



LOS ANGELES COUNTY  
**COMMISSION ON HIV**

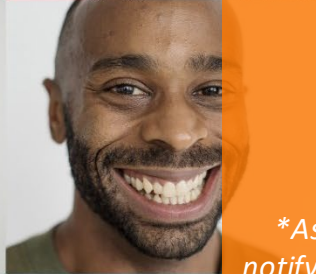
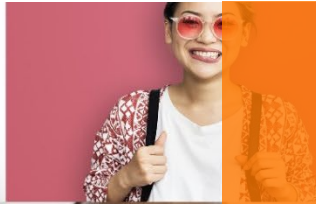


Visit us online: <http://hiv.lacounty.gov>

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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<https://tinyurl.com/y83ynuzt>



## PUBLIC POLICY COMMITTEE REGULAR MEETING

Monday, June 2, 2025

10:00am-12:00pm (PST)

**\*\*Please note change in time\*\***

510 S. Vermont Avenue, 9th Floor, LA 90020

Validated Parking @ 523 Shatto Place, LA 90020

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

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

### Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/r20035eede213956a62561992f4bea626>

### 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](mailto:hivcomm@lachiv.org)
- Submitting electronically at [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](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](mailto: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](mailto:hivcomm@lachiv.org)



LOS ANGELES COUNTY  
COMMISSION ON HIV



510 S. Vermont Ave., 14<sup>th</sup> Floor, Los Angeles CA 90020  
MAIN: 213.738.2816 EML: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

**AGENDA FOR THE MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV  
PUBLIC POLICY COMMITTEE**

**MONDAY, JUNE 2, 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 from the first-floor lobby **must** notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9<sup>th</sup> 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/r20035eede213956a62561992f4bea626>

To Join by Telephone: 1-213-306-3065 U.S. Toll

Password: POLICY Meeting ID/Access Code: 2530 247 4688

Public Policy Committee Members:			
Katja Nelson, MPP <i>Co-Chair</i>	Arburtha Franklin <i>Co-Chair</i>	Mary Cummings	OM Davis <i>(Committee-only)</i>
Jet Finley <i>(Alt. to Terrance Jones)</i>	Terrance Jones	Lee Kochems, MA <i>(LOA)</i>	Leonardo Martinez-Real
Paul Nash, PhD			
QUORUM: 5			

**AGENDA POSTED:** May 27, 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., 14<sup>th</sup> 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](mailto: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](mailto: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](mailto: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  | <b>MOTION #1</b> 10:05 AM – 10:07 AM |
| 4. Approval of Meeting Minutes                                 | <b>MOTION #2</b> 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](mailto: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. Tips for Making Effective Written and Oral Public Comments |                     |

8. Co-Chair Report 10:35 AM – 10:40 AM  
a. 2025 Committee Meeting Calendar-- Updates

**V. DISCUSSION ITEMS**

10. CEO Legislative Affairs and Intergovernmental Relations 10:40 AM—11:10 AM  
11. 2025 Policy Priorities 11:10 AM – 11:12 AM  
12. 2025 Legislative Docket—Updates 11:12 AM – 11:15 AM  
13. State Policy & Budget—Updates 11:15 AM – 11:25 AM  
14. Federal Policy-- Updates 11:25 AM – 11:35 AM  
15. 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 June 2, 2025.

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





## LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH  
6/8/23

510 S. Vermont Ave 14<sup>th</sup> Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

### 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.)

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

S:\Committee - Operations\Code of Conduct\2023\CodeofConduct\_Updated 3.23.23\_Aprvd COH060823.docx



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**PUBLIC POLICY COMMITTEE 2025 MEETING CALENDAR (Updated 5/27/25)**

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
<b>Jan. 6, 2025</b> 10am to 12pm TK02	<b>** Time change due to room unavailability at 1pm **</b> Elect co-chairs. Review 2025 COH workplan and 2025 Committee meeting calendar Overview of PPC Core Responsibilities
<b>Feb. 3, 2025</b> 10am to 12pm TK02	<b>**Time change due to room unavailability at 1pm**</b>
<b>Mar. 3, 2025</b> 10am to 12pm TK02	Review 2025 Legislative Docket
<b>Apr. 7, 2025</b> 10am to 12pm TK02	
<b>May 5, 2025</b>	<b>MEETING CANCELLED</b>
<b>Jun. 2, 2025</b> 10am-12pm TK02	Tips for Making Effective Written and Oral Public Comments CEO Legislative Affairs and Intergovernmental Relations
<b>Jul. 7, 2025</b> 1pm to 3pm TK02	
<b>Aug. 4, 2025</b> TBD	
<b>Sep. 8, 2025</b> TBD	<b>Consider cancelling or rescheduling due to Labor Day holiday on 9/1/25.</b>
<b>Oct. 6, 2025</b> TBD	Review Legislative Docket outcomes
<b>Nov. 3, 2025</b> TBD	<a href="#">Commission on HIV Annual Conference 11/13/2025</a>
<b>Dec. 1, 2025</b> TBD	<b>Consider rescheduling due to World AIDS Day events.</b> Reflect on 2025 accomplishments. Co-Nominations for 2026.



## Los Angeles County Commission on HIV

# REVISED 2025 TRAINING SCHEDULE

*\*SUBJECT TO CHANGE*

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

[Commission on HIV Overview](#)

February 26, 2025 @ 12pm to 1:00pm

[Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities](#)

~~March 26, 2025~~ @ 12pm to 1:00pm  
April 2, 2025

[Priority Setting and Resource Allocations Process](#)

April 23, 2025 @ 12pm to 1:00pm

[Service Standards Development](#)

May 21, 2025 @ 12pm to 1:00pm

[Policy Priorities and Legislative Docket Development Process](#)

June 25, 2025 @ 12pm to 1:00pm

[Bylaws Review](#)

July 23, 2025 @ 12pm to 1:00pm



## 2025-2026 Legislative Docket *(Last updated: 05/27/25)*

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

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
<b>AB 4</b> (Arambula)	Covered California Expansion	<p>This bill would require the California Health Benefit Exchange to design a program, upon appropriation by the Legislature, to allow individuals to obtain coverage regardless of immigration status.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB4">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB4</a></p>	<b>SUPPORT</b>	<i>In APPR committee. Held under submission. 05-23-25</i>
<b>AB 11</b> (Lee)	The Social Housing Act	<p>This bill would enact the Social Housing Act and would establish a state housing authority with the goal of developing social housing to tackle California's chronic housing shortage. The housing would be publicly backed, mixed-income, affordable, and financially self-sustaining.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB11">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB11</a></p> <p>How is this different from the CA Department on Housing and Community Development (HCD)?</p> <p>CA HCD serves as a program administrator that provides grants and loans and creates rental and homeownership opportunities for Californians. HCD does not manage properties or place individuals in affordable housing.</p>	<b>SUPPORT</b>	<i>In APPR committee. Read second time. Ordered to third reading. 05-27-25</i>
<b>AB 20</b> (DeMaio)	Homelessness: Housing First	<p>This bill would end the "Housing First" homeless model currently used and replace it with a "People First" model, which will redirect funds to programs that require mental health and substance abuse treatment to address the root causes of homelessness. The bill would prioritize expansion of shelter beds over permanent supportive housing, impose work requirements on individuals receiving assistance, and require the removal of homeless camps near schools and in public areas.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB20">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB20</a></p>	<b>WATCH</b>	<i>In Com. on H. &amp; C.D. Set first hearing. Failed passage. 04-24-25</i>
<b>AB 45</b> (Bauer-Kahan)	Privacy: Health Care Data	<p>This bill would protect health data privacy by prohibiting geofencing around healthcare providers and shielding research records from out-of-state subpoenas that interfere with abortion rights.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB45">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB45</a></p>	<b>SUPPORT</b>	<i>In APPR committee. Read second time. Ordered to third reading. 05-27-25</i>

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
<b>AB 67</b> (Bauer-Kahan)	Attorney General: Reproductive Privacy Act: Enforcement	This bill grants the Attorney General authority to enforce penalties against local governments that obstruct reproductive healthcare, ensuring statewide accountability and access. <a href="https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB67">https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB67</a>	<b>SUPPORT</b>	<i>In APPR committee. Held under submission. 05-23-25</i>
<b>AB 73</b> (Jackson)	Mental Health: Black Mental Health Navigator Certification	This bill would require the Department of Health Care Access and Information (HCAI) to develop, upon appropriation by the Legislature, as a component of an existing Community Health Worker (CHW) certificate program, criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, and report related program data. <a href="https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB73">https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB73</a>	<b>SUPPORT</b>	<i>In APPR committee. Held under submission. 05-23-25</i>
<b>AB 96</b> (Jackson)	Community Health Workers	This bill would expand the definition of community health workers (CHW) to include peer support specialists, who are people with personal experience with a particular health issue and help others going through the same thing. The bill also states that if a peer support specialist is certified, they will be considered to have completed all the education and training needed to be certified as a CHW. <a href="https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB96">https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB96</a>	<b>SUPPORT</b>	Re-referred to Committee on Health. 02-12-25
<b>AB 229</b> (Davies)	Criminal Procedure: Sexually Transmitted Disease Testing	This bill would authorize a search warrant for evidence for any sexually transmitted disease where a defendant is accused or charged with a specified sex offense. <a href="https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB229&amp;search_keywords=HIV">https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB229&amp;search_keywords=HIV</a>	<b>WATCH</b>	<i>In APPR committee. Held under submission. 05-23-25</i>
<b>AB 257</b> (Flora)	Specialty Care Network Telehealth and Other Virtual Services	This bill would require the California Health and Human Services Agency, in collaboration with HCAI and DHCS to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of quality providers, defined to include, among others, rural health clinics and community health centers. <a href="https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB257">https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB257</a>	<b>SUPPORT</b>	<i>In APPR committee. Held under submission. 05-23-25</i>
<b>AB 260</b> (Aguiar-Curry)	Sexual and Reproductive Health Care	This bill would state the intent of the Legislature to enact legislation to ensure that patients can continue to access care, including abortion, gender-affirming care, and other sexual and reproductive health care in California, and to allow patients to access care through asynchronous modes. <a href="https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB260&amp;search_keywords=HIV">https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB260&amp;search_keywords=HIV</a>	<b>SUPPORT</b>	<i>In Senate. Read first time. To Com on RLS. For assignment. 05-20-25</i>

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
<b>AB 281</b> (Gallagher)	Comprehensive Sexual Health Education and Human Immunodeficiency Virus Prevention Education	This bill would amend Section 51938 of the Education Code to enhance parental rights and transparency in comprehensive sexual health and HIV prevention education. Key changes include allowing parents or guardians to inspect and copy educational materials, providing details on outside consultants or guest speakers, and clarifying notification and opt-out processes. <a href="https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB281&amp;search_keywords=HIV">https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB281&amp;search_keywords=HIV</a>	<b>WATCH</b>	<i>In Com. on ED. Read second time. Ordered to third reading. 04-21-25</i>
<b>AB 309</b> (Zbur)	Hypodermic needles and syringes	This bill would ensure that pharmacists maintain the discretion to furnish sterile syringes without a prescription and that adults may legally possess syringes solely for personal use, as part of the state's comprehensive strategy to prevent the spread of HIV and viral hepatitis. <a href="https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB309">https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB309</a>	<b>SUPPORT</b>	<i>In Senate. Read first time. To Com. on RLS. For assignment. 05-15-25</i>
<b>AB 396</b> (Tangipa)	Needle and syringe exchange services	This bill would require an entity that provides needle and syringe exchange services to ensure that each needle or syringe dispensed by the entity is appropriately discarded and destroyed. The bill would require those entities to ensure that each needle or syringe dispensed by the entity includes a unique serial number. <a href="https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB396">https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB396</a>	<b>OPPOSE</b>	Referred to Committee on Health. 02-18-25
<b>AB 403</b> (Carrillo)	Medi-Cal Community Health Worker Services	This bill requires Department of Health Care Services (DHCS) to report annually on several aspects of the Medi-Cal Community Health Worker (CHW) benefit, including assessing outreach and education efforts by managed care plans, CHW spending and utilization, referrals by provider type, and demographic disaggregation of CHWs and Medi-Cal members receiving CHW services. <a href="https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB403">https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB403</a>	<b>SUPPORT</b>	<i>In APPR. Committee: Held under submission. 05-23-25</i>
<b>AB 543</b> (Gonzalez and Elhawary)	Medi-Cal: Street Medicine	This bill would introduce and integrate street medicine into Medi-Cal for persons experiencing homelessness. This bill would allow unhoused Californians to automatically qualify for full-scope Medi-Cal benefits during the eligibility process. <a href="https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB543">https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB543</a>	<b>SUPPORT</b>	<i>In APPR committee: Read second time. Ordered to third reading. 05-27-25</i>
<b>AB 554</b> (Gonzalez)	Health Care coverage: antiretroviral drugs, drug devices, and drug products	This bill, the Protecting Rights, Expanding Prevention, and Advancing Reimbursement Equity Act of 2025, prevents health care plans and insurance companies from requiring prior authorization or step therapy for all antiretroviral drugs, including injectable medications, used for HIV/AIDS prevention. <a href="https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB554">https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB554</a>	<b>SUPPORT</b>	<i>In APPR committee. Read second time. Ordered to third reading. 05-27-25</i>



BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
<b>AB 590</b> (Lee)	Social Housing Bond	This bill would enact the Social Housing Bond Act to build publicly developed and owned, mixed-income housing for Californians and place a bond measure on the November 2026 ballot to provide \$950 million in funding dedicated to creating social housing in California. <a href="https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB590">https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB590</a>	<b>SUPPORT</b>	Referred to Com. on Housing and Community Development. 03-03-25
<b>AB 688</b> (Gonzalez)	Telehealth for all Act of 2025	This bill would enact the Telehealth for all Act of 2025 which requires DHCS to publish a report every 2 years, beginning in 2028, that analyzes how telehealth is being used in the Medi-Cal Program. The report will utilize Medi-Cal data to look at how telehealth is helping people get care, the quality of care, and the costs, while also disaggregating the data based on location, race, and social determinants of health categories to identify disparities in accessibility of telehealth services. <a href="https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB688">https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB688</a>	<b>SUPPORT</b>	<i>In APPR committee. Read second time. Ordered to third reading. 05-27-25</i>
<b>SB 41</b> (Wiener)	Pharmacy Benefit Manager (PBM) Regulation	This bill would require all PBMs be licensed and disclose basic information regarding their business practices to the licensing entity. This bill would also prohibit steering patients to affiliate pharmacies and instead allow patients to choose which in-network pharmacy best meets their needs; <a href="https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB41">https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB41</a>	<b>SUPPORT</b>	<i>In APPR committee. Read second time. Ordered to third reading. 05-23-25</i>
<b>SB 278</b> (Cabaldon)	Health data: HIV test results	This bill would allow the disclosure of the health records of people living with HIV/AIDS to the state's Medi-Cal program to improve the care they are receiving. It would also allow the disclosure of HIV test results for the purpose of administering quality improvement programs under Medi-Cal. <a href="https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB278">https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB278</a>	<b>SUPPORT</b>	<i>Ordered to special consent calendar. 05-27-25</i>
FEDERAL BILLS				
BILL	TITLE	DESCRIPTION/COMMENTS	POSITION	STATUS
TBD	Protecting Sensitive Locations Act	The Protecting Sensitive Locations Act would codify the longstanding guidance into law and ensure that future administrations would not be able to so easily dismiss the protections in place. The guidance on limiting enforcement in and near sensitive locations played a critical role in providing immigrant families with a sense of security in places they accessed every day to thrive and contribute to their communities. It is imperative that Congress codify this policy into law so future administrations cannot disregard those protections that provide immigrant families safety. <a href="#">Endorse the Protecting Sensitive Locations Act</a>	<b>SUPPORT</b>	

#### Endnotes

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



# LOS ANGELES COUNTY

## 2025 COUNTY-SPONSORED BILLS

**AB 287 (Lackey) – Ensuring Accessibility of Vote Centers:** Clarifies accessibility requirements for public buildings serving as vote centers, including parking, curbside voting, and secure election material storage to improve equitable voting for individuals with disabilities.

**AB 351 (McKinnor) – Updating the Levine Act:** Increases the triggering contribution threshold for the Levine Act to \$1,500, with annual adjustments based on the Consumer Price Index. This update addresses compliance challenges for local agencies and reduces administrative burdens.

**AB 970 (McKinnor) – Child Abuse and Neglect Mandated Reporting Pilot Program:** Authorizes Los Angeles County to pilot a model related to mandatory reporting of suspected child abuse and neglect. The model would include: 1) enhanced training; 2) web-based decision tree support; and 3) a mechanism for Mandated Reporters to identify supportive services for families in need. This proposal would help advance statewide efforts to improve mandatory reporting of suspected child abuse and neglect.

**AB 1037 (Elhawary) – Substance Use Disorder (SUD) Care Modernization:** Updates outdated State laws to align with modern evidence-based SUD treatment practices. Key changes include allowing harm reduction language, updating residential facility classifications, improving admission criteria, extending syringe services programs, and expanding access to opioid overdose treatments.

**AB 1129 (Rodriguez, C.) – Birth Anomalies Surveillance:** Grants Local Health Officers the authority to make birth anomaly (also referred to as birth defect) data reportable within their jurisdiction, supporting improved public health monitoring.

