec. 1, 2025* TBD	Consider rescheduling due to World AIDS Day events. Reflect on 2025 accomplishments. Co-Nominations for 2026.

*Based on the 2023-2024 meetings attendance, quorum, and time needed to complete Committee core responsibilities, consider cancelling these meetings. In lieu of meeting, COH staff can send an email update to Committee members.

LOS ANGELES COUNTY COMMISSION ON HIV

2025-2026 Legislative Docket | Approval Dates:

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

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 4 Arambula	Covered California Expansion	This bill would require the [Health Care] Exchange, no sooner than January 1, 2027, and upon appropriation by the Legislature for this purpose, to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible, consistent with federal guidance and given existing federal law and rules. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB4		*Introduced 12-02-24.*
AB 11 Lee	The Social Housing Act	This bill would enact the Social Housing Act and would create the California Housing Authority as an independent state body, the mission of which would be to ensure that social housing developments that are produced and acquired align with the goals of eliminating the gap between housing production and regional housing needs assessment targets and preserving affordable housing. The bill would prescribe a definition of social housing that would describe, in addition to housing owned by the authority, housing owned by other entities, as specified, provided that all social housing developed or authorized by the authority would be owned by the authority. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB11		*Introduced 12-02-24.*
AB 20 DeMaio	Homelessness: Housing First	Housing First is an evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting homeless people to permanent housing as quickly as possible. This bill would state the intent of the Legislature to enact legislation to reduce homelessness by ending the Housing First model. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB20		*Introduced 12-02-24.*

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 45 Bauer-Kahan	Privacy: Health Care Data	This bill would state the intent of the Legislature to enact legislation to make it unlawful to geofence an entity that provides in-person health care services and to prohibit health care providers from releasing medical research information related to an individual seeking or obtaining an abortion in response to a subpoena or request if that subpoena or request is based on another state's laws that interfere with a person's rights under the Reproductive Privacy Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB45		*Introduced 12-02-24.*
AB 73 Jackson	Mental Health: Black Mental Health Navigator Certification	This bill would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, as specified. The bill would require the department to collect and regularly publish data, not less than annually, including, but not limited to, the number of individuals certified, including those who complete a specialty certificate program, as specified, and the number of individuals who are actively employed in a community health worker role. The bill would make these provisions subject to an appropriation by the Legislature. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB73		*Introduced 12-12-24.*

FEDERAL BILLS				
Bill	**Title**	**Description / comments**	**Recommended position**	**Status**

Footnotes:

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

LOS ANGELES COUNTY
COMMISSION ON HIV
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2025 PUBLIC POLICY PRIORITIES

For over 40 years, HIV has raged in communities across the world disproportionately impacting marginalized populations, including youth, with higher rates of disease and death. The Public Policy Committee (PPC) and Commission on HIV 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 including a status neutral approach and strategies.

The COVID-19 Global pandemic severely impacted the delivery of HIV/STI care and prevention services. The rising rates of STIs the past few years is alarming and necessitates urgent action by local, state, and federal policy makers and service delivery agencies to help mitigate the spread of HIV/STIs. Early diagnosis and treatment of STIs is vital to interrupting transmission of HIV/STIs. Nevertheless, the COVID-19 Global pandemic demonstrated that with political will, funding, and most important of all urgency, the development of rapid and safe vaccines is possible. The time to find a cure to HIV is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to trauma informed care and supportive services-- including comprehensive harm reduction services-- to ensure that all people living with HIV and communities most impacted by HIV and STIs, live full and productive lives.
The PPC recommends the Commission on HIV endorse the prioritization of the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations that address the following priorities in 2024 (listed in no particular order):

Funding

a. 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.
b. Maintain and preserve the RWHAP at current or increased funding levels and, where appropriate and strategically viable, 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 the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

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

Mental Health

a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
b. Support the building of community-based mental health services.
c. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail.

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. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases; especially among young Men who have Sex with Men (MSM), African American MSM, Latino MSM, transgender persons and women of color.
e. Advance and enhance routine HIV testing and expanded linkage to care.
f. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.

g. Promote women-centered prevention services including domestic violence and family planning services for women living with and at high-risk of acquiring HIV/AIDS.
h. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Use and Harm Reduction

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

Consumers

a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV. Focusing on young MSM (YMSM), African American MSM, Latino MSM, transgender persons (especially of color), women of color, and the aging.
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. This includes services such as family housing, transportation, mental health, childcare, and substance abuse.
b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

Transgender 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. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.

c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to not disincentives contractors from referring clients to other contractors.
d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
f. Provide trauma informed care and harm reduction strategies in all HIV health care settings.

Service Delivery

a. Enhance the accountability of healthcare service deliverables.
b. 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.

The Public Policy Committee (PPC) 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 PPC activities.

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

County of Los Angeles
Public Health
Division of HIV and STD Programs

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

Get Ready for Co-Chair Open Nominations & Elections: Your Questions Answered!

Greetings! It's that time of year again—election season is upon us, not just for general elections, but also for our Commission, Committee and Caucus Co-Chairs. The nomination and election process for COH, Committee, and Caucus Co-Chairs is underway. Below is a quick FAQ to help you prepare and make an informed decision about becoming a Co-Chair.

Am I Eligible?

Per COH Bylaws, Policies #08.1102 and #08.1104

Commission Co-Chairs (Nominations remain open until the January 9, 2025, COH meeting)

(2) Commission Co-Chairs have two-year staggered terms – one co-chair seat is up for election which will serve the Jan 2025-Dec 2026 term.

- Only voting Commissioners can serve as Commission Co-Chairs.
- Candidates must have at least one year of service on the Commission to ensure leadership diversity and representation.
- At least one Co-Chair must be HIV-positive, and at least one must be a person of color. It is also preferred that at least one Co-Chair is female.

Committee Co-Chairs (Nominations will open by December, with elections in January 2025)

(2) Committee Co-Chairs serve one-year terms – all co-chair seats are up for election which will serve the Jan-Dec 2025 term.

- The Commission does not impose specific requirements, though one year of experience on the Committee is strongly encouraged.
- Nominees must be primary members of the Committee, not serving in alternate or secondary roles.
- Only Commissioners can serve as Co-Chairs.

Caucus Co-Chairs (Nominations will open by December, with elections in January 2025)

Caucuses typically have two Co-Chairs serving one-year terms, except the Consumer Caucus, which has three seats, including a prevention representative. All co-chair seats are up for election which will serve the Jan-Dec 2025 term.

- One Co-Chair must be a Commissioner to ensure that the Caucus activities are aligned with the COH's scope, goals and objectives
- Note: Caucuses are not subject to Brown Act requirements but work with COH consent to set their own leadership structure, guidelines, membership, and activities.

All Co-Chair candidates will be asked to provide a brief statement before the election.

What Are the Co-Chair Roles & Responsibilities?

- Lead COH/committee/caucus activities and meetings.

- Set agendas for meetings in collaboration with staff.
- Develop work plans with the Executive Director and staff.
- Facilitate meetings, guiding discussion and ensuring effective workflow.
- Summarize discussions and assist in developing work products.
- Act on behalf of the group and communicate with stakeholders.

How Should I Prepare?

- Honestly assess your accessibility, bandwidth, and time to ensure you are able to show up fully and prepared. *Co-Chair roles require at least 10-12 commitment hours per month.*
- Review the COH Co-Chair training slides to understand the role's expectations
- Familiarize yourself with the:
    - Ryan White Program Part A Planning Council Primer,
    - COH bylaws,
    - COH Co-Chair Duty Statement (if applicable),
    - Committee Co-Chair Duty Statement (if applicable)
    - Required Commissioner trainings.