**SB 303 (Smallwood-Cuevas) – Workplace Bias & Anti-Discrimination Protections:** Ensures government employers' bias mitigation and discrimination prevention training cannot be used as evidence of discrimination in lawsuits, aligning with federal protections and controlling liability risks for public agencies.

**SB 409 (Archuleta) – Increasing the Force Account Limit:** Allows counties with populations of 2 million or more to complete construction projects under \$175,000 using their internal labor force. The proposed threshold accounts for inflation adjustments based on the California Consumer Price Index (CPI) since 1982, with provisions for annual increases tied to the CPI.

**SB 413 (Allen) – Defining Entitled Parties in Juvenile Justice Cases:** Clarifies access to juvenile case files for child welfare and probation attorneys, as well as legal counsel involved in government claims and civil litigation, with appropriate safeguards.



**MISSION DRIVEN. PATIENT FOCUSED.**

May 22, 2025

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

The Honorable Scott Wiener  
Chair, Senate Budget Committee  
1020 N. Street, Room 502  
Sacramento, CA 95814

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

The Honorable Dawn Addis  
Chair, Assembly Budget Subcommittee 1  
1021 O Street, Suite 4120  
Sacramento, CA 95814

The Honorable Jesse Gabriel  
Chair, Assembly Budget Committee  
1021 O Street, Suite 8620  
Sacramento, CA 95814

The Honorable Dr. Akilah Weber Pierson  
Chair, Senate Budget Subcommittee 3  
1021 O Street, Room 7310  
Sacramento, CA 95814

**RE: Reject May Revision Medi-Cal Cuts, Protect Coverage Gains and Preserve the SafetyNet**

Dear Senators McGuire, Weiner and Weber, and Assemblymembers Rivas, Gabriel and Addis:

On behalf of the Community Clinic Association of Los Angeles County (CCALAC) and our 66 nonprofit community health center member organizations, I am writing to express our opposition to certain proposals in the May Revision budget proposal and urge consideration of additional funding priorities. Health centers in Los Angeles County operate more than 450 sites, providing comprehensive health care services to over 2 million patients, 74 percent of whom have low incomes and more than 84,000 are experiencing homelessness. CCALAC supports our members in their mission to provide affordable, accessible, high-quality health care services to all members of their community, regardless of their circumstances or ability to pay.

While health centers recognize the state's fiscal landscape is challenging, proposals in the May Revision would jeopardize access to care and services for Californians, including the 1 in 3 Medi-Cal members who depend on health centers for care. This letter outlines health centers' concerns with several May Revision proposals and suggests additional funding priorities that will support and promote the health of our communities.

**CCALAC respectfully urges the legislature to REJECT the following May Revision proposals:**

**I. Elimination of PPS Rates to FQHCs for Medi-Cal Expansion Population with UIS**

The May Revision proposes to eliminate Medi-Cal Prospective Payment System (PPS) rates to clinics for services to individuals with unsatisfactory immigration status (UIS) enrolled in the Medi-Cal full-scope expansion. This proposal is estimated to save \$452 million in 2025-26 and more than \$1 billion annually ongoing to the state's general fund.

Eliminating adequate reimbursement for certain populations is the antithesis of health equity. This proposal would unjustly penalize providers who serve certain populations and communities, further deepening inequity in Medi-Cal, access to care, and California's safety net delivery system. When 80-90 percent of your patients are covered by Medi-Cal – as they are at most health centers in Los Angeles County – there are few places to look to

compensate for the loss of these resources. The combination of this proposal, rising workforce costs and unstable federal funding, threaten to upend the financial viability of health centers and will force them to make hard choices about how to remain sustainable, including reducing hours, services, staffing and programs.

## **II. MCO Tax Spending Proposals Inconsistent with Voter-Approved Prop 35 Spending Plan**

While some original Prop 35 commitments are preserved annually in 2025 and 2026—including \$50 million in 2025 and 2026 for community clinic services and supports—the May Revision proposes significant shifts in funding allocations for primary and specialty care that are inconsistent with the initiative statute.

Rather than abiding by the intent of Prop 35 and voters – to increase access to care for Medi-Cal patients through a protected funding stream – the May Revision proposes to redirect MCO Tax dollars to help offset the state's general fund spending. In alignment with California's goals of promoting access to care and health equity, improving patient outcomes and experience, reducing delays in care and healthcare spending, Prop 35 investments are fundamental to strengthening Medi-Cal and enhancing meaningful access to care.

## **III. Enrollment Freeze & Premiums for Full-Scope Medi-Cal Expansion Adults Aged 19+ with UIS**

The May Revision proposes to freeze new enrollment to full-scope state-only coverage for otherwise eligible individuals, aged 19 and older, who do not have satisfactory immigration status (SIS), effective no sooner than January 1, 2026. The proposal is estimated to reduce general fund spending by \$86.5 million in 2025-26, growing to \$3.3 billion in 2028-29 – largely attributed to reduced enrollment. This proposal would prevent new Medi-Cal applicants with UIS from accessing Medi-Cal services beyond emergency and pregnancy care and – according to DHCS - prevent current enrollees from re-enrolling in full-scope coverage should they lose coverage during their renewal period. Many people lose coverage during the renewal process due to the complexity of systems and administrative errors – this would prevent individuals in these circumstances from reinstating their coverage.

The May Revision proposes to implement \$100 monthly premiums for individuals with UIS aged 19 and older, effective January 1, 2027. This proposal is estimated to reduce general fund spending by \$1.1 billion in 2026-27, and \$2.1 billion in 2028-29. Imposing premiums would add a new bureaucratic hurdle for people to navigate just to retain their health care coverage. This will result in more lost coverage, likely leaving only the sickest individuals enrolled in Medi-Cal. The cost of premiums will also deter continued enrollment – 74 percent of health center patients in LA have incomes under 200 percent of the federal poverty level (FPL), 58 percent have incomes under 100 percent FPL.

These proposals walk back promises California made and are inconsistent with our values and years of collective efforts to expand coverage and access for all Californians. They would cause hundreds of thousands of working-class Californians to lose access to primary care, mental health services, dental treatment, and life-saving medications. The former indigent care program in LA County, My Health LA, which once enrolled nearly 150,000 people, is gone, along with the infrastructure and resources that supported it. Health centers in LA celebrated January 1, 2024, when everyone enrolled in the MHLA program became eligible for full scope Medi-Cal. These May Revision proposals take California backward.

## **IV. Elimination of Medi-Cal Acupuncture Benefit**

This is the second consecutive year that acupuncture is targeted in the May Revision for elimination as a Medi-Cal covered benefit. Due to broad support from the legislature and community and health care advocates, acupuncture was preserved in last year's final budget. The proposal is estimated to provide \$5.4 million in 2025-26 and \$13.1 million annually thereafter, in savings to the state's general fund, effective January 1, 2026. Health centers continue to expand acupuncture services in response to the needs of their patients and communities.



Reducing access to this service would be detrimental to the patients who depend on it, often as a non-opioid alternative for pain management.

**CCALAC urges the legislature to PRIORITIZE the following funding priorities:**

**I. Maintain Medi-Cal Health Enrollment Navigator Projects (\$27M)**

CCALAC, CPCA Advocates, and Maternal & Child Health Access are sponsoring a budget request to continue critical health navigation services in California. Both the January and May Revision budget proposals excluded funding for DHCS' Health Enrollment Navigator Projects. State funding for the clinic program expires on June 30, 2025, and funding for the Comprehensive Community Health Outreach Initiative (CHOI) navigator project in Los Angeles County ended on June 30, 2024. The statewide clinic program supports 24 CCALAC member health centers and the CHOI program supports 18 community-based organizations, including 7 health centers in LA County.

With Congress debating Medicaid work requirements and more frequent eligibility verifications, and the May Revision proposing to freeze enrollment and impose premiums for specific populations, the role of navigators is even more crucial than ever. It is Navigators who will support patients and community members with new work requirements, completing more frequent eligibility redeterminations, and understanding changes to eligibility rules and requirements. **We urge the legislature to support a \$27 million investment to be spent over FY2025-26 and FY2026-27 to fund the existing statewide clinic program and restore the LA County CHOI program.**

**II. Emergency Funding for HIV Prevention Services (\$65M)**

Los Angeles County terminated funding for all HIV and STD prevention contracts after May 31 due to uncertainty around continued federal funding. This decision affects 39 organizations, including 16 community health centers, and will severely limit access to HIV/STI testing, PrEP/PEP navigation, and harm reduction services. Without immediate resources, these services cannot continue—staff will be laid off, patients will lose access to care, and HIV transmission rates will rise. Unless Congress acts to restore funding, providers and patients urgently need the state legislature to step in with emergency funding and a longer-term investment to prevent the collapse of California's HIV prevention infrastructure—before lives are lost and decades of progress are reversed. **We urge the legislature to support a \$5 million investment in emergency funding to maintain HIV prevention services through June 30, 2025, and a \$60 million investment for 2025-26 to sustain critical HIV prevention infrastructure across Los Angeles County and California.**

**III. Backfill of Federal Title X Planning Funds (\$15M)**

Title X, a federal program established in 1972, supports nearly 4,000 clinics and served 2.8 million patients in 2023 by funding a wide range of reproductive health services, including contraception, STI testing, cancer screenings, and wellness exams. The federal government froze federal funding to Title X grant recipients, including Essential Access Health, California's Title X grantee. This loss of funding impacts 18 subgrantee health centers in LA County—reducing access to essential services and starving providers of resources to support staffing and programs. Failure to maintain this infrastructure would devastate California's family planning safety net. **We urge the legislature to support a \$15 million investment for 2025-26 to backfill the loss of Title X federal family planning funds.**

While we are cognizant that difficult decisions must be made as budget negotiations progress, proposals in the May Revision fail to recognize the precarious environment the safety net health care sector is in as Congress considers sweeping cuts and changes to Medicaid. Balancing the state budget at the expense of Medi-Cal, health centers, and patients is not the answer. Under the May Revision, health centers will be stripped of core funding that keeps them operating and Californians will be stripped of coverage that keeps them healthy. Health centers

are committed to working with the legislature and administration to identify alternative solutions to secure a balanced budget that upholds California's progress and values. **CCALAC urges the legislature to reject the harmful proposals in the May Revision and prioritize funding for Medi-Cal and crucial programs that support the stability of the safety net and the health of our communities.**

We appreciate your thoughtful consideration. Please contact Lily Dorn at [ldorn@ccalac.org](mailto:ldorn@ccalac.org) with questions pertaining to the items outlined in this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Joanne Preece".

Joanne Preece, MPH  
Director of Government & External Affairs



The May Revision steps back from California's commitments to a robust Medi-Cal program and proposes changes that will weaken the safety net and reduce access to care. Health centers recognize that the state faces significant budgetary challenges, but the solutions proposed place an unfair burden on the state's lowest-income and most under-resourced communities and populations. With current federal threats to Medicaid and California's values, the budget should support, not cut, the safety net and community health centers.

**CCALAC urges the legislature to REJECT the following harmful cuts proposed in the Governor's May Revision:**

- **Elimination of PPS Rates to FQHCs for Medi-Cal services to individuals with Unsatisfactory Immigration Status:** Elimination of Prospective Payment System rates to clinics for services to individuals enrolled in the Medi-Cal full-scope expansion (those with unsatisfactory immigration status). Estimated GF savings of \$452M in 2025-26 and more than \$1B ongoing. Eliminating adequate reimbursement for certain populations is the antithesis of health equity. This proposal would unfairly punish providers who serve certain populations and communities, creating further inequity in Medi-Cal and the safety net delivery system.
- **MCO Tax Spending Proposals Inconsistent with Voter-Approved Prop 35 Spending Plan:** While some original Prop 35 commitments are preserved annually in 2025 and 2026—including \$50 million in 2025 and 2026 for community clinic services and supports—there are significant shifts in funding allocations for primary and specialty care that appear inconsistent with the initiative statute.
- **Enrollment Freeze for Full-Scope Medi-Cal Expansion for Adults Aged 19+ with UIS:** Freeze new enrollment to full-scope state-only coverage for otherwise eligible undocumented individuals, aged 19 and older, who do not have satisfactory immigration status (SIS) or are unable to establish SIS (with some exclusions), effective no sooner than January 1, 2026. This will reduce access to care, harm community health, and cause people to delay care, then rely on more expensive forms of care down the road. This takes California backwards.
- **Medi-Cal Premiums for Adults Aged 19+ with UIS:** Implement state-only \$100 monthly premiums for individuals with unsatisfactory immigration status aged 19 and older, effective January 1, 2027. This will reduce access to care.
- **Elimination of Medi-Cal Adult Acupuncture:** Eliminate acupuncture for adults as an optional Medi-Cal benefit. Health center patients depend on this service, often as a non-opioid alternative for pain management.

**CCALAC urges the legislature to FUND the following programs that were excluded from the May Revision:**

- **Medi-Cal Health Enrollment Navigators:** Funding for DHCS' clinic health enrollment navigator program ends June 30, 2025. With Congress debating changes to Medicaid, including more frequent eligibility verifications and work requirements, and the Governor proposing enrollment freezes and premiums for specific populations, the role of navigators becomes even more crucial. **ASK: Support \$27M for FY 2025-26 for the DHCS Medi-Cal Health Navigator Projects in Los Angeles County and California.**
- **Emergency HIV Prevention:** Los Angeles County terminated all HIV and STD prevention contracts effective May 31 due to federal funding uncertainties. This impacts 39 entities overall, including 16 health centers, and will reduce access to HIV and STI screening, PrEP/Pep navigation, and harm reduction services. **ASK: Support \$5M in emergency funding to maintain HIV prevention services through June 30, 2025, and \$60M for FY 2025-26 to sustain California's HIV prevention infrastructure.**
- **Title X:** The federal government froze federal funding to Title X grant recipients, including Essential Access Health, California's Title X grantee. This impacts 18 subgrantee health centers in LA County and will reduce access to essential services such as birth control, STI prevention services, and cancer screenings. **ASK: Support \$15M for FY 2025-26 to backfill the loss of Title X federal family planning funds.**

CCALAC and health centers are committed to working with the legislature to identify solutions to preserve California's coverage gains, protect access to care, and strengthen the safety net.

Please email Lily Dorn at [ldorn@ccalac.org](mailto:ldorn@ccalac.org) with questions.

## **In first 100 days, Trump-Vance Administration dismantles critical policies promoting LGBTQI+ health equity, racial and ethnic health equity, and HIV/STI prevention and care**

**By Sean Cahill**

In its first 100 days in power, the Trump-Vance Administration has effected a radical restructuring of the nation's public health, research, and foreign policy infrastructure. In the process it has dismantled policies developed over the past several decades that advanced equality and health equity for LGBTQI+ people and other populations, and that advanced effective, science-based HIV and STI prevention and care. This brief examines the potential impact of anti-transgender executive orders on health and well-being and the ability of transgender and gender diverse (TGD) people to access gender affirming care (GAC), of the rescinding of federal sexual orientation and gender identity (SOGI) nondiscrimination regulations, of the suppression of information about LGBTQI+, racial and ethnic, and other health disparities, of the sudden ending of HIV and LGBTQI+ health research, and of the defunding of HIV prevention and care programs here in the U.S. and with LGBTQI+ communities in Africa and elsewhere around the world. This analysis does not necessarily address every regressive policy development of the past 100 days, but attempts to explain some of the most important and impactful.

### **Restricting rights and health care access for transgender and gender diverse people and LGBTQI+ people**

#### *The “gender ideology extremism” executive order*

Since January 20, 2025 the new United States administration has taken dramatic and unprecedented actions, many of them of questionable legality and constitutionality, to repeal policies that promote equality for LGBTQI+ people and support their ability to access culturally responsive and clinically competent health care. President Trump has issued several executive orders targeting TGD people and their ability to access GAC. One executive order opposing “gender ideology extremism” calls on federal agencies to “take all necessary steps, as permitted

by law, to end the Federal funding of gender ideology.”<sup>1</sup> The order also defines sex as “exclusively male and female.”

The “gender ideology extremism executive order calls on federal agencies to prohibit “gender identity-based access to single-sex spaces” which it argues is harmful to [cisgender] women and violates the law: “Agencies shall effectuate this policy by taking appropriate action to ensure that intimate spaces designated for women, girls, or females (or for men, boys, or males) are designated by sex and not identity.” This could mean a ban on gender neutral bathrooms in federal facilities. It is unclear if the federal government plans to impose this practice on federal grantees.

The executive order also states that “The Attorney General shall issue guidance to ensure the freedom to express the binary nature of sex and the right to single-sex spaces in workplaces and federally funded entities covered by the Civil Rights Act of 1964.” Federal agencies can only use the term “sex” and not “gender,” and cannot ask questions about gender or gender identity: “Agency forms that require an individual’s sex shall list male or female, and shall not request gender identity.” When implemented this could mean an end to the collection of gender identity data in public health surveillance, such as HIV and STI surveillance.

This executive order might eventually restrict health care entities’ ability to provide GAC to TGD patients. It certainly creates uncertainty about whether federally qualified health centers (FQHCs) and other entities receiving federal funding may be forced to stop providing care and services to transgender people and programming about transgender health issues. This executive order’s narrow interpretation of sex discrimination runs contrary to existing law as contained in federal regulations and at least 20 years of jurisprudence interpreting federal sex discrimination laws to prohibit some forms of anti-transgender discrimination.<sup>2</sup>

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<sup>1</sup> White House. Executive order on defending women from gender ideology extremism and restoring biological truth to the federal government. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal-government/>

<sup>2</sup> Rachel Eric Johnson, “Because of Sex[ual Orientation and Gender Identity]: The Necessity of the Equality Act in the Wake of *Bostock v. Clayton County*,” 47 *BYU L. Rev.* 685 (2022). Available at: <https://digitalcommons.law.byu.edu/lawreview/vol47/iss2/10>

## *Rescinding federal SOGI nondiscrimination protections*

The “gender ideology extremism” executive order and a second executive order<sup>3</sup> rescinded an executive order issued by President Joe Biden in 2021 that prohibited discrimination by the federal government on the basis of sexual orientation and gender identity (SOGI).<sup>4</sup> Apparently the Trump-Vance Administration has also moved to reverse the SOGI nondiscrimination regulation implementing Section 1557 of the Affordable Care Act,<sup>5</sup> finalized by the Biden-Harris Administration in 2024.<sup>6</sup> It is expected that this may happen faster than the three and a half years that it took the Trump Pence Administration to reverse the Obama-Biden Section 1557 rule, but it will still take some time and there should be an extensive public comment period.

The removal of the federal prohibition on SOGI nondiscrimination in health care would make it harder for LGBTQI+ people to access health care. Anti-LGBTQI+ discrimination remains widespread in the United States. Thirty-six percent of LGBTQI+ Americans experienced discrimination in 2024, according to a national survey by NORC and the Center for American Progress.<sup>7</sup> Experiencing discrimination in health care causes LGBTQI+ people to delay or avoid medical care.<sup>8</sup> Anti-LGBTQI+ discrimination negatively affects the health and well-being of LGBTQI+ people.<sup>9</sup> It also correlates with disparities in risk factors. For example, a study of

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<sup>3</sup> White House. Initial rescissions of harmful executive orders and actions. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/initial-rescissions-of-harmful-executive-orders-and-actions/>

<sup>4</sup> White House. Executive Order 13988 of January 20, 2021 (Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation). <https://www.federalregister.gov/documents/2021/01/25/2021-01761/preventing-and-combating-discrimination-on-the-basis-of-gender-identity-or-sexual-orientation>

<sup>5</sup> Kalish L, “The Trump Administration Is Quietly Trying To Gut Important ACA Protections For Trans Americans,” *HuffPost*, March 26, 2025. [https://www.huffpost.com/entry/the-trump-administration-is-quietly-trying-to-gut-important-aca-protections-for-trans-americans\\_n\\_67e43cb3e4b03867f07e1381?origin=top-ad-recirc](https://www.huffpost.com/entry/the-trump-administration-is-quietly-trying-to-gut-important-aca-protections-for-trans-americans_n_67e43cb3e4b03867f07e1381?origin=top-ad-recirc)

<sup>6</sup> U.S. Department of Health and Human Services. “Section 1557 of the Patient Protection and Affordable Care Act.” <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html> Accessed October 12, 2024.

<sup>7</sup> Smith C, Norris H. *The LGBTQI+ Community Reported High Rates of Discrimination in 2024*. Washington, DC: Center for American Progress. March 12, 2025. <https://www.americanprogress.org/article/the-lgbtqi-community-reported-high-rates-of-discrimination-in-2024/>

<sup>8</sup> Medina C, Mahowald L. *Discrimination and barriers to well-being: The state of the LGBTQI+ community in 2022*. Center for American Progress, Washington, DC. 2023. <https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/>

<sup>9</sup> Gruberg S, Mahowald L, Halpin J. *The state of the LGBTQ community in 2020. A national public opinion study*. Washington, DC: Center for American Progress, 2020, October 6. Available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>

LGBT veterans found that those who experienced discrimination in health care reported higher rates of tobacco use and lower rates of disclosure of their LGBT identity to health care providers.<sup>10</sup>

*An executive order banning GAC for youth 18 and under*

An executive order issued on January 28, 2025 prohibits GAC for individuals under age 19.<sup>11</sup> The order, titled “Protecting Children from Chemical and Surgical Mutilation,” orders that “institutions receiving Federal research or education grants end” GAC for youth age 18 and under. It calls for the Centers for Medicare and Medicaid Services to issue conditions of participation or conditions of coverage to restrict access to Medicare and Medicaid for entities providing GAC to youth up to 18. It also calls for “clinical-abuse or inappropriate-use assessments relevant to State Medicaid programs.” The executive order also calls for “quality, safety, oversight memoranda,” apparently using safety concerns to proscribe GAC for youth, and warns that the Department of Justice will enforce a federal law prohibiting female genital mutilation of someone under 18.<sup>12</sup>

As the Fenway Institute reported in a brief published in May 2024, in general GAC for minors does not involve surgery, and in the few instances that it does this involves top surgery, not genital surgery.<sup>13</sup> But this executive order also portrays puberty blockers as “chemical genital mutilation” and hints at persecuting their prescription as such. The executive order calls on Congress to create “legislation to enact a private right of action for children and parents of children” against “medical professionals” providing GAC for youth “which should include a lengthy statute of limitations.” It also calls for targeting “so-called sanctuary states” by applying

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<sup>10</sup> Ruben MA, Livingston NA, Berke DS, Matza AR, Shipherd JC. Lesbian, Gay, Bisexual, and Transgender Veterans' Experiences of Discrimination in Health Care and Their Relation to Health Outcomes: A Pilot Study Examining the Moderating Role of Provider Communication. *Health Equity*. 2019 Sep 26;3(1):480-488. doi: 10.1089/heq.2019.0069. PMID: 31559377; PMCID: PMC6761590.

<sup>11</sup> White House. Protecting children from chemical and surgical mutilation. January 28, 2025 <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>

<sup>12</sup> [18 U.S.C. § 116 - U.S. Code Title 18. Crimes and Criminal Procedure § 116 | FindLaw](#)

<sup>13</sup> Freitag T, *Gender-affirming care for adolescents: Understanding the fundamental components and scientific support for lifesaving gender affirmation*. Boston: The Fenway Institute, 2024. <https://fenwayhealth.org/policy-briefs/gender-affirming-care-for-adolescents-understanding-the-fundamental-components-and-scientific-support-for-lifesaving-gender-affirmation/>



the “Parental Kidnaping (sic) Prevention Act.” The executive order calls for the U.S. Department of Health and Human Services (HHS) to propose and then promote alternative best practices for caring for youth “who assert gender dysphoria, rapid-onset gender dysphoria, or other identity-based confusion.” A report that is expected to promote conversion therapy for youth with gender dysphoria was expected from HHS at the end of April 2025, when this report went to press.

The Trump-Vance Administration has also issued executive orders restricting the rights of TGD people to access education, participate in athletics, and serve in the military.<sup>14</sup> Most of the things these executive orders call for can’t go into effect immediately but will require departmental guidance and rulemaking that will take months if not years. There are also a myriad of challenges to these executive orders, and a number of temporary restraining orders limiting their impact. For example, executive orders blocking federal funding for GAC and banning transgender people from military service have been blocked by court rulings.<sup>15</sup>

Another executive order issued on Inauguration Day, 2025 called for an end to Diversity, Equity and Inclusion (DEI) initiatives by federal agencies and contractors.<sup>16</sup> Subsequently other executive orders and actions sought to restrict DEI in educational institutions and other entities.<sup>17,18,19</sup> DEI initiatives aim at increasing gender and racial and ethnic diversity at all levels of a workplace. Such initiatives, which are supported by a majority of American workers, aim to increase the hiring and promotion of women and underrepresented racial and ethnic minority groups, particularly in sectors where they are underrepresented and have experienced

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<sup>14</sup> Kalish L, “The Trump Administration Is Quietly Trying To Gut Important ACA Protections For Trans Americans,” *HuffPost*, March 26, 2025. [https://www.huffpost.com/entry/the-trump-administration-is-quietly-trying-to-gut-important-aca-protections-for-trans-americans\\_n\\_67e43cb3e4b03867f07e1381?origin=top-ad-recirc](https://www.huffpost.com/entry/the-trump-administration-is-quietly-trying-to-gut-important-aca-protections-for-trans-americans_n_67e43cb3e4b03867f07e1381?origin=top-ad-recirc)

<sup>15</sup> Smith-Schoenwalder C. “These Are the Lawsuits Against Trump’s Executive Orders.” *U.S. News and World Report*. April 25, 2025. [https://www.usnews.com/news/national-news/articles/how-many-of-trumps-executive-orders-are-being-challenged#google\\_vignette](https://www.usnews.com/news/national-news/articles/how-many-of-trumps-executive-orders-are-being-challenged#google_vignette)

<sup>16</sup> White House. Ending radical and wasteful government DEI programs and preferencing. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/>

<sup>17</sup> Stone M, Lieberman M. “‘Illegal’ DEI: See Which States Are Telling Trump Their Schools Don’t Use It.” *Education Week*. April 10, 2025, updated April 25, 2025. <https://www.edweek.org/policy-politics/see-which-states-are-telling-trump-their-schools-dont-use-illegal-dei/2025/04>

<sup>18</sup> Nadworny E. “Trump signs executive actions on education, including efforts to rein in DEI.” *Morning Edition*. April 24, 2025. <https://www.npr.org/2025/04/23/nx-s1-5374365/trump-signs-education-executive-actions>

<sup>19</sup> Debin Collinsworth AE, Roberts RE. “The Trump Administration’s Diversity, Equity, and Inclusion (DEI) Executive Orders: A Brief Primer.” *National Law Journal*. April 4, 2025. [https://natlawreview.com/article/trump-administrations-diversity-equity-and-inclusion-dei-executive-orders-brief#google\\_vignette](https://natlawreview.com/article/trump-administrations-diversity-equity-and-inclusion-dei-executive-orders-brief#google_vignette)



discrimination.<sup>20</sup> Striking income and wealth disparities continue to exist in the U.S. along lines of race and ethnicity,<sup>21,22,23</sup> and women earn less than men. Women are more supportive of DEI initiatives than men. Overwhelming majorities of Black, Latino and Asian American workers support DEI initiatives in the workplace. Majorities of each age cohort support DEI. Strong majorities of the general population support DEI policies and say that DEI trainings are helpful to them.<sup>24</sup>

### *Other administration actions*

In addition to these executive orders, the administration has taken steps to remove GAC from coverage as an Essential Health Benefit (EHB) under the Affordable Care Act.<sup>25</sup> Allowing the Affordable Care Act (ACA) Health Care Marketplace Plans to remove gender affirming care from essential health benefits (EHB) threatens to exacerbate health disparities and anti-transgender discrimination in health care, preventing individuals' right to access medically necessary health care. The proposed rule calls gender affirming care "coverage for sex-trait modification," although it does not define this term. Starting in plan year 2026, the proposed rule would prohibit insurance plans from covering gender affirming care as Essential Health Benefits, which would not only erode access to medical care for many Americans, but would also undermine significant progress made at the state and federal levels to advance health equity and reduce health disparities in this country.

The Affordable Care Act requires insurance plans to cover Essential Health Benefits that are "equal to the scope of benefits provided under a typical employer plan." Because only a

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<sup>20</sup> Pew Research Center, *Diversity, Equity and Inclusion in the Workplace*. May 17, 2023.

<https://www.pewresearch.org/social-trends/2023/05/17/diversity-equity-and-inclusion-in-the-workplace/>

<sup>21</sup> Kochhar R, Cilluffo A, "Key findings on the rise in income inequality within America's racial and ethnic groups," Pew Research Center, July 12, 2018. <https://www.pewresearch.org/short-reads/2018/07/12/key-findings-on-the-rise-in-income-inequality-within-americas-racial-and-ethnic-groups/>

<sup>22</sup> Boen C, Keister L, Aronson B. Beyond Net Worth: Racial Differences in Wealth Portfolios and Black-White Health Inequality across the Life Course. *J Health Soc Behav*. 2020 Jun;61(2):153-169.

<sup>23</sup> Hernandez Kent A, Ricketts LR, "The state of U.S. wealth inequality," Federal Reserve Bank of Saint Louis, May 3, 2024. <https://www.stlouisfed.org/institute-for-economic-equity/the-state-of-us-wealth-inequality#:~:text=Black%20families%20had%20about%20%24983%2C000,19%20cents%20for%20every%20%241.>

<sup>24</sup> Pew Research Center, May 17, 2023.

<sup>25</sup> Federal Register. *Department of Health and Human Services 45 CFR Parts 147, 155, and 156 [CMS-9884-P] RIN 0938-AV61*. March 19, 2025. <https://www.federalregister.gov/documents/2025/03/19/2025-04083/patient-protection-and-affordable-care-act-marketplace-integrity-and-affordability>

small percentage of the U.S. population is transgender, only a small percentage of Americans accessed gender affirming care through these plans in Plan Years 2022 and 2023 (0.11%), as CMS notes in its proposed rule. However, coverage of gender affirming care by insurance plans is widespread and typical. In fact, most large employers cover gender affirming care, according to the Human Rights Campaign: 72 percent of Fortune 500 companies, and 91% of companies participating in HRC's Corporate Equality Index, offer transgender-inclusive health insurance coverage.<sup>26</sup> Some 24 states and the District of Columbia prohibit transgender health care exclusions.<sup>27</sup>

Gender affirming care is medically necessary care. It can improve health outcomes for transgender patients experiencing gender dysphoria. According to the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders*, "gender dysphoria" is the diagnostic term for "clinically significant distress" experienced by some transgender people resulting from the incongruence between their gender identity and the sex assigned at birth. To be diagnosed with gender dysphoria, the incongruence between one's sex assigned at birth and one's gender identity must persist for at least six months and be accompanied by clinically significant distress or impairment in occupational, social, or other important areas of functioning.<sup>28</sup> The inability of people diagnosed with gender dysphoria to live consistent with their gender identity can significantly undermine their overall health and wellbeing. Delay or denial of medically necessary treatment for gender dysphoria is likely to create or exacerbate other medical issues, such as anxiety, depression, and suicidality. Transgender people who do not receive medically necessary gender affirming care face increased rates of victimization, substance abuse, depression, anxiety, and suicidality.<sup>29</sup> According to the American Medical Association, "[e]very major medical association in the United States recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender

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<sup>26</sup> Human Rights Campaign, *Healthcare Equality Index 2024*. <https://www.hrc.org/resources/healthcare-equality-index>

<sup>27</sup> Movement Advancement Project, "Healthcare Laws and Policies." <https://www.lgbtmap.org/equality-maps/healthcare-laws-and-policies>

<sup>28</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Washington, DC: APA, 5th edition, 2013, pp. 452-453.

<sup>29</sup> Restar AJ, Layland EK, Davis B, Thompson H, Streed C. The Public Health Crisis State of Transgender Health Care and Policy. *Am J Public Health*. 2024 Feb;114(2):161-163. doi: 10.2105/AJPH.2023.307523. PMID: 38335490; PMCID: PMC10862226.

people.”<sup>30</sup> A 2022 study found that transgender people who accessed hormone therapy in adolescence or adulthood had lower risk of past-year suicidal ideation when compared with those desiring but never accessing gender affirming hormones.<sup>31</sup> The earlier hormone therapy was started the greater the reduction in suicidal ideation.

A letter sent by CMS to state Medicaid Directors April 11, 2025 warned them about the coverage of “puberty blockers, cross-sex hormones, and surgery related to gender dysphoria” for minors.<sup>32</sup> According to Massachusetts Poverty Law Advocates:

While not directly forbidding Medicaid payments for gender-affirming care for minors, the letter lays the groundwork for future CMS action against states under current law... The [letter](#) from Deputy Administrator and Director Drew Snyder aims to undermine the validity of a broad array of gender affirming care interventions and then to use that position to cast doubt on the legality of Medicaid funds being used for such care... While the CMS letter does not threaten any imminent action, the implication is clear: CMS is laying the groundwork to prevent gender-affirming care for children from being covered by Medicaid. But [the harm to the LGBTQ+ community](#) from this letter is also instant. The letter provides cover to conservative states to immediately drop gender-affirming care for minors from their Medicaid coverage. In fact, seeing the writing on the wall, some providers in those states are already pulling services: [Planned Parenthood Arizona](#) paused all gender affirming care services in response to the CMS letter.<sup>33</sup>

### ***Dismantling LGBTQI+ health equity initiatives and defunding LGBTQI+ and HIV research***

In part in response to these anti-transgender and anti-DEI executive orders, researchers funded by the National Institutes of Health to conduct research on transgender health started receiving stop work orders in late January, 2025. At least two transgender health research

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<sup>30</sup> UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF INDIANA EVANSVILLE DIVISION AUTUMN CORDELLIONÉ, also known as JONATHAN RICHARDSON, Plaintiff, v. COMMISSIONER, INDIANA DEPARTMENT OF CORRECTION, in her official capacity. Defendant. Case No. 3:23-cv-135-RLY-CSW STATEMENT OF INTEREST OF THE UNITED STATES. <https://www.justice.gov/crt/media/1339316/dl>

<sup>31</sup> Turban JL, King D, Kobe J, Reisner SL, Keuroghlian AS. Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*. 2022 Jan 12;17(1):e0261039. doi: 10.1371/journal.pone.0261039. Erratum in: *PLoS One*. 2023 Jun 12;18(6):e0287283. doi: 10.1371/journal.pone.0287283. PMID: 35020719; PMCID: PMC8754307.