Ready to take on a leadership role? Nominate yourself or a colleague and help guide our collective work toward meaningful community impact! If you have questions, please reach out to your respective staff lead.

KFF

The independent source for health policy research, polling, and news.

Potential Health Policy Administrative Actions in the Second Trump Administration

President-elect Trump could exercise executive branch authority through administrative action to quickly move forward on some policy changes without congressional action.

Published: December 16, 2024

This is a quick guide to potential health policy administrative actions under the incoming Trump administration based on campaign positions and statements by President-elect Trump, President Trump's record during his first administration, and expected actions that would reverse or modify regulations or guidance issued by the Biden administration. Click the + to expand for details of each potential action.

Note: This is not an exhaustive list of possible administrative actions by President-elect Trump and the guide may be updated as new information becomes available up until his inauguration on January 20, 2025.

Affordable Care Act

Continue to implement hospital and health plan price transparency requirements.

Using authority under the Affordable Care Act, the first Trump administration issued the first price transparency requirements. The Biden administration built on the Trump-era rules on price transparency to address implementation challenges and compliance. President-elect Trump, on his 2024 campaign site, vowed to continue his previous efforts regarding price transparency. Potential future administrative efforts could include addressing concerns regarding data quality and continuing enforcement activities.

Make changes to ACA Marketplace enrollment processes.

The incoming Trump administration may wish to alter current operational Marketplace enrollment standards and may narrow opportunities for enrollment. For example, the Trump administration may do away with certain special enrollment opportunities created by the Biden

the length of the open enrollment period.

In his first term, President Trump's administration allowed enhanced direct enrollment sites (EDEs), which permit brokers to enroll people in ACA Marketplace coverage directly through a web broker website, bypassing Healthcare.gov. More recently, there have been concerns that some brokers are fraudulently enrolling or switching plans without the consumer's consent. The Biden administration has responded by suspending certain brokers and taking other steps to ensure consumers consent to any changes in their coverage. The incoming Trump administration may take additional action to curb fraud. There are many possible approaches to addressing fraud, some of which could make it harder for consumers to enroll in coverage.

Limit or eliminate funding for Affordable Care Act consumer assistance and outreach programs.

The first Trump administration significantly cut funding by 84% for the ACA's Navigator programs, which provide outreach, education, and enrollment assistance to consumers on the Marketplace and Medicaid. The administration also cut outreach funding by 90%. These actions may have contributed to stagnating Marketplace enrollment during his time in office. The Biden administration restored outreach and enrollment assistance and funding for Navigators. The current Navigator grant program period runs through August 2029, but the next Trump administration could cut funding for other marketing or consumer education and outreach activities.

The ACA requires people enrolled in qualified health plans that offer abortion benefits to pay for that coverage using private, not federal, dollars. As a result, plans have been required to segregate payments for abortion coverage. Under the Obama and Biden administrations, issuers have been permitted to segregate the nominal payment for abortion coverage after the consumer paid the total bill. The first Trump administration issued final regulations that would have required two separate bills and payments, one for abortion coverage and another for the rest of the premium. The implementation of these regulations was blocked by court order. The incoming Trump administration may re-issue these rules.

Approve or reject state waivers. –

The first Trump administration encouraged state flexibility in implementing ACA private coverage reforms, mostly by approving reinsurance waivers that were sought by both red and blue states. If enhanced subsidies in the Inflation Reduction Act expire, leading to a return of the "subsidy cliff," there may be renewed desire for reinsurance waivers or other state-specific changes to the ACA markets.

Reinstate expansion of short-term, limited-duration health plans (STLDs). –

The Trump administration may reinstate the standards for STLDs issued during his first term. STLDs offer fewer covered benefits and consumer protections compared to plans that meet ACA standards and, as a result, typically have lower premiums but increased financial risk for enrollees. In

months to 36 months. In 2024, the Biden administration issued a final regulation limiting their total duration to four months (the rule is in effect but facing legal challenges). The Trump administration could reverse this action.

Reinstate expanded access to association health plans (AHPs).

AHPs allow small employers and professional associations to band together to purchase group health insurance for their employees and members. During his first term, President Trump relaxed federal standards for AHPs, allowing certain AHPs to be considered single large group employer plans, which are exempt from the ACA's individual and small group market standards. A federal judge invalidated the new rule, which the Trump administration appealed. The appeal was paused when President Biden took office, and his administration subsequently rescinded the rule. The next Trump administration may take action to reinstate expanded access to AHPs, though it is unclear whether a similar rule would hold up under potential legal scrutiny.

Revise guidance implementing section 1557 of the Affordable Care Act (ACA), removing LGBTQ protections.

Section 1557 holds the health law's major nondiscrimination protections, including those on the basis of sex, which the Biden administration interpreted to include protections on the basis of sexual orientation and gender identity. In his first term, Trump issued guidance indicating that sex protections would extend only to individuals based on their biological sex

gender identity protections from other regulations outside of 1557, and he may pursue this approach again. Section 1557 implementing regulations have been heavily litigated across the Obama, Trump and Biden administrations, and legal challenges are likely to continue. Additionally, the impact of the Supreme Court ruling in *Loper Bright v. Raimondo*, finding that regulations like those implementing 1557 are no longer entitled to judicial deference where a statute is ambiguous, is yet to be seen. At the same time, some courts have found that 1557 protections exist within the ACA statute itself, outside of rulemaking.

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Abortion

Direct the FDA to revoke the approval of mifepristone or revert to older dispensing protocols under the REMS.

Over the past decade, the FDA has approved changes in the Risk Evaluation and Mitigation Strategies (REMS) (special conditions FDA applies to some drugs) that have broadened access to medication abortion pills. Prior to the most recent REMS modifications, the pills could only be prescribed and dispensed in person by a physician. The updated REMS extends the time period that medication abortion can be used during a pregnancy (from 7 weeks to 10 weeks of pregnancy) and allows access via telehealth, mailing of pills, and availability through retail pharmacies. Given the ongoing

Trump recently indicated he will probably not restrict access to medication abortion but left room to change his position.

Enforce the Comstock Act to ban the distribution of medication abortion pills and other supplies in all states.

An 1873 anti-obscenity law, the Comstock Act, prohibits the mailing of medications used for abortion. The Biden administration's Department of Justice determined that the Act only applies when the sender intends for the material or drug to be used for an illegal abortion, but since there is no way to determine the intent of the sender, they did not recommend enforcement. While President-elect Trump has said he would not enforce the Comstock Act, Vice President-elect Vance and many anti-abortion Republicans have called for enforcement of the law. The Trump administration could decide to interpret the Act differently than the Biden DOJ and prohibit mailing of abortion medications and supplies to all states, which would be a de facto national abortion ban.

Stop enforcing the Emergency Medical Treatment and Labor Act (EMTALA) for emergency abortion care.

Shortly after *Roe v. Wade* was overturned, the Biden administration issued guidance in July 2022 regarding the enforcement of the EMTALA, a federal law requiring hospitals to provide stabilizing treatment to patients. The guidance clarified that hospitals and physicians have obligations to provide stabilizing care, including abortion, to preserve the *health* of a pregnant person, not only in situations where abortion is necessary to save a patient's *life*. Six states (AR, ID, MS, OK, SD, and TX) have no health

EMTALA guidance, the next Trump administration could reverse the guidance or limit enforcement of EMTALA violations.

Rescind HIPAA regulations to safeguard abortion privacy. –

In April 2024, HHS finalized a regulation adding a new category of protection to HIPAA privacy regulations for the use and disclosure of reproductive health information in certain circumstances. The rule prohibits health care providers, health plans and others from disclosing, for example, information about reproductive health care, such as abortion or contraception counseling obtained legally, to a law enforcement agency seeking to investigate or impose legal liability related to that care. Most of the reproductive health privacy rule will be effective on December 23, 2024. The Trump administration may take administrative action to rescind this rule and perhaps alter existing HIPAA protections giving states greater leeway to require disclosure of reproductive health information. In addition, the Trump administration might choose not to defend pending litigation that challenges HIPAA privacy standards that limit states' ability to disclose reproductive health information to law enforcement authorities.

Rescind guidance to retail pharmacies about nondiscrimination obligations. –

In the wake of the *Dobbs* ruling in 2022, HHS issued guidance reiterating to retail pharmacies the prohibitions on discrimination, and the application of these rules to supplying prescribed medications such as contraceptives as well as medications that could affect pregnancy outcomes. The Trump

Revoke rules authorizing access to abortion care under the Veteran's Administration.

During the Biden administration, the VA issued a rule in 2022 (finalized without changes in 2024) amending the Department's medical regulations authorizing the VA to provide abortion services to veterans and CHAMPVA beneficiaries in all states when the pregnancy is the result of rape or incest, or if the life or the health of the pregnant person is endangered. The rule also allowed for the provision of abortion counseling in the VA. Prior to this rule change, the VA was prohibited from providing any abortion services, with no exceptions allowed, a standard stricter than the Hyde Amendment. Should the next Trump administration revoke this rule, the VA may return to a policy banning the provision of any abortion care in response to opposition by House Republicans and Attorneys General in states with abortion bans.

Revoke support for active military troops and their spouses who seek abortion or fertility care.

In 2023, the Department of Defense (DoD) approved a new policy providing travel and transportation allowances for troops and their dependents who must go out of their area to obtain an abortion or fertility care (troops and spouses). The Department also provides up to three weeks of administrative absence, including to accompany a dependent, to obtain abortion or fertility services. The policy also gives service members up to 20 weeks to notify their superiors about a pregnancy and states that clinicians should maintain a service member's privacy and not inform a commanding officer about a pregnancy. These policies could be reversed

Exclude abortion from the protections of the Pregnant Workers Fairness Act.

The Biden administration issued a final rule and interpretive guidance to implement the Pregnant Workers Fairness Act, which requires a covered entity to provide reasonable accommodations to a qualified employee's or applicant's known limitations related to, affected by, or arising out of pregnancy, childbirth, or related medical conditions, unless the accommodation will cause an undue hardship on the operation of the business of the covered entity. The Biden administration includes abortion in the definition of "pregnancy, childbirth or related medical conditions." There are several ongoing lawsuits in federal courts challenging this rule that the incoming Trump administration is not likely to defend. The Trump administration may issue new rules that do not include abortion in the definition of "pregnancy, childbirth or related medical conditions."

Bar the use of NIH funds for research involving fetal tissue derived from abortions.

In 2019, under the first Trump administration, the NIH issued a new policy that required applicants for NIH research funds to undergo an ethics review if their study involved fetal tissue derived from abortions. Fetal tissue research has been used to study human development, immune function, vaccine development, and other biomedical research on certain cancers and chronic conditions. The first Trump administration also prohibited the use of federal dollars to purchase fetal tissue for biomedical studies by government employees. The Biden administration reversed these

Require separate payments for abortion coverage in ACA Marketplace plans.

The ACA requires people enrolled in qualified health plans that offer abortion benefits to pay for that coverage using private, not federal, dollars. As a result, plans have been required to segregate payments for abortion coverage. Under the Obama and Biden administrations, issuers have been permitted to segregate the nominal payment for abortion coverage after the consumer paid the total bill. The first Trump administration issued final regulations that would have required two separate bills and payments, one for abortion coverage and another for the rest of the premium. The implementation of these regulations was blocked by court order. The incoming Trump administration may re-issue these rules.

Approve waivers that exclude Planned Parenthood clinics and other providers from the Medicaid program.

Medicaid enrollees using family planning services. Additionally, CMS also approved a Section 1115 waiver application from Texas that excluded clinics that offer both family planning and abortion services from participating in the state's family planning program, in direct violation of federal Medicaid policy. Elimination of federal funds to clinics that offer both contraception and abortion services is a priority of conservative lawmakers, and it is expected that if more states submit similar waiver requests, the Trump administration would approve them.

Reinstate Mexico City Policy and potentially expand it further. –

President-elect Trump is expected to reinstate, through executive action, the expanded Mexico City Policy, or "Protecting Life in Global Health Assistance," issued in his first term. The Mexico City Policy, first announced in 1984 by the Reagan administration, has been rescinded and reinstated by subsequent administrations along party lines ever since. Before the first Trump administration, the policy, when in effect, required foreign NGOs to certify that they would not "perform or actively promote abortion as a method of family planning" using funds from any source (including non-U.S. funds) as a condition of receiving U.S. global family planning assistance. In 2017, President Trump reinstated but also significantly expanded the policy to apply it to the vast majority of other U.S. global health assistance, including PEPFAR, for the first time. Some have recommended that President-elect Trump expand the policy even further.

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contraception

Reinstate limitations to the Title X Family Planning Program.

The first Trump administration issued Title X regulations that prohibited sites that receive Title X funding from referring pregnant clients seeking abortion to abortion providers, requiring referrals to prenatal or adoption options. They also disqualified all sites that had co-located family planning and abortion services or were affiliated with abortion providers. This led to the withdrawal of almost a third of the sites from the Title X network and was associated with a sharp drop in the number of patients served by the program. The Biden administration reversed these changes, and the next Trump administration could reinstate them.

Overturn recently expanded contraceptive coverage regulations.

In October 2024, the Biden administration proposed a new rule that would build on the ACA's coverage requirements and expand coverage of contraception without cost-sharing for those with private insurance. If finalized, most private insurers would be required to cover all FDA-approved methods without cost sharing unless the plan also covers a therapeutic equivalent without cost-sharing. In addition, plans would need to cover over-the-counter (OTC) contraceptives without a prescription from a clinician, and insurers would also be required to disclose to enrollees that OTC contraceptives like Opill and emergency contraception are included in this coverage. The proposed rule also addresses new coverage requirements for other OTC contraceptive methods, such as male

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Medicaid

Delay implementation or issue new regulations to undo final regulations streamlining Medicaid enrollment and renewal processes.

The Biden administration finalized two rules designed to make it easier for eligible individuals to enroll in and retain Medicaid and CHIP coverage and to facilitate transitions to Basic Health Plan or Marketplace coverage for those who are no longer eligible. The Medicare Savings Program (MSP)rule helps eligible Medicare beneficiaries more easily access Medicaid coverage of Medicare premiums and cost sharing through the MSPs. The second rule simplifies application, enrollment, and renewal processes for Medicaid, CHIP and the Basic Health Program enrollees and removes access barriers for children in CHIP, including waiting periods, lifetime limits on coverage, and lock-out periods for failure to pay premiums. Each rule is expected to increase Medicaid enrollment by about one million people. The Trump administration could delay implementation of provisions that have not yet gone into effect or issue new regulations that would undo some or all of the rule's provisions. The impact of those actions may be less significant for the MSP rule, which had been implemented by most states as of October 2022, according to a KFF survey. During his first term, the Trump

Approve waivers that include work requirements as a condition of Medicaid eligibility, premiums, and other eligibility restrictions.