<sup>32</sup> Centers for Medicare and Medicaid Services. Letter to State Medicaid Directors RE: Puberty blockers, cross-sex hormones, and surgery related to gender dysphoria. April 11, 2025. <https://www.cms.gov/files/document/letter-stm.pdf>

<sup>33</sup> Massachusetts Poverty Law Advocates. Health Announce: Apr. 14, 2025. *MassLegalServices*. <https://www.masslegalservices.org/content/health-announce-apr-14-2025#:~:text=Last%20Friday%2C%20April%2011%2C%202025,affirming%20care%20for%20minors%2C%20the>

projects which were scheduled for consideration by an NIH review committee were pulled from consideration the day before the committee was to meet. A broader swath of hundreds of research projects focused on LGBTQI+ health, racial and ethnic health disparities, the impact of racism on health, and HIV prevention have been cancelled in the first 100 days of the new administration. According to NBC News:

The nation's LGBTQ research field is collapsing. In recent weeks, academics who focus on improving the health of lesbian, gay, bisexual, transgender and queer Americans have been subjected to waves of grant cancellations from the National Institutes of Health. More than [270 grants totaling at least \\$125 million](#) of unspent funds have been [eliminated](#), though the true sum is likely much greater, researchers told NBC News.<sup>34</sup>

Entire multidecade HIV research projects, such as the Adolescent Trials Network (ATN), were stopped in the middle of clinical trials. About one in five new HIV diagnoses in the U.S. (19%) occurs among adolescents and young adults, the focus populations of the ATN.<sup>35</sup>

According to Professor Lisa Hightow-Weidman, Co-Director of the ATN:

On Friday, March 21, 2025, the Adolescent Medicine Trials Network for HIV Interventions (ATN) was terminated. The entire research network...The ATN began in 2001 as the only adolescent-focused HIV network for youth ages 13-24 in the United States. Since 2001, the network has had more than 30,000 enrollments across over 150 studies. Our studies have led to the availability of new biomedical tools and treatment approaches, nationally implemented testing and prevention strategies, and foundational data that informs product licensing, clinical guidelines, public health practice, and federal programming. The ATN tackles difficult and pressing health challenges for youth, including the ongoing HIV epidemic, rising STI incidence, and soaring rates of mental health and substance use disorders...The ATN represents decades of sustained, collaborative infrastructure for research on adolescent health. Terminating this award dissolves a network that spans 24 years of scientific inquiry, 20 U.S. states and territories and hundreds of active collaborators, staff, youth, and community partners resulting in layoffs, stalled careers, and a reduced workforce in HIV research and clinical care. We want to make this very clear: US investments in ATN have led to life-saving treatments, prevention tools like PrEP, and cutting-edge digital health solutions. The ATN fulfills the highest goals of science by advancing knowledge, addressing real and urgent health needs, delivering value to taxpayers, and saving lives of American youth.

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<sup>34</sup> Ryan B, Bendix A. "Trump administration axes more than \$125M in LGBTQ health funding, upending research field. The administration's cancellation of hundreds of grants is dismantling the LGBTQ-focused research field, built out of nothing over a quarter-century." *NBC News*. April 3, 2025. <https://www.nbcnews.com/nbc-out/out-news/trump-administration-axes-125m-lgbtq-health-funding-upending-research-rcna199175>

<sup>35</sup> HIVinfo.NIH.gov. *HIV and adolescents and young adults*. Last updated April 15, 2025. <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-adolescents-and-young-adults#:~:text=In%20addition%2C%20adolescents%20and%20young,13%20and%2024%20years%20old>.

Please stand with us as we appeal this short-sighted and hopefully misdirected attack on our beloved network.<sup>36</sup>

Among the LGBTQI+ and HIV grants ended were:

- an intervention research study with older gay and bisexual men living with HIV aimed at reducing social isolation, loneliness and depression,
- a study of how to reduce medical mistrust among Black gay and bisexual men,
- an HIV prevention study with cisgender women,
- a smoking cessation intervention research study with TGD people, and
- a study of Alzheimer's disease among sexual and gender minority older adults.<sup>37</sup>

The administration has undertaken a broader assault on NIH, including attempting to cap indirect rates for grants at 15%, which will undermine the research infrastructure that enables health research. According to amfAR, this proposal would have a significant impact on scientific research in the U.S.:

Such a drastic reduction in overhead costs would stall innovation and drug discovery for various health conditions; disrupt local economies due to mass layoffs at universities, with knock-on effects on suppliers and retailers that depend on university business; close down university labs and research centers; and constrict the influx of a new generation of scientists by dismantling training opportunities such as student fellowships. Some universities and medical schools have already announced reductions in graduate level students as a result. To maintain the same levels of research and innovation, universities would be forced to seek alternative sources of revenue, most likely from increased tuition costs.<sup>38</sup>

According to the journal *Nature*, NIH has ended 800 research grants and clawed back \$2.3 billion in unspent or unallocated funds. The largest proportion of grants ended were HIV research grants, followed by transgender health research grants. *Nature* reported that

The cancellations of projects, despite scientists scoring them highly during review, “tears the long-standing fabric of the government’s contract to pursue medical research that seeks to better the healthspan and lifespan for all Americans”, says Francis Collins, a geneticist who led the NIH...for 12 years under three US presidents, including Trump.<sup>39</sup>

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<sup>36</sup> Hightow-Weidman L, Linked In post, March 2025, [https://www.linkedin.com/posts/lisa-hightow-weidman-42526099\\_on-friday-march-21-2025-the-adolescent-activity-7309689776029196288-9xc9/](https://www.linkedin.com/posts/lisa-hightow-weidman-42526099_on-friday-march-21-2025-the-adolescent-activity-7309689776029196288-9xc9/)

<sup>37</sup> U.S. Department of Health and Human Services (HHS). Excel spreadsheet of HHS grants terminated. [https://taggs.hhs.gov/Content/Data/HHS\\_Grants\\_Terminated.pdf](https://taggs.hhs.gov/Content/Data/HHS_Grants_Terminated.pdf)

<sup>38</sup> amfAR. *The Hidden Cost of Capping NIH Indirect Costs: How Students Pay the Price*. Washington, DC: amfAR. 2025. <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-Indirect-Costs-Infographic-1.pdf>

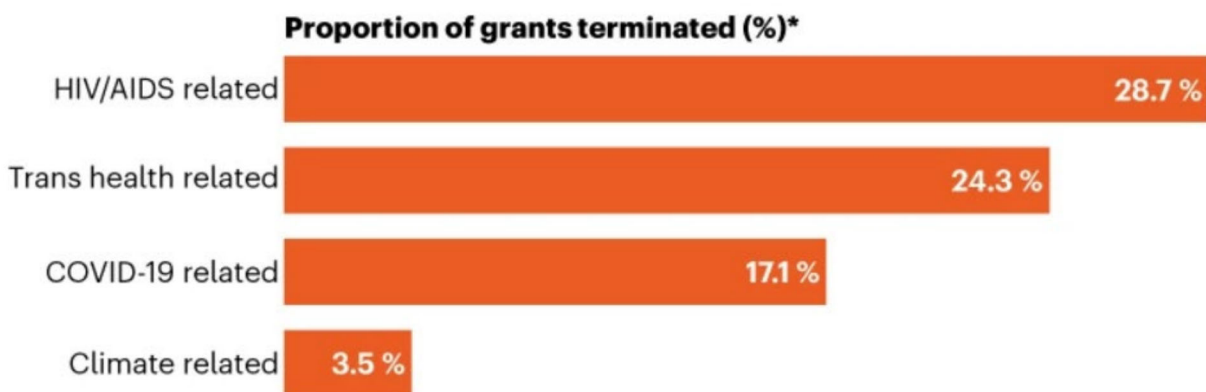
<sup>39</sup> Kozlov M, Ryan C. “How Trump 2.0 is slashing NIH-backed research — in charts.” *Nature*. April 10, 2025. <https://www.nature.com/articles/d41586-025-01099-8>



Also terminated were grants aimed at improving Black participation in clinical trials research, Alzheimer’s Disease Related Dementias among Black people, a study of historical trauma, racial discrimination, PTSD, and substance use among Black young adults, and a training grant to increase the number of Black women scientists, who are underrepresented in the field.<sup>40</sup>

## TERMINATED GRANT TALLY

Under President Donald Trump, the US National Institutes of Health has cancelled roughly 770 active research grants as of 7 April. Nearly 29% of the grants terminated were for research that mentioned HIV/AIDS, and about one-quarter of the grants terminated were related to the health of transgender people. Other topic areas that the Trump team has deemed no longer in the interests of the agency are COVID-19 and the effects of climate change on health.



\*Percentages are calculated by searching NIH grant titles and abstracts for key terms such as ‘transgender’, ‘gender diversity’, ‘climate’ and ‘SARS-CoV-2’. Percentages do not sum to 100% because these topic do not cover all grants cancelled and because there is some overlap between them.

©nature

Source: *Nature* analysis of [NIH Grant Terminations in 2025 database](#)

According to amfAR, “NIH-funded research contributed to the development of 354 of 356 drugs (99.4%) approved in the U.S. between 2010 and 2019.”<sup>41</sup> For every \$1 that NIH

<sup>40</sup> U.S. Department of Health and Human Services (HHS). Excel spreadsheet of HHS grants terminated.

[https://taggs.hhs.gov/Content/Data/HHS\\_Grants\\_Terminated.pdf](https://taggs.hhs.gov/Content/Data/HHS_Grants_Terminated.pdf)

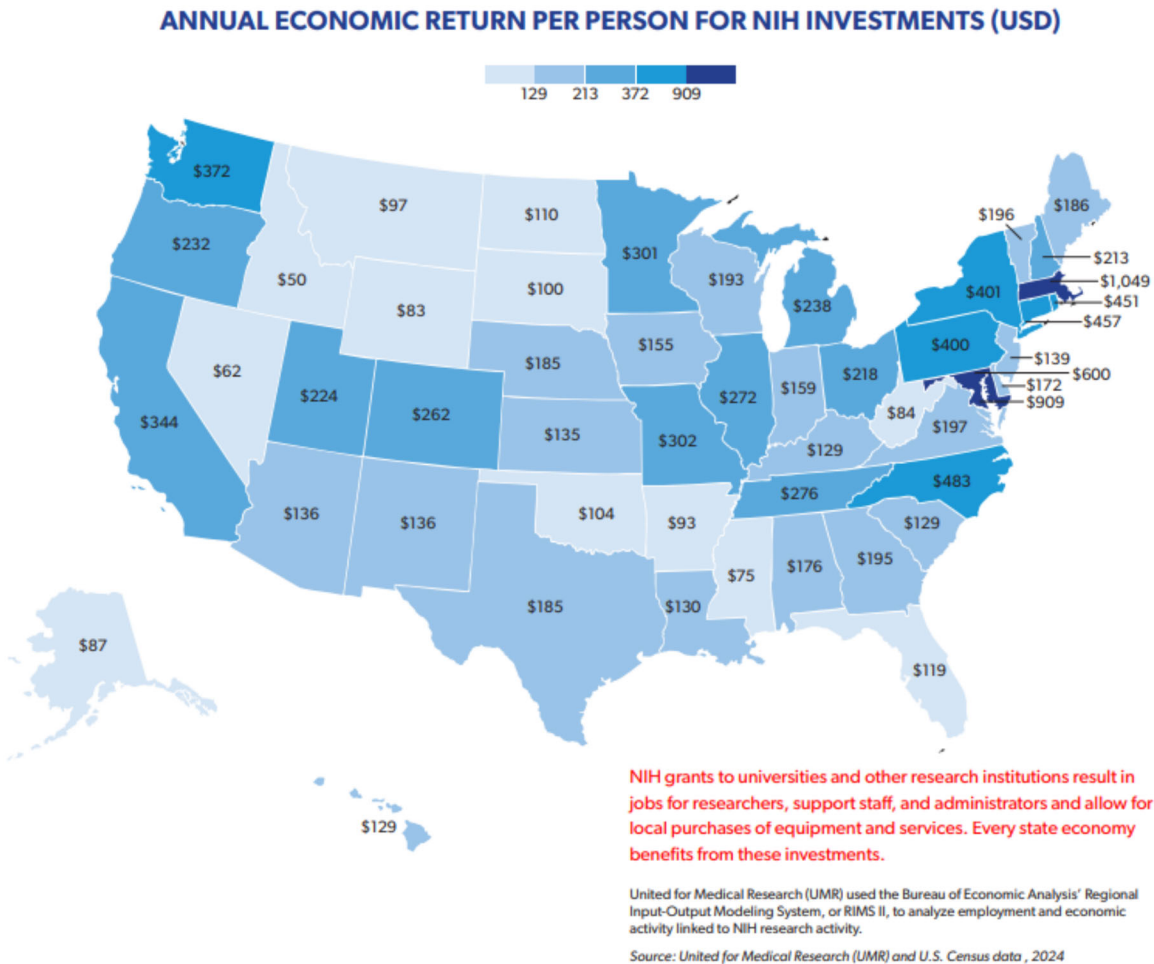
<sup>41</sup> Galkina Cleary E, Jackson MJ, Zhou EW, Ledley FD. “Comparison of Research Spending on New Drug Approvals by the National Institutes of Health vs the Pharmaceutical Industry, 2010- 2019.” *JAMA Health Forum*.

2023;4(4):e230511. doi:10.1001/jamahealthforum.2023.0511. Cited in amfAR, *The Best Investment You Didn’t Know You Made: How NIH Funding Fuels Innovation and Economic Growth*, Washington, DC: amfAR, 2025.

<https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-infographic-0325.pdf>



spends on research in a state, that state “generates \$2.46 on average in increased economic activity.”<sup>42</sup> Massachusetts has the highest per capita amount of economic return from NIH spending of any U.S. state.



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**amfAR**

HIV research in the U.S. has been incredibly productive. It is thanks to such research that we know how to prevent people from being infected—including with pre-exposure prophylaxis (PrEP), and that we have treatments that have saved millions of lives and transformed an HIV diagnosis from a death sentence to a chronic disease. The infrastructure created by HIV research

<sup>42</sup> amfAR, *The Best Investment You Didn't Know You Made: How NIH Funding Fuels Innovation and Economic Growth*, Washington, DC: amfAR, 2025. <https://www.amfar.org/wp-content/uploads/2025/03/amfAR-NIH-infographic-0325.pdf>

enabled researchers to quickly develop an Ebola vaccine to stop the spread of this disease in West Africa that killed more than 11,000 people a decade ago. It has enabled innovations in cancer and Hepatitis treatment.<sup>43</sup> It helped researchers quickly develop COVID-19 vaccines five years ago.<sup>44</sup>

### ***CDC removes LGBTQ+ and racial disparities content from its website***

In response to the aforementioned executive orders, several government agencies and private health care organizations have rolled back LGBTQI+ and racial equity health initiatives and access to care. For example, the U.S. Centers for Disease Control and Prevention (CDC) removed information related to racial and ethnic health disparities and LGBTQI+ health disparities from its website. This included the removal of academic journal articles about health disparities and the disproportionate burden of particular diseases on specific populations.<sup>45</sup> This action violates a number of federal laws, including the Paperwork Reduction Act, which requires federal agencies to “ensure that the public has timely and equitable access to the agency’s public information” (44 U.S.C. § 3506(d)(1)). Although the anti-transgender executive orders are being successfully challenged in the courts, and it will likely take years to put into place the regulations needed to enforce them, several private health care providers have terminated the provision of gender affirming care for youth, including hospitals in New York, Illinois and Colorado, all states that still allow gender affirming care for youth.<sup>46</sup>

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<sup>43</sup> Crowley J, Millett G. *HIV Research Matters for America*. Washington, DC: Center for HIV and Infectious Disease Policy of the O’Neill Institute for National and Global Health Law at Georgetown Law, amfAR. April 2025. <file:///C:/Users/scahill/AppData/Local/Microsoft/Olk/Attachments/ooa-f54ed125-bbf7-433d-b125-5b8c0cc43f15/0101b867ec2cdd059c38ac80f6376dde4e4d6360ada4234431bb848007e164c0/QT%20HIV%20Research.pdf>

<sup>44</sup> Balzer D. “HIV research provided foundation for COVID-19 research.” Mayo Clinic. November 30, 2021 <https://newsnetwork.mayoclinic.org/discussion/hiv-research-provided-foundation-for-covid-19-research/>

<sup>45</sup> Bradshaw R. CDC removes LGBTQ, race data following Trump’s anti-DEI order. *Beaumont Enterprise*. February 5, 2025. <https://www.beaumontenterprise.com/news/article/trump-woke-dei-culture-wars-20148647.php>

<sup>46</sup> Rodriguez A. These hospitals suspended transgender care amid Trump’s executive order. But can they do that? *USA Today*. February 5, 2025. <https://www.usatoday.com/story/news/health/2025/02/04/transgender-hospitals-gender-affirming-care/78204417007/>

### *Dismantling of the federal government's HIV prevention and surveillance capacity*

Also over the past 100 days the Trump-Vance Administration and its new HHS Secretary Robert F. Kennedy, Jr. have moved to dramatically reduce the federal government's HIV prevention and surveillance capacity. In late March they announced a major restructuring of HHS. The entire staff was laid off at the HHS Office of Infectious Diseases & HIV Policy and at the HHS Office of Minority Health. A number of key leaders like Dr. Jonathan Mermin, director of the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention, and Dr. Jeanne Marrazzo, Director of the National Institute of Allergy and Infectious Diseases at NIH, were placed on administrative leave or "reassigned" to the Indian Health Service, depending on the source.<sup>47,48</sup>

Thousands of other staff have been laid off throughout HHS. The administration is reducing total HHS staffing from about 82,000 to 62,000, with significant cuts at the Food and Drug Administration and CDC.<sup>49</sup> About 10,000 staff were reduced through buyouts and early retirement, and another 10,000 through elimination of entire departments.<sup>50</sup>

In April 2025 the White House Office of Management and Budget proposed slashing HHS's discretionary funding from \$116.8 billion in FY25 to \$80.4 billion for FY26, a 31% cut. Funding for CDC would be cut by more than 40%. Funding would be eliminated for the Ending the HIV Epidemic Initiative—an initiative launched by President Trump in his first term—and for domestic HIV prevention and surveillance and chronic disease prevention. The following divisions at CDC would be eliminated:

- Prevention Communication Branch
- Division of Behavioral & Clinical Surveillance Branch

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<sup>47</sup> Kozlov M, "'One of the darkest days': NIH purges agency leadership amid mass lay-offs. In shock move, four institute directors at the US biomedical agency are removed from their posts." *Nature*. April 1, 2025.