Section 1115 Medicaid demonstration waivers offer states an avenue to test new approaches in Medicaid that differ from what is required by federal statute, so long as the approach is likely to "promote the objectives of the Medicaid program." Waivers generally reflect priorities identified by states as well as changing priorities from one presidential administration to another. Each administration has some discretion over which waivers to approve and encourage, but that discretion is not unlimited. The Trump administration's Section 1115 waiver policy emphasized work requirements – which were challenged in court – and other eligibility restrictions and capped financing. During President Trump's first term, CMS also made changes to 1115 waiver budget neutrality policy, limiting the amount of federal funds that could be used for waiver spending.

Delay implementation or issue new regulations to undo final access and managed care rules.

The Biden administration finalized major Medicaid regulations designed to promote quality of care and advance access to care for Medicaid enrollees. The Access rule addresses several dimensions of access: increasing provider rate transparency and accountability, standardizing data and monitoring, and creating opportunities for states to promote active enrollee engagement in their Medicaid programs. The rule also includes many provisions governing access to home care (also known as home- and community-based services or HCBS), which include ensuring that at least

care access, financing, and quality, including strengthening standards for timely access to care and states' monitoring and enforcement efforts. The Trump administration could delay implementation of certain provisions, which would reduce regulation of managed care companies and other providers while rolling back enrollee protections, payment transparency, and improved access. Alternatively, the Trump administration could issue new regulations that would undo all or some of the provisions in the final regulations. During his first term, President Trump took administrative action to change Medicaid managed care rules, including relaxing rules around network adequacy and beneficiary protections.

Approve waivers that exclude Planned Parenthood clinics and other providers from the Medicaid program.

During the first Trump administration, CMS revoked Obama-era guidance that reiterated federal Medicaid policy requiring free choice of provider for Medicaid enrollees using family planning services. Additionally, CMS also approved a Section 1115 waiver application from Texas that excluded clinics that offer both family planning and abortion services from participating in the state's family planning program, in direct violation of federal Medicaid policy. Elimination of federal funds to clinics that offer both contraception and abortion services is a priority of conservative lawmakers, and it is expected that if more states submit similar waiver requests, the Trump administration would approve them.

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End the Deferred Action for Childhood Arrivals (DACA) program and associated ACA Marketplace coverage expansion. –

DACA was originally established via executive action in June 2012 to protect certain undocumented immigrants who were brought to the U.S. as children from removal proceedings and receive authorization to work for renewable two-year periods. During his prior term, President-elect Trump sought to end DACA but was blocked by the Supreme Court in 2020. The Biden administration issued regulations in 2022 to preserve DACA protections. In addition, in May 2024, the Biden administration published regulations to extend eligibility for Affordable Care Act (ACA) Marketplace coverage with premium and cost-sharing subsidies to DACA recipients, who were previously ineligible for federally funded health coverage options. The regulation became effective November 1, 2024. DACA and the coverage expansion are facing legal challenges, which could result in them being eliminated. Additionally, Trump administration officials have indicated that the administration will try to eliminate the program again during his second term. However, in a recent interview, President-elect Trump said he will work on addressing the status of "Dreamers," and indicated a willingness to work with Democrats on that issue. There are over half a million active DACA recipients, a majority of whom are working and many of whom have U.S.-born children, who could be at risk of deportation if the program is eliminated. Elimination of the coverage expansion for DACA recipients would leave the nearly 100,000 uninsured DACA recipients it is estimated to cover without an affordable coverage option.

President-elect Trump could reinstate his first administration's changes to public charge policies. Under longstanding immigration policy, federal officials can deny entry to the U.S. or adjustment to lawful permanent resident (LPR) status (i.e., a "green card") to someone they determine to be a public charge. During his prior term, President-elect Trump issued regulations in 2019 that broadened the scope of programs that the federal government would consider in public charge determinations to newly include the use of non-cash assistance programs like Medicaid and the Children's Health Insurance Program (CHIP). The Biden administration rescinded these changes in 2021. Research suggests that the 2019 changes made by the Trump administration increased fears among immigrant families about participating in programs and seeking services, including health coverage and care. As of November 2024, President-elect Trump has not indicated whether his administration plans to reinstate his first-term changes to public charge policy.

Carry out mass detentions and deportations of millions of immigrants.

President-elect Trump has stated that he will use the U.S. military to carry out mass deportations of tens of millions of undocumented immigrants residing in the U.S., many of whom have been living and working in the country for decades. Such a policy could lead to family separations as well as mass detentions, which can have negative implications for the mental health and well-being of immigrant families and also put their physical health at risk. Mass deportations also could negatively impact the U.S. workforce and economy, where immigrants make significant contributions

End birthright citizenship for children of some immigrants. –

President-elect Trump has said that he will sign an executive order to end birthright citizenship for the children of some immigrants despite it being a right guaranteed under the U.S. Constitution. This proposed action would limit access to health coverage and care for the children of immigrants since they may not have lawful status. It may also have broader ramifications for the nation's workforce and economy, potentially exacerbating existing worker shortages, including in health care, where adult children of immigrants play an outsized role as physicians, surgeons, and other practitioners.

Reinstate "Remain in Mexico" policy. –

President-elect Trump plans to reinstate Migrant Protection Protocols, often referred to as the "Remain in Mexico" policy, which his administration first implemented in 2019. Under this policy, asylum seekers are required to remain in Mexico, often in unsafe conditions, while they await their immigration court hearings. The Biden administration ended this policy in 2022 following some legal challenges. However, it implemented a series of increasingly restrictive limits on asylum eligibility in 2023 and 2024 in response to a high number of border encounters.

Limit entry of humanitarian migrants. –

During his first term, President-elect Trump set the annual refugee admissions ceiling at its lowest levels, ranging from 50,000 in 2017 to a

administration, which allows asylum seekers to seek lawful entry to the U.S. by making an interview appointment with the DHS, which could lead to "mass cancellation of appointments" and possibly an increase in attempts to cross the border outside of ports of entry. Trump also has indicated that he will roll back temporary protected status (TPS) designations for some immigrants, including those from Haiti. TPS designations protect immigrants from countries deemed unsafe by the DHS from deportation and provide them with employment authorization but do not provide a pathway to long-term residency or citizenship. As of March 2024, over 860,000 immigrants from 16 countries were protected by TPS. Loss of TPS would put people at risk for deportation, which could contribute to family separation, which in turn can have negative impacts on the mental and physical health of immigrant families and broader negative consequences for the workforce and economy.

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LGBTQ Health Policy

Revise guidance implementing section 1557 of the Affordable Care Act (ACA), removing LGBTQ protections.

Section 1557 holds the health law's major nondiscrimination protections, including those on the basis of sex, which the Biden administration interpreted to include protections on the basis of sexual orientation and

akin to this, removing LGBTQ protections. Additionally, in his first term, Trump used the regulation as a vehicle to remove sexual orientation and gender identity protections from other regulations outside of 1557, and he may pursue this approach again. Section 1557 implementing regulations have been heavily litigated across the Obama, Trump and Biden administrations, and legal challenges are likely to continue. Additionally, the impact of the Supreme Court ruling in *Loper Bright v. Raimondo*, finding that regulations like those implementing 1557 are no longer entitled to judicial deference where a statute is ambiguous, is yet to be seen. At the same time, some courts have found that 1557 protections exist within the ACA statute itself, outside of rulemaking.