<https://www.nature.com/articles/d41586-025-01016-z>

<sup>48</sup> HIV+HEP Policy Institute. Statement on Decimation of CDC HIV Prevention Staff and Other Key Programs. Press Release. April 1, 2025. <https://hivhep.org/press-releases/statement-on-decimation-of-cdc-hiv-prevention-staff-and-other-key-programs/>

<sup>49</sup> Scott D. "A catastrophe is unfolding at the top US health agency — and it will put American lives at risk." *Vox*. April 4, 2025. <https://www.vox.com/health/406967/rfk-jr-hhs-cuts-vaccine-measles-outbreak>

<sup>50</sup> Cancryn A. "HHS funding slashed by 30 percent in budget proposal." *Politico*. April 16, 2025. <https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>

- Capacity Development Branch
- Quantitative Sciences Branch
- HIV Research Branch<sup>51</sup>

The proposed budget would also eliminate parts of CDC that deal with outbreaks of STDs and viral hepatitis, which have increased dramatically in Massachusetts and nationally over the past few decades.<sup>52,53,54</sup> There are striking racial and ethnic and LGBTQ+ disparities in the continued epidemics of STDs, including HIV and sexually transmitted Hepatitis C.<sup>55</sup> Black and Latino people<sup>56</sup>—including cisgender women, gay and bisexual men, and transgender women—are disproportionately burdened by STIs.<sup>57</sup>

NIH funding would be cut from \$47 billion to \$27 billion, and several institutes would be abolished, including the National Institute on Minority Health and Health Disparities.<sup>58</sup>

According to *Politico*:

Public health initiatives aimed at HIV/AIDS prevention would no longer exist. Major parts of the National Institutes of Health would be abolished. The Food and Drug Administration would cease routine inspections at food facilities. And funding for many of the administration's priorities are on the chopping block, including federal programs focused on autism, chronic disease, drug abuse and mental health.<sup>59</sup>

amfAR estimates that the proposed cuts would result in a rise in new HIV infections in the U.S., which dropped 20% from 2010 to 2022. amfAR estimates that a total elimination of

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<sup>51</sup> Dawson L, Kates J. *What Do Federal Staffing Cuts and HHS Restructuring Mean for the Nation's HIV Response?* Washington, DC: KFF. April 8, 2025. <https://www.kff.org/policy-watch/what-do-federal-staffing-cuts-and-hhs-restructuring-mean-for-the-nations-hiv-response/>

<sup>52</sup> Massachusetts DPH, "Surveillance data overview of sexually transmitted infectious, 2000-2023," Powerpoint presentation, *Data and reports about sexually transmitted infectious (STIs)*, <https://www.mass.gov/lists/data-and-reports-about-sexually-transmitted-infections-stis>.

<sup>53</sup> Lockart I, Matthews GV, Danta M. Sexually transmitted hepatitis C infection: the evolving epidemic in HIV-positive and HIV-negative MSM. *Curr Opin Infect Dis*. 2019;32(1):31-37.

<sup>54</sup> CDC. *Sexually Transmitted Disease Surveillance 2021*. <https://www.cdc.gov/std/statistics/2021/default.htm>. Last updated April 11, 2023.

<sup>55</sup> Lockart I, Matthews GV, Danta M. Sexually transmitted hepatitis C infection: the evolving epidemic in HIV-positive and HIV-negative MSM. *Curr Opin Infect Dis*. 2019;32(1):31-37.

<sup>56</sup> CDC. *Sexually Transmitted Disease Surveillance 2021*. <https://www.cdc.gov/std/statistics/2021/default.htm>. Last updated April 11, 2023.

<sup>57</sup> MacGregor L, Speare N, Nicholls J, et al. Evidence of changing sexual behaviours and clinical attendance patterns, alongside increasing diagnoses of STIs in MSM and TPMS. *Sex Transm Infect*. 2021;97(7):507-513.

<sup>58</sup> Cancryn A. "HHS funding slashed by 30 percent in budget proposal." *Politico*. April 16, 2025. <https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>

<sup>59</sup> *Ibid*.

CDC HIV prevention funding (\$6.5 billion over five years) would lead to an additional 143,486 HIV infections by 2030, an additional 14,676 people dying of AIDS, and cost our health system \$60 billion in additional health care costs.<sup>60</sup>

### Impact of Cuts to HIV Prevention Between 2025 and 2030

	With a 50% reduction in CDC prevention funding	With a 100% reduction in CDC prevention funding
Additional <b>new HIV infections</b> by 2030	<b>75,289</b>	<b>143,486</b>
Additional <b>AIDS-related deaths</b> by 2030	<b>7,530</b>	<b>14,676</b>
Additional <b>people living with HIV</b> by 2030	<b>67,759</b>	<b>127,382</b>
Additional cumulative <b>lifetime costs</b> from new HIV infections	<b>\$31.6 Billion</b>	<b>\$60.3 Billion</b>

KFF estimates that

these actions could all hamper the nation's ability to address HIV in the immediate term, jeopardize innovation, and lead to increased HIV incidence. In addition, expertise built by these officials and offices has been utilized in public health arenas outside of HIV, as was the case with the development of the COVID-19 vaccine which was built on [HIV vaccine research](#). Given this, erosion of HIV expertise, research, and infrastructure could have ramifications for public health more broadly.<sup>61</sup>

<sup>60</sup> These data points and graphic are from amfAR, *Cuts to the CDC's Division of HIV Prevention Will Lead to Dramatic Rise in Infections, Deaths, and Costs*, Washington, DC: amfAR, 2025. <https://www.amfar.org/wp-content/uploads/2025/03/Cuts-to-CDCs-Division-of-HIV-Prevention.pdf>

<sup>61</sup> Dawson L, Kates J. *What Do Federal Staffing Cuts and HHS Restructuring Mean for the Nation's HIV Response?* Washington, DC: KFF. April 8, 2025. <https://www.kff.org/policy-watch/what-do-federal-staffing-cuts-and-hhs-restructuring-mean-for-the-nations-hiv-response/>

This would also undermine President Trump's Ending the HIV Epidemic Initiative, launched in 2019.<sup>62</sup>

The Trump-Vance Administration's budget proposal would also eliminate the Administration for Community Living, which funds elder services through the Older Americans Act and disability services throughout the country.<sup>63</sup> ACL adopted a number of policies over the past few years to address the needs and experiences of older LGBTQI+ people and older people living with HIV in elder services.<sup>64</sup> The proposed dismantling of the Substance Abuse and Mental Health Services Administration would be devastating to the U.S. population in general, and to LGBTQI+ people in particular, who experience disproportionate substance use burden.

<sup>65,66</sup>

***The Dismantling of USAID and PEPFAR Ends Humanitarian Assistance and HIV Prevention and Care for LGBTQ+ Communities in Africa and Elsewhere***

Programs supporting LGBTQI+ communities around the world, a key foreign policy goal of previous U.S. administrations, have been abruptly ended, leaving communities even more vulnerable than they already were. Perhaps most devastating for LGBTQI+ people around the world has been the near total dismantling of the U.S. Agency for International Development (USAID) by billionaire Elon Musk and his unofficial Department of Government Efficiency (DOGE). USAID was created by President John F. Kennedy and provided food assistance, health care, and other aid to vulnerable populations around the world.<sup>67</sup> As of March 7, 2025, nearly all

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<sup>62</sup> HIV.gov. What is EHE? Updated March 20, 2025. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

<sup>63</sup> Cancryn A. "HHS funding slashed by 30 percent in budget proposal." *Politico*. April 16, 2025. <https://www.politico.com/news/2025/04/16/trump-administration-mulls-sharp-funding-cuts-at-health-agencies-00294781>

<sup>64</sup> Cahill S. American Society on Aging, New Orleans. "LGBT federal and state policy update: Victories, challenges, and what's on the horizon." April 11, 2022. Panelist. "Building a policy agenda to address aging with HIV." April 13, 2022. Panelist.

<sup>65</sup> Marshall A, Cahill S. Barriers and opportunities for the mental health of LGBT older adults and older people living with HIV: a systematic literature review. *Aging Ment Health*. 2022 Sep;26(9):1845-1854.

<sup>66</sup> Hughto JMW, Restar AJ, Wolfe HL, Gordon LK, Reisner SL, Biello KB, Cahill SR, Mimiaga MJ. Opioid pain medication misuse, concomitant substance misuse, and the unmet behavioral health treatment needs of transgender and gender diverse adults. *Drug Alcohol Depend*. 2021 May 1;222:108674. doi: 10.1016/j.drugalcdep.2021.108674. Epub 2021 Mar 18. PMID: 33773869; PMCID: PMC8058310.

<sup>67</sup> Roy D. "What Is USAID and Why Is It at Risk?" Council on Foreign Relations. February 7, 2025. <https://www.cfr.org/article/what-usaid-and-why-it-risk>



of USAID's staff and contractors had been fired, and only one-tenth of its contracts were still in place.<sup>68</sup> The President's Emergency Plan for AIDS Relief (PEPFAR), a program that worked closely with USAID and CDC to prevent HIV and treat people living with HIV around the world, is currently undergoing a 90-day review by administration officials. The fate of its funding is unclear. About \$4.8 billion of the total \$6.5 billion in U.S. funding for PEPFAR takes the form of direct bilateral aid to 55 countries with a high prevalence of HIV. Most of this funding is channeled through USAID. Another \$1.7 billion in funding supports the Global Fund to Fight HIV, AIDS and Malaria.<sup>69</sup> PEPFAR was announced by Republican President George W. Bush in his 2003 State of the Union Address and was created and funded by a majority Republican Congress.<sup>70</sup>

PEPFAR has been promoting HIV prevention with men who have sex with men (MSM) and data collection to understand the impact of HIV on MSM in Africa, the Caribbean and elsewhere around the world since its 2008 reauthorization.<sup>71</sup> Soon thereafter it expanded HIV prevention and data collection with transgender women. Both MSM and transgender women are populations at elevated risk for HIV infection around the world.<sup>72,73,74</sup>

Promoting equality and safety for LGBTQI+ people around the world emerged as a key foreign policy goal under President Obama's and President Biden's administrations.<sup>75</sup> The Trump Pence Administration discontinued this policy.<sup>76</sup> The second Trump Administration

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<sup>68</sup> Schoenfeld Walker A, Lai KKR, A timeline of cuts, legal orders, and disarray at U.S.A.I.D. *The New York Times*. March 7, 2025. Page A15.

<sup>69</sup> Cohen J. "'A bloodbath': HIV field is reeling after billions in U.S. funding are axed." *Science Insider*. 28 February 2025. <https://www.science.org/content/article/bloodbath-hiv-field-reeling-after-billions-u-s-funding-axed>

<sup>70</sup> KFF. *The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)*. Washington, DC: KFF. August 15, 2024. <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for-aids-relief-pepfar/>

<sup>71</sup> Cahill S, Schaefer N, Valadez R. Promoting HIV prevention and research with men who have sex with men (MSM) through U.S. foreign policy. *Global HIV/AIDS politics, policy, and activism: Persistent challenges and emerging issues. Volume 2: Policy and policymaking*. (Raymond Smith, editor). Westport, Connecticut: Praeger, 2013. 69-86.

<sup>72</sup> Kimani M, van der Elst EM, Chiro O, Oduor C, Wahome E, Kazungu W, Shally M, Rinke de Wit TF, Graham SM, Operario D, Sanders EJ. PrEP interest and HIV-1 incidence among MSM and transgender women in coastal Kenya. *J Int AIDS Soc*. 2019 Jun;22(6):e25323. doi: 10.1002/jia2.25323. PMID: 31194291; PMCID: PMC6563853.

<sup>73</sup> World Health Program, Global HIV, Hepatitis, and STIs Programmes. *Men who have sex with men*. No date. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men>

<sup>74</sup> World Health Program, Global HIV, Hepatitis, and STIs Programmes. *Trans and gender diverse people*. No date. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/transgender-people>

<sup>75</sup> Robinson D. "Obama Elevates Gay Rights as a Foreign Policy Priority." *Voice of America News*. December 5, 2011. <https://www.voanews.com/a/obama-elevates-gay-rights-as-a-foreign-policy-priority-135136743/174955.html>

<sup>76</sup> Cahill S, Pettus M. *Trump-Pence Administration policies undermine LGBTQ health equity*. Boston: The Fenway Institute. 2020. [https://fenwayhealth.org/wp-content/uploads/TFIP-37\\_Policy-Brief-Cover-Trump-Biden-LGTQIA-equality-HIV-health-and-racial-justice-Full-Brief.pdf](https://fenwayhealth.org/wp-content/uploads/TFIP-37_Policy-Brief-Cover-Trump-Biden-LGTQIA-equality-HIV-health-and-racial-justice-Full-Brief.pdf)

followed suit, and also cut funding for grassroots LGBTQI+ organizations engaged in HIV prevention work in Africa and other parts of the world. The Trump-Vance Administration, through Elon Musk and DOGE, essentially dismantled USAID, ended all of its contracts, and laid off nearly all of its staff and contractors.<sup>77</sup> Soon after this, Secretary of State Marco Rubio announced that life-saving medical care such as HIV treatment would not be eliminated. However, he also noted that groups that focus on LGBTQ people or groups that promote “DEI” would not be eligible for continued funding. This has resulted in the defunding of organizations in South Africa, Uganda, and elsewhere that provided HIV prevention, screening and care to LGBTQI+ communities. In Uganda nearly all of the 127 organizations that conducted HIV prevention and care work with LGBTQI+ populations lost their USAID funding. As a result, most of these organizations have stopped operating.<sup>78</sup>

In South Africa, a number of LGBTQI+ focused HIV prevention organizations have drastically cut back their services. OUT LGBT Well-being, an organization directly funded by USAID until March 2025, announced the closure of its Engage Men’s Health program. OUT LGBT Well-being Executive Director Dawie Nel thanked the American people for ten years of support of their efforts to prevent HIV infection among MSM, and then said:

“However, we regret the sudden and devastating impact of this funding withdrawal, not just on us, but on the thousands of individuals whose health and well-being depended on these services.” Nel said Engage Men’s Health had managed to help 2,000 men who have sex with men stay on life-saving antiretroviral therapy, and provided 4,000 others with PrEP to prevent HIV infection. “With these services now ending, we fear that HIV will spread more rapidly and that many will struggle to access the care they need,” added Nel.<sup>79</sup>

The U.S. government’s sudden defunding of HIV prevention by LGBTQI+ community organizations in Africa and in other parts of the world will have devastating effects on HIV prevention and care, where gay and bisexual men and transgender women subject to violence and persecution by other members of society and by governmental actors, and where they are

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<sup>77</sup> Schoenfeld Walker A, Lai KKR, A timeline of cuts, legal orders, and disarray at U.S.A.I.D. *The New York Times*. March 7, 2025. Page A15.

<sup>78</sup> Dahir AL. “Where Being Gay Is Punishable by Death, Aid Cuts Are ‘Heartbreaking.’” *The New York Times*. March 4, 2025. <https://www.nytimes.com/2025/03/04/world/africa/usaaid-africa-uganda-lgbtq.html>

<sup>79</sup> Itai D. “US-funded South African LGBTQ groups curtail operations. Suspension of most American foreign aid jeopardizes HIV prevention efforts.” *The Washington Blade*. April 6, 2025. <https://www.washingtonblade.com/2025/04/06/us-funded-south-african-lgbtq-groups-curtail-operations/>

disproportionately vulnerable to HIV infection. A recent study predicts that if PEPFAR funding to South Africa is terminated, that country will experience an “additional 601,000 HIV-related deaths and 565,000 new HIV infections” over the next decade.<sup>80</sup>

### ***Legal and constitutional concerns***

The administration and DOGE’s abrupt cuts to USAID staffing and programming, and to NIH research grants run counter to the express will of Congress as indicated in federal budgets and are of questionable legality and constitutionality. A number of lawsuits against the NIH grant funding cuts argue that the administration violated the 1946 Administrative Procedures Act by engaging in “arbitrary and capricious” actions instead of following normal processes. They also argue that the Trump-Vance Administration is violating the separation of powers set forth in the U.S. Constitution.<sup>81</sup>

Article I, Section 8 of the U.S. Constitution states that Congress has the power of the purse, the power to raise and spend money “to pay the Debts and provide for the common Defence and general Welfare of the United States.” Congress also has the power “[t]o make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.” According to Article II, Section 3, the President’s most important role is that “he shall take Care that the Laws be faithfully executed...” The President cannot restrict the spending of funding after Congress has appropriated that funding, according to the Constitution.<sup>82</sup>

Legal scholars also argue that the unanimous U.S. Supreme Court ruling *Train v. NY* (1975) clearly prohibits the Trump Administration’s actions regarding NIH grants and USAID. In this case the Supreme Court ruled unanimously that President Nixon could not withhold funds

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<sup>80</sup> Neilan A, Bekker L-G. We tried to quantify the impact of abrupt PEPFAR cuts. The results startled even us. *STAT*, March 1, 2025. <https://www.statnews.com/2025/03/01/pepfar-usaid-funding-cuts-trump-hiv-aids/>

<sup>81</sup> Jones N. “NIH cuts triggered a host of lawsuits: *Nature*’s guide to what’s next.” *Nature*. April 11, 2025. <https://www.nature.com/articles/d41586-025-01192-y>

<sup>82</sup> National Archives. *The Constitution of the United States: A Transcription*. <https://www.archives.gov/founding-docs/constitution-transcript>

for the Environmental Protection Agency that Congress has appropriated.<sup>83</sup> Others have cited the Impoundment Control Act of 1974, which “limits the executive branch’s authority to decline to spend or commit to spending funds that Congress has appropriated.”<sup>84</sup>

## ***Conclusion***

In its first 100 days, the Trump-Vance Administration has promulgated a series of executive orders and policy directives that restrict the rights of transgender and gender diverse (TGD) people and LGBTQI+ people more broadly, and that could make it harder for LGBTQI+ people to access health care and social services. They have proposed severe funding cuts to disease prevention, health promotion, public health surveillance, and health research that will undermine future advances in health and likely cause a deterioration in public health, as we are seeing with the current measles outbreaks.<sup>85</sup> They have also proposed a radical restructuring of the nation’s public health infrastructure and cruelly fired or reassigned expert public health professionals with an incredible amount of expertise and experience in preventing disease, promoting health, and managing outbreaks of infectious disease. They have dismantled policies developed over the past several decades that advanced equality and health equity for LGBTQI+ people, rural populations, members of racial and ethnic minority groups, and other populations, and that advanced effective, science-based HIV and STI prevention and care. They have stopped funding for hundreds of research studies in HIV prevention, LGBTQI+ health, racial and ethnic health equity, and other areas. And they have dismantled or are in the process of dismantling foreign health assistance programs that have saved millions of lives and made the United States a leader in promoting human rights, food security, health, and humanitarian aid around the world.

It is striking that while a vast majority of Americans, including a majority of Republicans, support sexual orientation and gender identity nondiscrimination laws,<sup>86</sup> the new administration is moving to repeal SOGI nondiscrimination in federal regulation. While more

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<sup>83</sup> *Train v. City of New York*, 420 U.S. 35 (1975). <https://supreme.justia.com/cases/federal/us/420/35/>

<sup>84</sup> Price Z. *A Primer on the Impoundment Control Act*. The Lawfare Institute in cooperation with Brookings. January 28, 2025. <https://www.lawfaremedia.org/article/a-primer-on-the-impoundment-control-act>

<sup>85</sup> Centers for Disease Control and Prevention. *Measles Cases and Outbreaks*. Updated April 25, 2025. <https://www.cdc.gov/measles/data-research/index.html>

<sup>86</sup> Human Rights Campaign staff. ICYMI: New data shows support for LGBTQ+ rights reaches highest rates ever recorded. 2023. Available at: <https://www.hrc.org/press-releases/icymi-new-data-shows-support-for-lgbtq-rights-reaches-highest-rates-ever-recorded> Accessed August 22, 2024.

and more Americans know a transgender or bisexual or lesbian person,<sup>87</sup> the new administration is abruptly ending health research with these populations, removing references to them on government websites, and restricting rights more broadly throughout society.<sup>88</sup> Most Americans support Diversity, Equity and Inclusion initiatives,<sup>89</sup> yet this administration portrays these as “illegal and immoral discrimination programs” policies that promote racism.<sup>90</sup>

While these developments can feel overwhelming and demoralizing, it is important that those who support health equity and science-based public health engage this critical historical moment and make known their views on these changes by weighing in with elected officials about these policy and funding changes, and by submitting public comments to federal agencies regarding them.

The United States and the world have benefitted greatly from scientific research and disease prevention free of ideological interference. This led to the development of vaccines that enabled the global elimination of smallpox, and the near eradication of polio. We should advocate for scientific integrity and the importance of conducting research with populations that experience health disparities, whether rural populations, racial and ethnic minority groups, older adults, people with disabilities, and/or LGBTQI+ individuals. It’s also important that health care providers continue to provide culturally responsive and clinically competent care to all patients, including TGD patients, and not overreact to often vague policy pronouncements from this administration. All human beings have a right to affirming, culturally responsive, and medically necessary health care, wherever they live, whoever they are, and whatever their socioeconomic circumstances.

LGBTQI+ communities and HIV activist communities have a strong and proud history of advocacy for equality and liberation, and advocacy for health policies that address the needs of

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<sup>87</sup> Minkin R, Brown A. “Rising shares of U.S. adults know someone who is transgender or goes by gender-neutral pronouns.” Pew Research Center. July 27, 2021. <https://www.pewresearch.org/short-reads/2021/07/27/rising-shares-of-u-s-adults-know-someone-who-is-transgender-or-goes-by-gender-neutral-pronouns/>

<sup>88</sup> Steakin W, Scott R, Reinstein J. “Trump signs executive order banning transgender athletes from women's sports, directing DOJ to enforce.” ABC News. February 5, 2025. <https://abcnews.go.com/Politics/trump-sign-executive-order-banning-transgender-athletes-womens/story?id=118468478>

<sup>89</sup> Pew Research Center, *Diversity, Equity and Inclusion in the Workplace*. May 17, 2023. <https://www.pewresearch.org/social-trends/2023/05/17/diversity-equity-and-inclusion-in-the-workplace/>

<sup>90</sup> White House. Ending radical and wasteful government DEI programs and preferencing. January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/>



our communities. In this moment of crisis and challenge it is important that we come together and support community organizations and researchers who are trying to improve the health and well-being of LGBTQI+ people, people living with HIV, and individuals at elevated risk of HIV infection. We must challenge policies and funding decisions that undermine public health and human rights. Remember the ACT-UP slogan: Silence = Death. Action = Life.

### **Acknowledgements**

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May 2025

# JUDGING OUR FUTURE

## WHAT'S AT STAKE FOR LGBTQ+ AND HIV RIGHTS IN THE FEDERAL COURTS

**Lambda Legal is standing up and fighting back in the courts against the second Trump administration by again filing a series of lawsuits to stop its attacks on LGBTQ+ people and people living with HIV—attacks that are focused on transgender, nonbinary, and intersex people and people of color.**

For all of us fighting to defend the Constitution, a fair and impartial judiciary with judges on the bench who are committed to civil and human rights and to upholding the rule of law is essential. Lambda Legal, in addition to fighting *in the courts*, also works *on the courts* by monitoring federal judicial nominees and working to promote a fair and impartial judiciary that accurately reflects diversity in the United States. The work of our Fair Courts Project to protect LGBTQ+ rights and the rights of people living with HIV from being eroded by judges who hold our identities against us is more important than ever.

Lambda Legal has long maintained that the federal judiciary should reflect the population it serves because increasing judicial diversity leads to improved public confidence in the courts and enriched decision-making among judges.<sup>1</sup> In his administration, President Biden showed the way presidents can substantially improve the makeup of the federal bench by nominating and having confirmed by the Senate the most diversely representative group of federal judges in U.S. history and bringing the federal judiciary closer to mirroring the population it serves. From the first Muslim federal judge and the first openly lesbian judge confirmed to an appellate court seat to the first Black woman and former public defender confirmed to the Supreme Court, his confirmations were extraordinarily well-qualified and historic. President Biden appointed more lesbian and gay judges to the bench than any other president: 12. These judges along with others without histories of bias and prejudice are now a bulwark against the illegal actions of the current Trump administration. But to make the bench truly representative of the people it serves, there is still more work to do.



Despite progress during Biden's term, there is currently a 6.6% gap between the percentage of the public that identifies as LGBTQ+ (9.3%) and the percentage of federal judges who do (2.7%).

Unfortunately, with history as our guide, the second Trump administration is very unlikely to add to the diversification of the federal bench. To the contrary, in Trump's first term as president, 76% of the judges nominated and confirmed were cisgender men and 84% were white.<sup>ii</sup> He appointed only two openly gay or lesbian judges.<sup>iii</sup> In addition to being overwhelmingly male and white, many of the judges Trump appointed in his first term had [explicit histories of anti-LGBTQ+ bias](#).

Lambda Legal fought the first Trump administration not only by taking on their policies, rules, and laws that threatened LGBTQ+ people and people living with HIV in the courts, but also by calling out the records of judicial nominees who should not be on the bench due to their overt anti-LGBTQ+ bias and/or bias against people living with HIV. We will continue to do the same during this Trump administration.

## WHAT IS AT STAKE:

### LGBTQ+ PEOPLE AND EVERYONE LIVING WITH HIV IN THE COURTS

Like everyone else, LGBTQ+ people and those living with HIV need and deserve for their cases to be heard by fair and impartial judges. Lambda Legal works to reduce bias in the justice system, in part, by tracking federal judicial nominees.

The new Trump Administration has just announced its first judicial nominee, Whitney Hermandorfer. Unfortunately, she is exactly the type of nominee we expected and are deeply alarmed by; one who has actively argued against equal rights for transgender people. We expect to see more nominees comparable to and worse for our rights than those nominated and confirmed during the first Trump administration. Between 2017 and 2020, [Lambda Legal found](#) that 34 of Trump's judicial nominees had explicit records of anti-LGBTQ+ writings, speeches, cases they litigated, etc. We opposed all of them. Of those 34, 30 were confirmed despite the public pushback and became judges. Many of these judges have already made [horrible anti-LGBTQ+ rulings](#) in cases before them, with some including gratuitous misgendering of transgender people in their decisions. Some also have a record of anti-voter, anti-abortion, and pro-gun decisions at odds with the rights of LGBTQ+ people and everyone living with HIV. However, Lambda Legal was part of a successful coalition that stopped four of the most egregious nominees from proceeding forward.

These candidates for the federal bench are nominated by the President and must be confirmed by the Senate. Once confirmed, these judicial appointees have lifetime roles as judges or justices and preside over many types of cases from criminal to civil rights.

There are many cases related to LGBTQ+ rights and the rights of people living with HIV winding their way through the federal courts, including significant cases by Lambda Legal and others challenging Trump's anti-LGBTQ+ actions in the first three months of his term. The civil and human rights of everyone in the LGBTQ+ community are under attack by the new Trump administration with transgender, nonbinary, and intersex people being targeted specifically with attempts to end affirming



health care, ban access to facilities consistent with gender identity, and prohibit obtaining accurate federal identity documents just to name a few. If we hope to defend our legal protections and build upon our victories, ensuring that fair judges, who don't hold biases against LGBTQ+ people and people living with HIV, are selected for and seated on the federal bench is a priority. As the current administration continues to push out overtly discriminatory and multiply illegal Executive Orders, the federal litigation against them will continue to expand. Lambda Legal has already filed cases challenging the administration's Executive Orders that seek to ban transgender people from serving in the military, to prevent transgender and nonbinary youth under the age of 19 from receiving medically necessary gender-affirming care, to end valid, affirming DEI programs, and generally to exclude transgender and nonbinary people from public life.

Because of the experienced, impartial and fair-minded judges who are committed to the rule of law – judges appointed by presidents of both parties – we are already seeing the Trump administration's bigoted and cruel agenda being slowed or paused by their decisions. For example, Judge Adam Abelson, a Biden appointee, issued a [preliminary injunction](#) in *National Association of Diversity Officers in Higher Education, et al. v. Trump, et al.*, temporarily preventing enforcement of two Executive Orders which would terminate all federal equity-related grants or contracts and require federal contractors to certify they do not operate DEI programs. A preliminary injunction was issued by Judge Brendan Hurson, another Biden appointee, in [PFLAG, et al. v. Trump, et al.](#), a case Lambda Legal, the ACLU, and ACLU of Maryland brought challenging Trump's Executive Order seeking to end federal funding to any healthcare entity that provides gender-affirming healthcare to people under the age of 19. Judge Benjamin H. Settle, a George W. Bush appointee, issued a [preliminary injunction](#) in *Shilling, et al. v. Trump, et al.*, a case brought by Lambda Legal and the Human Rights Campaign. This injunction prevented the Trump administration from implementing the president's ban on transgender people serving in the military.

## WHAT WE'RE DEFENDING:

### DIVERSITY OF JUDGES CONFIRMED DURING PRESIDENT BIDEN'S TERM (2021-2024):

Over his four years in office, President Biden nominated and had confirmed by the Senate 235 judges to the federal courts.<sup>iv</sup> This is one more judge than President Trump had confirmed in his first term in office. Of the 235, one is a Supreme Court Justice, 45 are Circuit Court judges, 187 are District Court judges, and two are judges for the International Court of Trade. Biden's judicial appointees now hold more than a quarter of all 870 federal judgeships. They are also the most diverse group of judges appointed to the federal bench in U.S. history.<sup>v</sup>

Of the 235 judges confirmed, 150 or 64% are women.<sup>vi</sup> This is the highest percentage of women appointed to the bench by any president in our history.<sup>vii</sup> The racial diversity among President Biden's nominees also far surpasses any past administration. Of the 235 judges confirmed, nearly 63% are judges of color; nearly 27% are Black, 17% are Latinx, 17% are Asian American, Native Hawaiian, or Pacific Islander,<sup>viii</sup> and 1.7% are Native American.<sup>ix</sup> President Biden also focused on professional diversity, moving away from many prior presidents' common practice of primarily nominating



Over the course of President Biden's term there were many historic firsts made to the federal bench. In his second year in office, he nominated and had confirmed by the Senate the first Black woman, Ketanji Brown Jackson, to the U.S. Supreme Court in our country's history, who also was a former public defender. He also appointed the first Muslim judge<sup>xi</sup> to the federal courts in U.S. history and three additional Muslim judges over the course of his term.<sup>xii</sup> President Biden appointed the first Black woman and first Latina to the Fifth Circuit Court of Appeals which covers states with high populations of Black and Latinx people: Louisiana, Texas, and Mississippi. Texas, for example, has a population that is 13.6% Black and nearly 40% Hispanic or Latinx (of any race).<sup>xiii</sup>

In terms of LGBTQ+ diversity on the federal bench, President Biden made history by having 12 openly lesbian and gay judges confirmed by the Senate - the most of any president. In total, 5.1% of Biden's appointees are openly lesbian or gay. Since our last report in May 2024, one openly lesbian judge was confirmed to the bench. Judge Mary Kay Costello joined another openly lesbian judge, Nitza Quiñones Alejandro, on the District Court for the Eastern District of Pennsylvania this past September.

judges who are LGBTQ+. While 9.3% of the U.S. population now identifies as LGBTQ+<sup>xiv</sup>, openly LGBTQ+ judges make up only 2.7%<sup>xv</sup> of all federal judges, a 6.6% gap. Most notable is the absence of any openly transgender, nonbinary, intersex, or bisexual federal judges or judges living with HIV. Despite our repeated asks to do so, President Biden did not nominate any judges who hold these identities during his time in office. In his last year in office, President Biden slowed the rate of his nominations of lesbian and gay federal judges, nominating only two. Despite the addition of Judge Costello to the federal bench, geographic representation remains the same as last year as there was already an openly lesbian judge on the bench in Pennsylvania.

**U.S. VIRGIN ISLANDS**

**GUAM**

**NORTHERN MARIANA ISLANDS**

**PUERTO RICO**

**WASHINGTON, D.C.**



Judge Berner's appointment also shows President Biden's commitment to professional diversity on the bench, as she was a labor attorney working for the Service Employees International Union (SEIU) on behalf of workers before her appointment and prior to that she worked at Planned Parenthood Federation of America as a staff attorney.



# WHERE WE ARE:

## STATE OF THE FEDERAL COURTS

At the time of completion of this report there are currently 59 vacancies on the federal courts that are open for President Trump to fill; six are on the Circuit Courts of Appeal and 53 on the District Courts.<sup>xvi</sup> There are no open seats on the U.S. Supreme Court.

### U.S. Supreme Court

While there are no current vacancies on the U.S. Supreme Court, there is a potential for a vacancy to open during Trump's second administration. Justices Clarence Thomas and Samuel Alito are both in their mid-70s and may wish to retire before President Trump's term is over. Justice Thomas is 76 years-old and has been sitting on the Supreme Court for 33 years. Justice Alito is 74 years-old and has been on the Court for nearly 20 years. President Trump has already appointed one-third of the justices on the Supreme Court. If he were to get an additional seat, he will have selected four out of the nine justices and could appoint a younger person who would then be entitled to lifetime tenure.