Issue executive orders limiting LGBTQ protections, including in health care.

Trump has stated that he would "sign a new executive order instructing every federal agency to cease all programs that promote the concept of sex and gender transition at any age." This suggests taking administrative actions that could limit access to programs, services, or protections for LGBTQ people. It is also expected that Trump would rescind Biden administration executive orders aimed at promoting equity, protections, and data collection for LGBTQ people, including in health care.

Limit access to gender affirming care for minors and, potentially, adults.

Trump has stated that he would use "federal health and safety standards" to limit minor access to gender affirming care, including by "declar[ing]

terminated from the program." This would significantly limit the ability of providers and facilities offering this care.

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Racial Health Equity and DEI Initiatives

Eliminate equity-focused initiatives and issue anti-diversity, equity, and inclusion (DEI) executive orders.

During his first term, President Trump took executive action to prohibit federal agencies and contractors from providing training based on "divisive concepts" such as racism and sexism. The Biden administration revoked the executive order by President Trump and identified advancing racial equity as a whole-of-government federal priority. It took action to advance equity through a series of executive orders that led to the creation of Equity Action Plans across agencies and facilitated a wide array of federal actions focused on reducing health disparities. It is likely that President-elect Trump will rescind many Biden administration actions focused on equity and pursue actions to eliminate DEI initiatives. As a candidate, he vowed to focus on "anti-White" racism, not racism against people of color. It has been reported that supporters of President-elect Trump have drafted an executive order that would eliminate programs that

against schools that engage in racial discrimination "under the guise of equity." Such actions could impede efforts to increase the diversity of the health care provider workforce. Research suggests affirmative action bans have contributed to a decline in enrollment of medical school students who are underrepresented students of color.

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Global Health

Reinstate Mexico City Policy and potentially expand it further. –

President-elect Trump is expected to reinstate, through executive action, the expanded Mexico City Policy, or "Protecting Life in Global Health Assistance," issued in his first term. The Mexico City Policy, first announced in 1984 by the Reagan administration, has been rescinded and reinstated by subsequent administrations along party lines ever since. Before the first Trump administration, the policy, when in effect, required foreign NGOs to certify that they would not "perform or actively promote abortion as a method of family planning" using funds from any source (including non-U.S. funds) as a condition of receiving U.S. global family planning assistance. In 2017, President Trump reinstated but also significantly expanded the policy to apply it to the vast majority of other U.S. global

Cease U.S. engagement in pandemic treaty negotiations. –

Since 2021, countries that are members of the World Health Organization (WHO) have been negotiating a new global 'pandemic agreement' to address weaknesses identified during the international response to COVID-19. The Biden administration has supported the concept and engaged in the process since it began. However, President-elect Trump has stated that under his administration, U.S. engagement with the negotiations will be "immediately terminated," and several Republican members of Congress have also raised concerns about the U.S. signing on to such a treaty. Without U.S. support, the prospects of a new treaty would be significantly weakened.

Halt funding for and withdraw from the World Health Organization (WHO). –

for and withdraw the U.S. from membership in WHO. During his first term, he froze U.S. funding to WHO and initiated a process to terminate U.S. membership over critiques of WHO's role in the global COVID-19 response. Under U.S. law, an administration must notify WHO of its intention to withdraw, which becomes official one year after such notification. President Biden took office before this time period was met, and he reversed President Trump's decision and restored funding. The U.S. has historically been one of the largest funders of WHO, with U.S. contributions ranging between $163 million and $816 million annually over the last decade.

Rejoin Geneva Consensus Declaration on Women's Health and Protection of the Family.

President-elect Trump has stated that his second administration will rejoin the Geneva Consensus Declaration, an October 2020 statement that was initially crafted and signed by the U.S. – along with 31 other countries – and meant to enshrine certain values and principles related to women's health and family, including a rejection of the "international right to abortion." The Biden administration withdrew the U.S. from the Geneva Consensus Declaration in 2021.

Invoke the Kemp-Kasten amendment to prevent U.S. funding for UNFPA.

President-elect Trump is expected to again withhold U.S. funding from the United Nations Population Fund (UNFPA, the lead U.N. agency focused on global population and reproductive health) by using the Kemp-Kasten

management of a program of coercive abortion or involuntary sterilization." To date, there has been no evidence that UNFPA supports these activities. In FY 2023, the U.S. contributed $194.4 million to UNFPA, making it the largest government contributor to UNFPA.

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Prescription Drugs

Reinstate executive order on manufacturing essential medicines in the U.S.

President-elect Trump is expected to reinstate an element of a 2020 executive order that would have removed essential medicines, medical countermeasures, and critical inputs to drugs and medical devices from U.S. commitments under the World Trade Organization Agreement of Government Procurement (WTO GPA). This proposal was withdrawn by the Biden administration in April 2021. The overarching goal of the 2020 executive order was to enhance the domestic production of essential medicines, medical countermeasures, and critical inputs in the face of supply chain vulnerabilities and drug shortages. The effect of removing these items from trade agreements would have meant that government agencies in the U.S. would have been unable to procure items on a list of essential medicines, medical countermeasures, and critical inputs developed by the U.S. Food and Drug Administration from other countries

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Fentanyl

Impose tariffs on Mexico, China, and Canada.

President-elect Trump stated that on his first day in office he will impose tariffs on imports from Mexico and Canada at 25% and an additional 10% on imports from China. He has stated that implementing tariffs will reduce the amount of fentanyl entering the U.S. and will address immigration concerns. Some suggest that tariffs may hinder progress on the fentanyl crisis made under the Biden administration, potentially by compromising coordination between the U.S. and other countries, and may also provoke retaliatory actions and increase the cost of consumer goods in the U.S. During his first term, President Trump imposed smaller tariffs under the 1962 Trade Expansion Act and the Trade Act of 1974. In November 2024, legislation was introduced to limit the implementation of import tariffs without Congressional approval and was referred to the House Committees on Foreign Affairs and Ways and Means.

Deploy U.S. military to the southern border to combat drug trafficking.

cartels, to ensure they cannot use our region's waters to traffic illicit drugs to the U.S." In 2024, the Drug Enforcement Administration reported that fentanyl is most often traced to production by cartels in Mexico and the illegal transfer of chemical precursors required to produce fentanyl from certain manufacturers in China. While the Drug Enforcement Administration ties fentanyl production to cartels in Mexico, most fentanyl is trafficked into and through the U.S. by American citizens, not migrants.

Intensify domestic law enforcement efforts related to fentanyl.

President-elect Trump stated that he will direct federal law enforcement to intensify their efforts against gangs and organized crime, including strengthening the role of the Immigration and Customs Enforcement Agency (ICE). ICE has been involved with identifying fentanyl distribution networks and is already authorized to delegate certain immigration officer functions to local law enforcement officers. President-elect Trump also intends to invoke the Alien Enemies Act to deport "known or suspected" non-citizen drug dealers and cartel members. The Alien Enemies Act is a 1798 wartime authority that has only been invoked three times in U.S. history and may face legal challenges.

Expand federal coverage for faith-based treatment and flexibilities for protected leave during addiction treatment.

Interest in faith-based treatment has grown, but many faith-based organizations are less likely to provide or accept patients using medications for opioid use disorder despite evidence showing reduced mortality.

substance use treatment.