### District Courts

There are 677 authorized district court judgeships.<sup>xix</sup> President Biden appointed 187 district court judges or nearly 28% and had 49 additional district court vacancies left at the end of his term. The main block to moving forward with additional nominations was that many Republican senators would not return their "blue slips," a document indicating whether a senator approves or disapproves of a nominee from their state, for President Biden's nominees. In the case of district court nominees, senators must return favorable blue slips for the nominee to move forward according to a longstanding Senate policy kept in place by Senate Judiciary Committee leadership during Biden's presidency.

### Circuit Courts of Appeal

Because the U.S. Supreme Court hears under 100 cases per year, the Circuit Courts of Appeal are frequently the courts of last resort for federal cases and hear thousands of cases a year. There are 179 authorized Circuit Court judgeships.<sup>xvii</sup> President Biden appointed 45 circuit court judges or 25% of all authorized federal appellate judgeships. There were an additional four well-qualified nominees for Circuit Court judgeships awaiting confirmation at the end of the Biden administration. However, at the end of 2024 Democratic senators made a deal with Republican senators that prevented these remaining circuit court nominees from receiving confirmation votes.<sup>xviii</sup> In return, the Republicans agreed to allow confirmation votes for 14 remaining district court nominees, all of whom were confirmed. The senators' agreement meant that four important circuit vacancies were left vacant despite the top-quality, thoroughly vetted nominees ready to serve the public in those positions.



# HOW WE FIGHT BACK:

## LAMBDA LEGAL'S PLANS & WHAT YOU CAN DO

The Trump Administration has just begun to announce judicial nominees. Lambda Legal will review each of their records. As we did during the first Trump administration, we will oppose any nominees that have a clear record of anti-LGBTQ+ bias. We will do this by writing letters of opposition to the Senate Judiciary Committee encouraging them not to confirm the nominee, engaging with senators, and creating campaigns to push back on the nominations of judges not committed to equal rights.

### **YOU CAN HELP BY:**

- 1. Contacting both of your senators. Every senator has a vote on who will become a federal judge with lifetime tenure.**
- 2. Voting in every election. Those who represent you in the Senate hold power over who becomes a federal judge.**
- 3. Telling President Trump - we won't accept any more anti-LGBTQ+ judicial nominees.**
- 4. Sharing your engagement on this issue with people in your life – in friendly conversations, via your social media, and however you communicate.**
- 5. Staying engaged with Lambda Legal by visiting our website, subscribing for our email alerts, and following our social media.**



- <sup>i</sup> For example, see Yuvraj Joshi, *Diversity Counts: Why States Should Measure the Diversity of Their Judges and How They Can Do It*, (2017), Lambda Legal and American Constitution Society, available at [https://lambdalegal.org/wp-content/uploads/2017/06/20170607\\_diversity-counts.pdf](https://lambdalegal.org/wp-content/uploads/2017/06/20170607_diversity-counts.pdf).
- <sup>ii</sup> American Constitution Society, *Diversity of the Federal Bench*, <https://www.acslaw.org/judicial-nominations/diversity-of-the-federal-bench/> (last visited March 5, 2025).
- <sup>iii</sup> Brooke Sopelsa, *Trump appoints openly gay conservative to federal appeals court*, NBC News, (Oct. 16, 2018, 1:15PM PDT), <https://www.nbcnews.com/feature/nbc-out/trump-nominates-openly-gay-conservative-federal-appeals-court-n920831>.
- <sup>iv</sup> This report covers only Article III judges, which includes federal judges on the district courts, the circuit courts of appeal, the U.S. Supreme Court, and the International Court of Trade. These judges must be nominated by the President and confirmed by the U.S. Senate.
- <sup>v</sup> Kit Yona, *Biden's Numerous Judicial Confirmations Were the Most Diverse in U.S. History*, FindLaw, (January 24, 2025), <https://www.findlaw.com/legalblogs/practice-of-law/bidens-numerous-judicial-confirmations-were-the-most-diverse-in-u-s-history/>.
- <sup>vi</sup> Alliance For Justice, *Our Courts, Our Rights: Defending Justice Beyond 2024*, 9 (2024), <https://afj.org/wp-content/uploads/2025/01/Our-Courts-Our-Rights-Report-2024-Report.pdf>.
- <sup>vii</sup> John Gramlich, *How Biden's judge appointments compare with other presidents*, Pew Research Center, (Jan. 9, 2025), <https://www.pewresearch.org/short-reads/2025/01/09/how-biden-compares-with-other-recent-presidents-in-appointing-federal-judges/>.
- <sup>viii</sup> *Supra*, note vi at 10.
- <sup>ix</sup> The Leadership Conference on Civil and Human Rights, *Memo: Judicial Diversity Milestones During the Biden Administration*, (Dec. 20, 2024), <https://civilrights.org/2024/12/20/memo-judicial-diversity-milestones-biden/>.
- <sup>x</sup> The Leadership Conference on Civil and Human Rights, *President Biden's judicial appointees who were public defenders or civil rights lawyers (or both) or who otherwise have significant experience protecting people's civil and human rights*, <https://civilrightsdocs.info/pdf/Biden-Judicial-Appointees-Professional-Diversity.pdf> (last visited March 5, 2025).
- <sup>xi</sup> Daniel Wiessner, *Senate confirms first federal Muslim Judge in U.S. history*, Reuters, (June 10, 2021, 6:06PM PDT), <https://www.reuters.com/legal/government/senate-confirms-first-federal-muslim-judge-us-history-2021-06-10/>.
- <sup>xii</sup> *Supra*, note vi at 8.
- <sup>xiii</sup> U.S. Census Bureau, *Quick Facts: Texas*, (2024), <https://www.census.gov/quickfacts/fact/table/TX/PST045224> (last visited March 5, 2025).
- <sup>xiv</sup> Jeffrey M. Jones, *LGBTQ+ Identification in U.S. Rises to 9.3%*, Gallup, (Feb. 20, 2025), <https://news.gallup.com/poll/656708/lgbtq-identification-rises.aspx>.
- <sup>xv</sup> There are a total of 24 LGBTQ+ federal judges currently active. 24 out of 870 judgeships is 2.7% of total federal judgeships.
- <sup>xvi</sup> *Current Judicial Vacancies*, United States Courts, <https://www.uscourts.gov/data-news/judicial-vacancies/current-judicial-vacancies>, (last visited April 17, 2025); *Future Judicial Vacancies*, United States Courts, <https://www.uscourts.gov/data-news/judicial-vacancies/future-judicial-vacancies>, (last visited April 17, 2025).
- <sup>xvii</sup> *U.S. Court of Appeals Authorized Judgeships*, United States Courts, <https://www.uscourts.gov/sites/default/files/2025-01/appealsauth.pdf>, (last visited March 6, 2025).
- <sup>xviii</sup> Kevin Freking, *Democrats strike deal to get more Biden judges confirmed before Congress adjourns*, AP News, (Nov. 21, 2024, 6:51 PM PST), <https://apnews.com/article/biden-trump-judges-confirmation-battle-schumer-senate-ecf59aed90804a53d436dc154a2ee14>.
- <sup>xix</sup> *U.S. District Courts Authorized Judgeships*, United States Courts, <https://www.uscourts.gov/sites/default/files/2025-01/districtauth-with-endnotes.pdf>, (last visited March 6, 2025).

■ **LAMBDA**  
■ ■ **LEGAL**



**To: Interested Parties**

**Fr: The Transgender Freedom Alliance**

**Date: May 15, 2025**

**Re: Responding to political attacks on transgender people**

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From over \$200M spent in the 2024 election cycle attacking the rights of transgender people to multiple executive orders ranging from sports to education to healthcare, over 800 pieces of state legislation introduced in 2025 alone, and several cases before the Supreme Court, it is clear that the Right has latched on to issues impacting transgender people as a line of attack.

While responding to these attacks could feel like being dragged into a conversation you don't want to have, it is absolutely essential to respond. [Recent research in Wisconsin](#) shows that responding with evidence-backed messages ensures that any points lost due to an attack are regained.

This memo provides evidence-backed message recommendations for use in political debates and conversations with general audiences across age, race, and geography. Recommendations are based on extensive qualitative and quantitative research by the Transgender Freedom Alliance and its partners.

The memo includes guidance on the following topics:

- [Healthcare](#)
- [Funding for Transgender Healthcare](#)
- [Sports](#)
- [Forced Outing](#)
- [Bathrooms](#)
- [Conversion Practices](#)

## OVERALL FRAMING

Voters don't want to spend time talking about or thinking through issues impacting transgender people. At the same time, they often have conflicted feelings or concerns around issues being raised by the Right's attacks and how they are framed. Only a few months ago, [voters were not clear](#) on who was politicizing issues impacting transgender people, Democrats or Republicans—57% of battleground voters thought Democrats make too big of a deal about transgender people and their issues and 51% thought Republicans make too big a deal. Today, voters say they trust Democrats more to handle transgender issues by five points (46/41), and that



advantage grows to 14 points with Independents. When asked which party is more extreme on these issues, a [solid 54% name Republicans, while only 36% say Democrats are more extreme](#). That's an 18-point spread—likely due to Trump's overreach in his first 100 days.

At the end of the day, the most effective strategy, regardless of the attack, is to focus on shared values. Not responding is not an option—it harms real people and allows us to be painted as out of touch or extreme.

No matter the attack or vehicle, **our shared values** include:

- Protecting Individual Freedom
- Protecting Parental Freedom
- Opposing Government Overreach / Interference

## HEALTHCARE

**On the issue of healthcare for transgender young people, focus on who should get to make these decisions—parents, families and doctors—and focus specifically on making sure parents have the freedom to get their child the care they need. [Seventy percent of voters](#) in battleground states agree that healthcare decisions for a transgender young person should be made by parents and doctors who know best—not politicians. And [60% of adults nationwide](#) believe families should have the ability to ensure their transgender child can receive medically necessary and age-appropriate care. Our best approach is not to litigate whether care should be available or who should be allowed to access it; rather, we should focus the conversation on who decides.**

### Recommended Messages

- **Healthcare decisions for a young person who is transgender should be made by parents and doctors, who know the situation best—not by politicians.**
- *If pressed:* Banning doctors from providing healthcare to transgender young people has serious unintended consequences. Politicians are getting in the way of doctors who have years of training and experience, are practicing according to professional standards of care, and know what is best for their patients. This is their area of expertise, not politicians'.
- *If pressed on regret:* The expert standards for care of transgender adolescents require months of screening, doctor's visits, and counseling sessions before any sort of medical care begins. Doctors and mental health professionals carefully monitor the course of care and make changes—if they're needed—to ensure the patient is always receiving the right care. It would be impossible for a young person to decide they want to transition one day and make an

irreversible decision the next.

### Additional Guidance

1. **DO keep any response focused on who decides (parents, families, and doctors, not politicians) when possible.** If you need to go beyond that first message, discuss bans as **bans on healthcare** (see #2 below).
2. **DO** focus on the roles of **parents, families, and doctors**, and how politicians shouldn't be banning parents from getting their child the care they need.
3. **DON'T** use terms (e.g., "gender-affirming care") that are unfamiliar to voters or imply that this care is different from other medical care. Instead, use everyday, relatable language like **healthcare** or **medical care**—for example, ***essential healthcare, medically necessary care.***
4. **DON'T** get baited into engaging on specific examples. Return to the point that parents or families—not politicians—should be the decision-makers on these issues.

## **FUNDING FOR TRANSGENDER HEALTHCARE**

The Right is advancing efforts to ban transgender healthcare outright, bar any institution receiving federal funding from providing it, and prohibit the use of federal funds to provide it. These efforts often leverage healthcare funding—framed as 'taxpayer dollars'—as a political wedge, exploiting emotionally charged issues and linking them to economic concerns. This approach also adds confusion to an area where public understanding is limited: healthcare for transgender people.

While a majority of Americans support comprehensive healthcare access for transgender adults; at the same time, they have complex feelings about healthcare for transgender young people. When addressing attacks on funding for healthcare for transgender people, allow people to have conflict or confusion and know that engaging and persuading is effective when using the right messages.

When talking about proposed bans on healthcare for transgender young people in federally-funded insurance programs, a three-pronged message was most effective to persuade voters to oppose it.

### Recommended Messages

- Regardless of how we feel personally about the issue, parents of transgender young people should have the right to make personal healthcare decisions with their families and their doctors just like every other parent—without government interference or fear of losing insurance coverage.
- Our country is facing major challenges. The economy is struggling, and costs are out of control. Politicians should be focused on getting things in this country back on track, not messing with Medicare and Medicaid.

- America was founded on the basic principle of freedom, and that freedom should be for everyone. Transgender people deserve the same basic protections as everyone else—to live their lives with safety, privacy, and dignity, and that includes having access to the healthcare they need.

### Additional Guidance

The Trump Administration’s attempt to ban private insurers from covering transgender healthcare—and to cut federal funding from medical institutions that provide it, including for unrelated research and programs—raises serious voter concerns about government overreach.

1. The government should not get to decide what kind of care medical professionals need to provide to patients. These decisions are best left to families and doctors, who should be able to provide safe, effective, and medically necessary care without fear of being shut down by the federal government.
2. Healthcare providers rely on federal funding to provide care to many patients—not just transgender young people. If healthcare providers lose their federal funding, they would be forced to reduce services, cut staff, and increase costs, which would hurt all patients.
3. This policy is a massive government overreach. Politicians are trying to use their funding power to coerce doctors and control what they provide to patients even when that care is paid for with private funds.

## **SPORTS**

**On efforts to ban transgender kids from participating in sports, emphasize that local schools and athletic associations should make these decisions, not politicians.** Also, consider raising legitimate concerns about enforcement—including invasive questioning or even physical exams—when pushing back against these blanket bans.

### Recommended Messages

- **Local schools and sports associations** should be handling this issue, **not politicians**.
- A blanket federal ban overriding those rules would be bad for everyone, requiring young girls to answer invasive personal questions or even undergo physical inspections by strangers if they want to play sports.
- These bans would invite anyone to call for a “gender check” on any girl who wants to play sports if they think she is “too tall” or “too strong.”
- Participating in sports teaches important values like perseverance, dedication, self-assurance, and teamwork. We should want more young people to play sports, not put

up more barriers for girls across the country that subject them to invasive interrogation or make them risk public ridicule to join a sports team.

#### Additional Guidance

1. **DO emphasize that local schools and athletic leagues should make these decisions, not politicians.**
2. **DON'T engage in a prolonged back-and-forth.** These messages are short for a reason. After you make the core points clearly, pivot to an emphasis on concerns and priorities held by most voters—e.g., lowering costs for working families.
3. **DON'T** get baited into engaging on specific examples. The point is that politicians are not the qualified decision-makers on these issues—local schools and sports associations are.

#### **FORCED OUTING**

In terms of policies that require schools and teachers to report kids to their parents for being gay or transgender (known as “forced outing”), the frame of freedom or government overreach is less effective. In these instances, **the values frame is that of parenting and our shared desire to keep kids safe.** It is also effective to show empathy for the emotional burden this places on teachers, particularly in light of the Trump Administration's executive order allowing for the prosecution of teachers who support transgender students. In fact, when asked about a proposal that would prosecute teachers who support transgender students, [a strong majority of adults \(61%\) are opposed](#), while only 27% are supportive.

It is critical to emphasize that not all kids are safe at home, and we should not force teachers to knowingly put those kids in danger. Frame messaging in the values of parenting and protecting young people, providing voters with the reassurance that we know *they* are good parents, but acknowledging that not all homes are safe.

#### Recommended Message

- Most parents know their kids would come to them if they needed help.
- And we all want kids to be safe. Unfortunately though, not all kids live in homes where healthy communication happens, and some gay or transgender teens are afraid of getting kicked out of their homes, beaten, or worse.
- We should not force teachers to knowingly put those kids in danger and violate the trust they build with their students.

## Additional Guidance

1. **DO invoke the shared value of keeping kids safe and show empathy for the emotional burden this places on teachers.**
2. **DO** pivot to broader educational issues like the need to fund our schools and ensuring all kids have the mental health support they need..
3. **DON'T** use *freedom* framing in this context. An emphasis on *keeping kids safe* is better-aligned with shared values and effective persuasion on this topic.
4. **DON'T** get baited into engaging on specific examples.

## **BATHROOMS**

When it comes to bathroom bans, it's effective to call out the motivation of the opposition and remind listeners that there are other, more pressing issues that elected officials should be focusing on, such as the economy and rising costs.

**If necessary, you can raise issues with enforcement**, including that these bans could result in harassment of non-transgender women, [which has already happened](#).

## Recommended Messages

- Politicians are trying to make an issue out of transgender people using a bathroom to score political points and scare people.
- While they're focused on who is using what bathroom, we should be focused on lowering costs and getting our economy back on track.
- IF PRESSED:  
These bans will just create more [confusion](#) and are impossible to enforce without engaging in gender checks. Already, we have seen [evidence](#) of women being asked about their gender before using the bathroom.

## Additional Guidance

1. **DO name the motivation of opponents, and then pivot quickly.**
2. If pushed, **DO** highlight the confusing and difficult nature of enforcing these bans and question enforcement realities.
3. **DON'T** engage in a prolonged back-and-forth or get baited into engaging in specific examples
4. **THINK CAREFULLY** before talking about the fact that existing laws make harassment



illegal. While this can soothe some people's concerns, it can also open the door to complicated questions. This may evoke complex reactions that can be difficult to navigate in this particular setting.