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Long-term Care

Relax regulations governing nursing facilities. –

During President Trump's first term, CMS proposed regulations that rolled back or relaxed many of the 2016 Obama-era regulations, categorizing them as "unnecessary, obsolete, or excessively burdensome." The 2019 proposed regulations would have reduced the frequency of facility assessments from annually to biennially, removed the requirement that an infection preventionist work at a facility part-time, and removed the 14-day prescription limit for psychotropic drugs. Those regulations were not finalized during his first term, likely due to the onset of the COVID-19 pandemic, but President-elect Trump may reissue them or issue similar ones in a second term. The incoming administration may issue new regulations to undo regulations issued by the Biden administration that established the first-ever requirements for minimum staffing levels for nursing facilities. The incoming Trump administration could also choose not to defend the rule from legal challenges or support litigation opposing the rule. It is not clear if the incoming Trump administration will maintain

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HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

December 20, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

As many of you know, earlier this year the Health Resources and Services Administration's (HRSAs) HIV/AIDS Bureau (HAB) introduced **Ryan White Program 2030 (RWP 2030),** a renewed vision for the Ryan White HIV/AIDS Program (RWHAP). Building on 35 years of success and innovation, RWP 2030 integrates lessons learned from the RWHAP and the Ending the HIV Epidemic in the U.S. (EHE) initiative. This framework is designed to sustain high-quality care and treatment for people currently receiving services through the RWHAP **while expanding efforts to identify and engage individuals with HIV who are undiagnosed or out-of-care[1].**

Achieving this goal will require a comprehensive, collaborative approach that builds upon existing successes and resources while fostering innovation[2]. At its core, RWP 2030 reflects our shared commitment to improving health outcomes for people with HIV. This vision calls on the HIV community to establish and strengthen partnerships, prioritize community engagement, and utilize focused interventions to end the HIV epidemic.

Since 2010, viral suppression among people receiving HIV medical care through the RWHAP has increased significantly, from 69.5% to 90.6% in 2023. Thanks to advancements in treatment, HIV is now a manageable chronic condition for individuals who remain engaged in care, allowing them to live long, healthy lives while preventing transmission to others. Despite this progress, we recognize that approximately 40% of people with HIV in the U.S. are either undiagnosed or not receiving regular care, contributing to most new HIV infections. Addressing these gaps is essential to achieving our goal of ending the epidemic.

Through EHE, we have seen the power of targeted investments and innovative strategies. In 2022, EHE-funded providers served over 22,000 individuals who were new to care and re-engaged more than 19,000 individuals who were out of care. Remarkably, 79.2% of individuals new to care achieved viral suppression, underscoring the effectiveness of our collective efforts. These successes highlight the importance of combining strategic investments with community-driven planning to achieve high-impact outcomes.

Ryan White Program 2030 emphasizes the importance of sustaining care for those already engaged in the RWHAP, while expanding our reach to ensure timely diagnosis and sustained treatment for underserved communities. This will require collaboration across sectors, innovation in care delivery, and a commitment to addressing barriers to care. We must also engage individuals with lived experience and non-traditional partners to inform program planning[3] and care models that are responsive to the needs of diverse communities.

[1] Legal authority: §§ 2602(b)(4), 2617(b), 2664(a), and 2671(c) of the Public Health Service (PHS) Act.
[2] Legal authority: §§ 2603(b)(2)(B), 2620, 2654(c), and 2691 of the PHS Act.
[3] Legal authority: § 2681 of the PHS Act.

Ryan White HIV/AIDS Program recipients play a critical role in advancing the goals of RWP 2030 and are responsible for employing sound planning and decision-making processes to determine which HIV related services are prioritized and how much to fund them. As part of these responsibilities, RWHAP recipients must continue to base service priorities and resource allocation decisions on the size, demographics, and needs of people with or affected by HIV. RWP 2030 specifically entails a renewed focus on reaching those who are undiagnosed or out of care. This may necessitate a re-evaluation of existing resource allocations to ensure outreach, engagement, and support efforts are effectively scaled to meet the needs of these especially high-need populations while still addressing the needs of individuals who are currently receiving care through the RWHAP.

We encourage you to begin engaging your partners in discussions about this vision and its implications for your work. Over the next several months, HRSA HAB will work to develop additional guidance and tools to support your efforts in implementing RWP 2030. The RWHAP Best Practices Compilation contains effective innovative interventions and best practices on outreach, linkage to and engagement in care. TargetHIV also contains a number of trainings, resources, and reference guides to support recipients and subrecipients in providing care to people with HIV. HAB is also planning a series of listening sessions in 2025 to ensure that RWP 2030 is informed by diverse perspectives and to better understand the challenges and barriers to implementing this vision.

We are confident that, with your continued partnership, we can realize the goals of RWP 2030 and bring us closer to ending the HIV epidemic. If you have questions, please contact your HRSA HAB Project Officer.

Thank you for your unwavering dedication to improving the lives of people with HIV.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

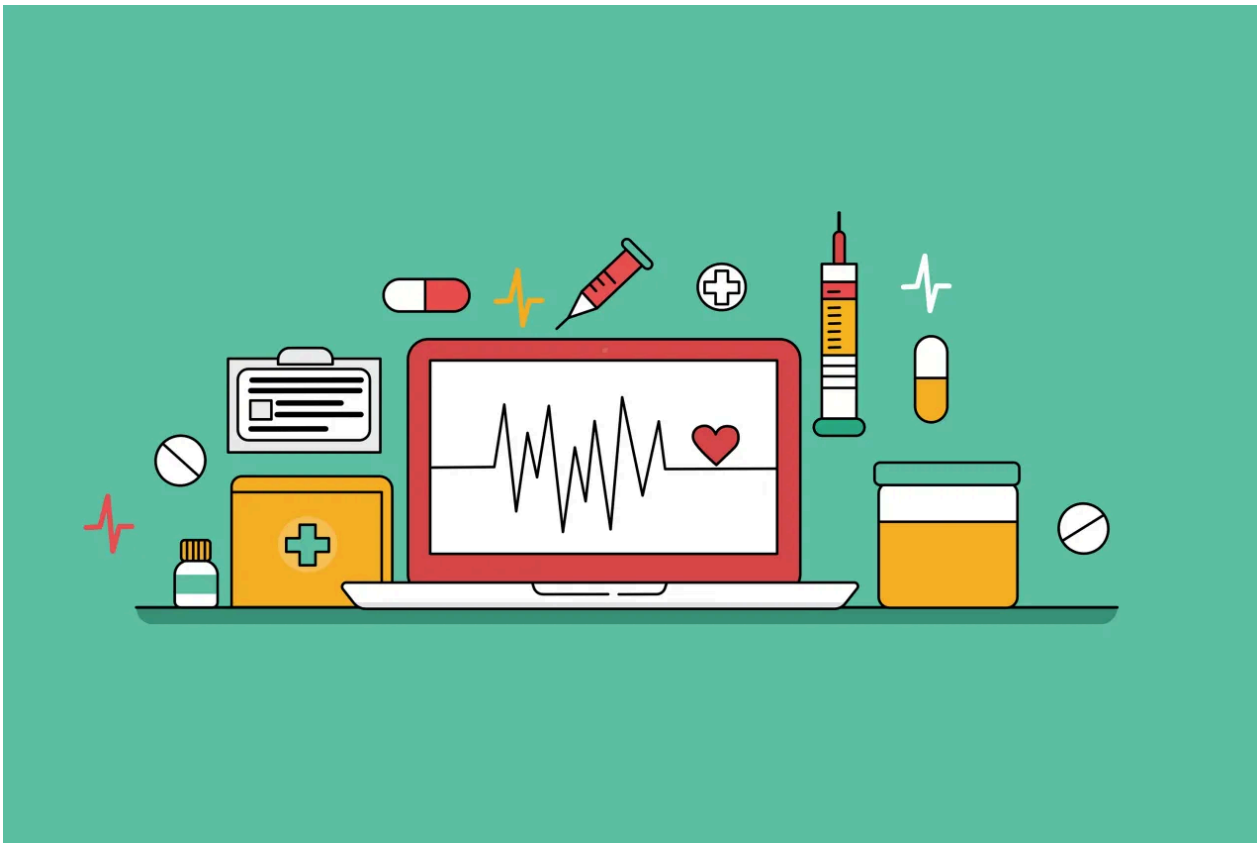
KFF Health News

ASKING NEVER HURTS

How Potential Medicaid Cuts Could Play Out in California

By Bernard J. Wolfson

DECEMBER 5, 2024



(MOMENT/GETTY IMAGES)

In 2017, the Republicans who controlled Congress tried mightily to slash federal spending on Medicaid, the government-funded health program covering low-income families and individuals.

Asking Never Hurts

A series of columns by Bernard J. Wolfson addressing the challenges consumers face in California's health care landscape.

Send questions to bwolfson@kff.org.

MORE COLUMNS

California, like other states, depends heavily on federal dollars to provide care for its poorest residents. Analyses at the time showed the GOP's proposals would cut Medicaid funds flowing from Washington by tens of billions of dollars, perhaps even more, forcing state officials to rethink the scope of Medi-Cal.

But the GOP efforts ended in failure — iconically crystallized by Arizona Republican Sen. John McCain, sick with terminal brain cancer, issuing his decisive early-morning thumbs-down.

More than seven years later, here we go again.

With Donald Trump preparing to reenter the White House, bolstered once more by Republican majorities in both houses of Congress, expectations are high that the GOP will quickly resurrect its long-desired goal of cutting Medicaid.

Republicans want to finance large tax cuts, and the GOP platform under Trump pledges not to touch Social Security or Medicare. To be sure, that's not set in stone. But for now, as my KFF colleagues have noted, Medicaid looks an awful lot like low-hanging fruit. (KFF is a health information nonprofit that includes KFF Health News.)

Health officials in California and across the nation are on edge about the possibility of large-scale Medicaid cuts being enacted as soon as next year. Such cuts would have an outsize impact in the Golden State, whose 14.7 million Medi-Cal enrollees exceed the entire populations of all but three other U.S. states. Medi-Cal provides health coverage for over 40% of the state's children and pays for nearly 40% of births. It is a crucial source of funding for safety net hospitals and community clinics.

And over 60% of its $161 billion budget this year comes by way of Washington.

The potential for big federal cuts to Medicaid may have been a factor in Democratic Gov. Gavin Newsom's decision to call a special session of the state legislature this week.

California could seek to offset a sharp drop in federal dollars with higher taxes or cuts to other state programs. But both those options could be politically untenable. That's why many health experts think leaders in Sacramento would almost certainly have to consider shrinking Medi-Cal.

That could mean cutting any number of optional benefits, such as dental services, optometry, and physical therapy. It might also mean rolling back some of the ambitious expansion Medi-Cal has undertaken in recent years. That could include some aspects of California Advancing and Innovating Medi-Cal, a $12 billion program of services that address patients' social and economic needs in addition to their medical ones.

Some observers fear federal cuts could affect the approximately 1.5 million immigrants living in the U.S. without authorization who are enrolled in Medi-Cal at an annual cost of over $6 billion, nearly all of it funded by the state. But others say a more likely route would be to reduce payments across the board to the managed care plans that cover 94% of Medi-Cal enrollees, rather than target any specific groups of people.

“Medicaid is on the chopping block, and I don’t think that’s speculation,” says Gerald Kominski, a senior fellow at the UCLA Center for Health Policy Research. “It is widely viewed by potential members of Trump’s administration as a program that is too broad and needs to be brought under control.”

Whether they can succeed this time remains to be seen. But more on that later.

People who have followed previous GOP efforts to downsize Medicaid say a variety of previously attempted methods might be back on the table this time. They could include outright caps on federal Medicaid dollars; elimination of the core Affordable Care Act policy under which the feds pay 90% of the cost of expanding coverage to a wider swath of low-income adults; a work requirement, which could depress enrollment; and rule changes intended to make it harder for states to draw federal Medicaid dollars through the use of taxes on health care insurers known as MCOs.

The first Trump administration proposed but later dropped changes to the rules governing such taxes. If similar changes were adopted this time around, they could cause financial headaches in California, which has frequently used MCO taxes to offset Medi-Cal spending from state coffers.

Proposition 35, recently passed by California voters, could also be at risk. The initiative calls for the MCO tax to become a permanent fixture in 2027, pending federal approval, with the goal of financing billions of dollars in new Medi-Cal spending, primarily to increase funding for doctors and other providers. A federal rule change could upend those intentions.

Termination of the federal government's 90% coverage of the ACA Medicaid expansion would put a gaping hole in the Medi-Cal budget. Medi-Cal spent over $34 billion in fiscal year 2023 covering the roughly 5 million people who enrolled as a result of the expansion, and nearly $31 billion of that amount was paid by the federal government.

If the feds' share dropped back to its regular Medi-Cal rate of 50%, California would have to pony up nearly $14 billion more to keep the expansion enrollees covered — and that's just for a year.

A more ambitious GOP push, including both spending caps and a rollback of federal support for the Medicaid expansion, could really send California officials scrambling.

In 2017, the state's Department of Health Care Services issued an analysis showing that a legislative proposal filed by a group of Republican U.S. senators to cap Medicaid spending and end enhanced funding for the ACA expansion, along with some other cuts, would result in nearly $139 billion of lost federal funding to California from 2020 to 2027.

"There are almost limitless changes state leaders could make to Medi-Cal if they are forced to do that," says David Kane, a senior attorney at the Western Center on Law & Poverty. "And we fear that burden will almost certainly hurt poor people and immigrants the most."

But big Medicaid cuts are not a foregone conclusion. After all, when Trump was in the White House in 2017, Republicans also had House and Senate majorities and still did not achieve their goal. The political stars could be aligning differently this time, but the GOP has only a razor-thin majority in the House.

A decade into the ACA's Medicaid expansion, some 21 million people across the country have coverage through it, embedding the program more deeply in the nation's health care landscape. According to a 2023 study from

Georgetown University, Medicaid and the related Children's Health Insurance Program cover a higher proportion of the population in rural counties than in urban ones. And as we know, rural America leans strongly Republican.

Will GOP members of Congress, faced with a vote on cutting Medicaid, buck their own constituents?

Edwin Park, one of the authors of that Georgetown study, thinks there's a chance big cuts can be averted. "Large numbers of Americans are either on Medicaid, have family members on Medicaid, or know somebody on Medicaid," says Park, a research professor at Georgetown's McCourt School of Public Policy. "Hopefully its popularity and its importance will win the day."

This article was produced by KFF Health News, which publishes California Healthline, an editorially independent service of the California Health Care Foundation.

Bernard J. Wolfson: bwolfson@kff.org, @bjwolfson

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CONTACT US SUBMIT A STORY TIP

December 4, 2024

The Honorable Gavin Newsom
Governor, State of California
1021 O Street, Suite 9000
Sacramento, CA 95814

The Honorable Mike McGuire
Senate President Pro Tempore
1021 O Street, Suite 8518
Sacramento, CA 95814

The Honorable Robert Rivas
Speaker of the Assembly
1021 O Street, Suite 8330
Sacramento, CA 95814

Re: Safeguarding LGBTQ+ Rights Under the Trump Administration

Dear Governor Newsom, ProTem McGuire, and Speaker Rivas,

As leading LGBTQ+ and allied organizations, we are writing today in the wake of an election that undoubtedly poses significant threats to LGBTQ+ people – especially transgender people – in California and across the country. In the days and weeks since the election, we have heard from countless members of our community who are terrified about what a second Trump presidency will mean for themselves and their families. Transgender people and their families are agonizing over how the incoming administration will attempt to restrict access to medically necessary health care and weaponize the federal government against them.

We are grateful for your swift leadership in convening a special session of the Legislature and working to ensure that California is once again the first line of defense against the harmful policies of a second Trump administration. We urge you to remain steadfast in the defense of California values and do everything in your power to protect LGBTQ+ people from unlawful discrimination and targeted political attacks. As we enter the special session, and prepare for the 2025-26 regular session, below we outline key priorities for the administration and

the Legislature to safeguard California's robust civil rights laws and protect the health, safety, and dignity of LGBTQ+ people.

Identification Documents

The Trump administration will almost certainly make it harder for transgender people to obtain identification documents that accurately reflect their name and gender identity. According to the 2024 U.S. Transgender Survey, nearly half (48%) of transgender respondents reported not having identification that displayed their correct name, and 59% lacked identification that represented their correct gender. While California has passed numerous laws to make it easier for transgender individuals to obtain accurate identification documents, we have heard from numerous community members who continue to face barriers to updating their identification documents in preparation for the new administration taking office.

California must take steps to eliminate statutory barriers that prevent transgender individuals from updating their identification documents without unnecessary delays, and ensure that California courts and the California Department of Public Health's Vital Records Office have adequate staffing and resources to process applications for name and gender marker changes as quickly as possible. Transgender individuals must also be given the ability to make confidential any public records pertaining to name and gender change petitions to protect themselves from discrimination and harassment. Additionally, California must swiftly allocate funding to increase the availability of free legal aid for LGBTQ+ people, especially transgender people, who are seeking immediate legal assistance in anticipation of increased political and legal attacks against LGBTQ+ people under the Trump administration.

Health Care

The Trump administration is expected to undermine access to health care through the Affordable Care Act, roll back Section 1557 nondiscrimination protections, and make sweeping changes to public health focused agencies such as the CDC and FDA. These efforts could have devastating consequences for LGBTQ+ people as well as people living with and at risk for HIV.

While California law requires state-regulated health plans and insurers to cover medically necessary gender-affirming care, the Trump administration could significantly undermine access to gender-affirming care in federally funded insurance programs like Medi-Cal and Medicare. California must be prepared to address any gaps in federal funding and ensure that transgender people continue to have access to essential health care. If the federal government limits the availability of hormones and other medications for gender-affirming care, California must take appropriate steps to ensure that health care providers can continue to provide these medications without disruption. Additionally, given the lack of culturally competent health plan and insurer staff, California must expand investments in the TGI Wellness and Equity Fund and similar programs to ensure that community-based organizations can continue to provide critical patient navigation services and support individuals in accessing gender-affirming care.

As we have witnessed in other states, the federal government could also seek to criminalize health care providers who offer gender-affirming care and punish friends and family who assist their loved ones in obtaining health care. California has already enacted legislation to provide legal protections from prosecution for health care providers, as well as transgender people and their families who flee to California from another state that criminalizes gender-affirming care. California should take immediate steps to strengthen these protections, protect sensitive health care data, and ensure that California law enforcement and other entities do not cooperate with any attempts to criminalize or otherwise limit access to gender-affirming care.

Education

California has enacted some of the strongest laws in the nation to ensure that schools provide LGBTQ+ students with a safe and supportive learning environment, including supporting the rights of transgender youth to safely be themselves at school, participate in youth sports, and access school facilities consistent with their gender identity. However, the incoming Trump administration will likely seek to allow and even encourage discrimination against LGBTQ+ students and educators. This includes rescinding the recent Title IX rule that clarified the legal rights of LGBTQ+ students, criminalizing teachers who provide accurate and LGBTQ+ inclusive instruction, and denying federal funding for schools that respect a student's gender identity.

We appreciate your decisive action to ensure that the California Department of Justice has adequate funding to defend against these attacks and enforce the state's robust nondiscrimination laws. Additionally, given that the U.S. Department of Education will likely take a weaker approach towards enforcement of discrimination complaints against LGBTQ+ students and educators, the California Department of Education must be provided with adequate staffing and resources to quickly investigate and respond to complaints of unlawful discrimination, harassment, and bullying.

Immigration and Incarceration

President-elect Trump has promised to carry out raids, mass deportations, and end temporary legal status for millions of immigrants. California must ensure that state and local law enforcement are prohibited from assisting in immigration raids and related operations, as well as instruct state and local entities on how to respond to federal requests for security and logistical support for these efforts. The state must also ensure that individuals are aware of their rights under California law and allocate additional resources for legal assistance programs offering pro bono legal representation to immigrants facing deportation proceedings. Additionally, California must continue to protect and expand the rights of incarcerated individuals and asylum seekers, including their right to be housed consistent with their gender identity, to be free from inhumane solitary confinement practices, and to receive critical public health and health care services.

Finally, we recognize that some LGBTQ+ people will choose to relocate to California in the face of increasing anti-LGBTQ+ hate and violence across the country. According to the 2024 U.S. Transgender Survey, nearly half (47%) of transgender respondents considered moving to another state because their state government introduced or passed laws targeting transgender people, and 5% of the respondents did end up leaving. To truly be a safe haven for LGBTQ+ people, California should consider establishing programs to provide logistical support and other services for LGBTQ+ people and their families seeking refuge from increasingly dangerous anti-LGBTQ+ policies under the incoming federal administration and hostile states across the country.

Thank you for your continued leadership and dedication to ensuring that California remains a beacon of hope, safety, and equality for all. We stand ready to partner with the administration and the Legislature to safeguard civil rights and ensure that California remains a safe haven for LGBTQ+ people across the country. If you have any questions, please do not hesitate to contact Equality California's Legislative Director, Craig Pulsipher, at craig@eqca.org or (916) 444-7807.

Sincerely,

APLA Health
California LGBTQ Health and Human Services Network
Casita Feliz Latine LGBTQ Center
Center for Immigrant Protection
Equality California
Gender Justice LA
GLSEN
Health Access California
Los Angeles LGBT Center
Mirror Memoirs
National Center for Lesbian Rights (NCLR)
PFLAG National
Planned Parenthood Affiliates of California
Sacramento LGBT Community Center
San Francisco AIDS Foundation
The San Diego LGBT Community Center
The TransLatin@ Coalition
TransFamily Support Services
TransYouth Liberation

cc: The Honorable Rob Bonta, Attorney General
The Honorable Tony Thurmond, State Superintendent of Public Instruction
The Honorable Scott Wiener, Chair, Senate Budget and Fiscal Review Committee
The Honorable Jesse Gabriel, Chair, Assembly Budget Committee
The Honorable Members, California Legislative LGBTQ Caucus
Secretary Kim Johnson, California Health and Human Services Agency
Director Joe Stephenshaw, Department of Finance