## **DANGEROUS AND DISCREDITED CONVERSION PRACTICES**

There is an uptick in dangerous, discredited practices that fringe therapists are trying to force on gay and transgender young people - what is often referred to as “conversion therapy.” The reality is, no amount of talk or pressure can make a gay person not gay, or a transgender person not transgender—and licensed therapists shouldn’t be able to abuse their position of trust to push an agenda that [research has shown](#) puts kids at high risk of suicide attempts. Messages addressing conversion practices should focus on the fact that these practices have been discredited and are dangerous as well as on the harms that these practices can cause.

### Recommended Message

- We all want kids to be healthy and safe. That’s why it’s important to protect gay and transgender young people from abusive conversion practices that try to change a part of them that can’t be changed.
- Conversion “therapy” is not actually therapy. It has no scientific basis. People are just making stuff up, calling it “therapy,” and pushing it on kids.
- These dangerous conversion practices violate the basic principles of therapy. They’re used to try and shame gay and transgender youth into hating themselves and rejecting who they are.
- Being gay or transgender is a fundamental part of who someone is. No amount of talk, pressure, or shaming tactics can make a gay person not gay, or a transgender person not transgender. But that’s exactly what these dangerous conversion practices are trying to do.

### Additional Guidance

- There is overwhelming medical consensus that conversion therapy puts young people at risk. The American Medical Association, the American Psychological Association, the American Academy of Pediatrics, and the National Association of Social Workers have debunked these practices and warned that they put the health and well-being of young gay and transgender young people in danger.
- Licensed mental health professionals who push this agenda and subject kids to these practices are acting outside the science and ethics of the mental health profession, and they’re causing lasting harm to children.

### If Pressed on Efforts to Relabel Conversion Practices As “Exploratory Therapy”

- Therapy for young people only works if the therapist is not pushing an agenda on the child. So-called “exploratory therapy” is exactly the opposite. It’s the same dangerous conversion agenda—just with a friendlier-sounding name. [Then pivot to *Recommended Messages* above]

### **ABOUT THE TRANSGENDER FREEDOM ALLIANCE**

The Transgender Freedom Alliance (TFA) is a coalition of transgender leaders—including political strategists, litigators, and public health experts—alongside messaging specialists and research firms, allowing us to build upon past research and strategic interventions. Our work is led by Adrienne Kimmell and is funded primarily by individual donors committed to advancing transgender rights and defending democracy against authoritarianism.

Our core mission is to expand public support for the transgender community by emphasizing values such as:

- Freedom from government interference in personal medical decisions.
- Parental freedom in making healthcare decisions for their children.
- Respect and dignity for every individual.

We expose anti-transgender attacks as a political distraction tactic—designed to create fear rather than address real issues—and redirect public discourse toward pressing policy concerns.

### **Proven Impact in 2024**

In 2024, TFA played a critical role in shaping political strategy, including:

- Briefing over 1,000 individuals including both the Biden and Harris campaigns and every battleground Senate, House, and gubernatorial race.
- Collaborating with national committees, state parties, and independent groups.
- Influencing debate preparation and response advertising.
- Conducting official briefings for elected representatives and congressional staff.

### **Contact**

Please contact Adrienne Kimmell ([AKimmell@sparksolutions.us](mailto:AKimmell@sparksolutions.us)) for more information or to schedule a briefing.

# TRANS WOMEN'S SEXUAL HEALTH LISTENING SESSION



LOS ANGELES COUNTY  
COMMISSION ON HIV



## YOUR VOICE MATTERS!

Join us for a safe, confidential space to share your experiences, concerns, and ideas about sexual health and HIV services in LA County. This session is designed specifically for transgender women living with HIV and aims to amplify your needs and perspectives.

## WHAT TO EXPECT:

- Open, judgment-free discussions
- Opportunities to connect with others in the community
- \$25 gift card
- **Space is limited; RSVP required**



## WHY ATTEND?

Your input will help shape better sexual health services and resources for women living a transgender experience. Together, we can create a more inclusive and supportive healthcare environment.



**WEDNESDAY, JUNE 4, 2025**  
**6:00PM – 8:00PM**

FREE PARKING AVAILABLE ONSITE.

LOCATION INFORMATION WILL BE  
DISCLOSED UPON CONFIRMED  
REGISTRATION.

SCAN OR CLICK  
LINK TO REGISTER.  
[HTTPS://TINYURL.  
COM/43VFBNMJ](https://tinyurl.com/43VFBNMJ)





# 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](mailto:dhspsupport@ph.lacounty.gov)

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





# 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 electrónico:  
[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

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







2025



PRIORITIES  
IN ACTION



LOS ANGELES COUNTY  
**STATE  
LEGISLATIVE  
PRIORITIES**

# ABOUT LOS ANGELES COUNTY

## POPULATION



### 10 MILLION RESIDENTS

Los Angeles County has the largest population of any county in the nation—with nearly 10 million residents, who account for approximately 25 percent of California's population.

## UNINCORPORATED AREAS



### 120-125 UNINCORPORATED AREAS

More than one million residents live in approximately 120-125 unincorporated areas, whose municipal services are provided by the County.

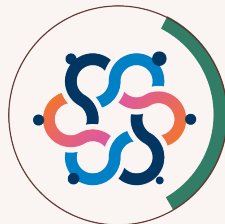
## CITIES



### 88 CITIES

The other nearly 9.3 million residents live in 88 cities within the County, located throughout 4,084 square miles (larger than the combined states of Delaware and Rhode Island).

## DIVERSITY



### 140 CULTURES

A diverse county, with more than 140 cultures and as many as 224 languages.

## INDUSTRIES



### NATIONAL ECONOMIC DRIVER

Home to the largest port complex in the nation, a thriving aerospace research and development sector, the entertainment capital of the U.S., and the nation's largest manufacturing center.



The Los Angeles County Board of Supervisors oversees a comprehensive government structure that provides vital public services, including health and human services, public safety, fire protection, and essential infrastructure services to 88 cities and approximately 120-125 unincorporated communities.

The County is proactively engaged in enhancing the physical, social, and economic well-being of its residents through fundamental safety-net services, as well as proactive local programs, including those geared towards combating homelessness, reforming the adult and youth justice systems, protecting the environment, and addressing equity issues. State investments in the County's critical services and initiatives help to maximize efficiencies and cost savings in programs that aid the most

vulnerable populations. Investing in the County's residents and physical infrastructure will also result in greater social and economic gains throughout the nation. While the County has many priorities, they are part of one main goal, to enrich the lives of our almost 10 million residents through effective and caring service. In order to continue improving the lives of its residents and the economic vitality of the region, Los Angeles County needs on-going policy and funding support from the Legislature and the Administration.

**Los Angeles County's State advocacy efforts in 2025 will be primarily concentrated on:**







## DIGITAL INCLUSION AND EMERGING TECHNOLOGIES



In the County, areas where more than 20 percent of households lack broadband service are largely the same areas where the average household income is less than \$50,000 annually, and where people of color are more likely to be the majority of residents. The County will continue to support legislation and regulations that provide funding for the development and expansion of broadband infrastructure and reliable, affordable networks to bridge the digital divide by increasing access to high-speed internet for as many households as possible, particularly in underserved communities.

To gain the public's trust and leverage Artificial Intelligence/Generative Artificial Intelligence (GenAI) technology, it is imperative to ensure GenAI is developed and used ethically and responsibly. The County has established eight guiding principles for the responsible use of GenAI systems within the County:

Human-Centered Design, Security & Safety, Privacy, Transparency, Equity, Accountability, Effectiveness, and Workforce Empowerment.

### **The County will support proposals that:**

- Expand broadband infrastructure in historically underserved and rural communities.
- Use innovative, short-term and long-term strategies to provide free or low-cost high-speed internet, and related devices to disadvantaged communities.
- Expand and modernize Wi-Fi at County facilities and other public facilities to help close the digital divide for residents in disadvantaged and broadband deficient communities.
- Increase digital literacy and consumer education for high-speed internet service options.



## ECONOMIC AND WORKFORCE DEVELOPMENT



The County is strategically investing in support for small businesses, entrepreneurs, and innovative and equitable economic and workforce development programs in high growth and emerging industry sectors that create a pipeline to well-paying jobs. The County remains committed to building an inclusive and sustainable regional economy, stimulating quality job growth, and helping lift economically disadvantaged residents out of poverty and into self-sufficiency.

### **The County will support proposals that:**

- Enhance funding and support workforce development and training programs that prepare workers for jobs in high-growth and emerging industries, and sectors critical to the state and regional economy, including the creative and green economies.
- Reduce barriers to employment, address racial and gender disparities in employment outcomes, encourage diversity and inclusion in the workplace, and increase opportunities for workers and businesses with the highest employment needs.
- Provide economic opportunities, financial assistance, and other supports to small businesses, microbusinesses, entrepreneurs, social enterprises, and nonprofit organizations.
- Support youth employment, entrepreneurship, and career pathways in high-growth industries.
- Increase economic resiliency through outreach and assistance for workers, independent and small businesses, and industries impacted by natural or man-made disasters, and other economic disruptions.
- Stimulate regional investment and business development, and encourage private sector participation and partnership in advancing equitable, resilient, and sustainable growth.

## ENVIRONMENT AND SUSTAINABILITY



Environmental hazards compounded by the impacts of climate change continue to affect vital infrastructure and the daily lives of the residents of the County. The County is focused on advancing policies and investments that improve the energy, water, food, transportation, and waste systems; help overcome past inequities that have resulted in disproportionate pollution burdens and health outcomes for communities of color; help local businesses, organizations, and residents in disadvantaged communities adapt to climate change; and advance racial and gender equity. To address environmental issues and make this a sustainable region, the County will advocate for proposals that promote sustainable infrastructure, advance environmental justice, and invest in climate resiliency.

### **The County will support proposals that:**

- Promote climate resiliency, the Green Transition, and sustainability in programs, projects, energy production, policy implementation methods, technologies, waste producer responsibility, and jobs.
- Improve access to clean water, enhancing water quality, local water supply, sustainable water infrastructure, and conservation.
- Remediate, restore, increase, and protect natural resource areas, natural environments, and spaces with cultural or recreational value.
- Fund or promote projects and proposals that mitigate the effects of climate change, reduce environmental pollutants, improve air quality, reduce reliance on source pollutants, strengthen natural spaces within communities, respond to extreme heat-related impacts, and address gateway community needs.
- Incorporate Board-adopted plans (e.g., “Our County” Sustainability Plan, Park Needs Assessment Plus (PNA+) 30x30 Plan, LA County Water Plan) into programs, legislation, policies, and funding opportunities.





## EQUITY



The County continues to advocate for policies that promote equitable outcomes for historically marginalized and underserved communities, and further the County's strategies for increasing diversity, equity, and inclusion.

### The County will support proposals that:

- Address and combat discrimination based on age, disability, disease status, gender identity, language, immigration status, national origin, race, religion, sex, sexual orientation, or other protected characteristics.
- Address, correct and/or remedy past public policy which produced or sustained racial inequities.
- Address the gap between the legal needs of the most vulnerable populations and the resources available to ensure equitable access to justice.
- Affirmatively advance and/or provide resources to prioritize and effectively support the most disadvantaged geographies and populations.





## GENERAL GOVERNMENT



The County will advocate for policies to ensure the effective, transparent, and equitable delivery of various services that affect the lives of the County's diverse population. General government policies include matters related, but not limited to: the fiscal strength of the County; elections and voting; agriculture, weights, and measures; animal care and control; arts, culture, and education; Auditor-Controller's Office of County Investigations; Brown Act; cannabis and other business permitting and regulation; human resources, labor and compensation including employee/labor relations, benefits, retirement plans, safety, and risk management; immigration; libraries and library services; Political Reform Act; property assessment, taxation, and tax relief; public access; Public Records Act; veterans' issues; worker protections; and workers' compensation.

### The County will support proposals that:

- Protect consumers against fraud, scams, and unfair or deceptive business practices, and increase collaborative consumer protection and the financial well-being and resiliency of residents through education and counseling programs, financial literacy, wealth-building opportunities, and loss mitigation.
- Provide essential assistance to those who have served in the armed forces.
- Promote access to, and retention in, jobs with fair and sustainable wages, predictable hours, paid sick and family leave, health and safety protections, retaliation free workplaces, and career pathways.
- Promote improved State worker protections and increased collaboration with local agencies on awareness and enforcement efforts that combat wage theft, labor trafficking, and other abuses of labor.
- Provide funding and statutory relief from State-mandated requirements related to elections, including but not limited to signature verification and petition efforts, special elections, and redistricting activities.
- Protect local control over collective bargaining while also protecting the right of workers to organize and/or strike without hindering the County's ability to continue providing core and vital services.
- Promote the establishment of an equitable and sustainable cannabis market by enhancing access to banking and financial resources, safer cannabis products, increased resources for local public health, equity and consumer protection programs, and tools to discourage the proliferation of unlicensed cannabis businesses.
- Provide local governments resources to increase access to information, assistance, and services to immigrants and their families who arrive in the County.
- Provide funding to support critical County public services.



## HEALTH, PUBLIC HEALTH AND BEHAVIORAL HEALTH



The health and well-being of the County's diverse communities, particularly among disproportionately burdened communities and communities of color, are critically important for preventing physical and behavioral health conditions, and for reducing health disparities across the region. Increasing access to care, enhancing delivery systems, providing equitable and critical public health services that protect and promote health among individuals and communities, and addressing the growing need for prevention, diagnostic, and treatment services for individuals with behavioral and other health conditions are all vital elements for achieving improved health outcomes in the County.

### The County supports proposals to:

- Enhance Medi-Cal services for the County's most vulnerable residents, especially through California's Medicaid waivers that aim to transform and improve quality, access, and efficiency of healthcare and behavioral health systems and services.
- Provide funding for the education and training of primary care physicians, specialty care physicians, and nursing professionals.
- Address the urgent and long-term needs for the health care safety net and strengthen local public health systems and infrastructure, particularly workforce.
- Effectively plan for and respond to current and future public health emergencies, emerging disease threats, epidemics and other disasters, and gun and domestic violence prevention efforts.
- Prevent or reduce consumers' medical debt and associated negative outcomes.
- Broaden public behavioral health infrastructure, including expanding community-based facilities, supporting increased diversity in the behavioral health workforce by growing the behavioral health workforce pipeline and expanding public-sector workforce incentive programs to recruit qualified workers, building up local crisis response and continuum of care services for individuals with serious mental illness (SMI) and substance use disorders (SUDs).
- Provide individuals with mental illness and SUDs with access to critical services in the most appropriate, least restrictive settings.
- Increase equitable access to SUD services and reduce legislative and regulatory barriers to accessing SUD services.
- Increase and protect flexibilities for public and behavioral health funding to comprehensively address the needs of local communities.
- Provide resources for critical services at all levels of care, including diagnostic, prevention, acute inpatient, outpatient, supportive care, and residential facilities.
- Enhance services and resources to the 988 Suicide and Crisis Lifeline.
- Streamline processes to access veteran suicide data, including statutory authority to review deaths without the need for next of kin consent, to improve support systems and lower veteran suicide rates.





## HOUSING AND HOMELESSNESS



The County has one of the least affordable housing markets in the nation. The shortage of affordable housing acutely impacts low-income residents, families, and vulnerable populations, and challenges regional efforts to prevent and reduce homelessness. The County places a high priority on increasing access to affordable housing options by reducing barriers to housing production, supporting unit preservation, and protecting against residential displacement. The County also remains focused on transitioning residents who are experiencing homelessness into safe, stable, and permanent housing, and implementing effective strategies to reduce further inflow into homelessness.

### **The County will support proposals that:**

- Increase affordable housing production and preservation, residential landlord and tenant protections, and homeownership opportunities for low-to-moderate income and first-time homebuyers.
- Support local strategies to reduce homelessness and increase and sustain interim and permanent housing for people experiencing homelessness.
- Provide sustainable and flexible funding for housing and supportive services including, but not limited to, funding for increasing operational costs and deferred maintenance costs for housing units and facilities.
- Support implementation of local land use policies that address the comprehensive housing needs of County residents and facilitate equitable and sustainable development.
- Protect against residential displacement, increase residential tenant protections, and provide financial assistance, legal services and other supports to homeowners, residential tenants and small, independent residential property owners facing financial hardship.





## HUMAN SERVICES




The County seeks to preserve and increase funding and resources, administrative and programmatic flexibilities, and accessibility to a wide range of human services programs serving low-income individuals, families, older adults, persons with disabilities, children in foster care and their families, transition-aged youth, pregnant people, childless adults, undocumented immigrants including, unaccompanied children, and victims of crime. The County strives to alleviate financial hardship, address food insecurity, provide affordable health care, promote the safety, well-being and permanency of families and children, prevent child and elderly abuse, exploitation and neglect, provide aging and disability services, connect parents and caregivers to provide child support services, and prevent, mitigate, and disrupt poverty, all while promoting diversity, equity, and inclusion.

### **The County will support proposals that:**

- Increase and expand eligibility, including the elimination of immigration status restrictions, decrease enrollment barriers, simplify eligibility determination and income reporting requirements, and/or increase automation and information sharing with state agencies.
- Provide additional services and resources for customers, vulnerable populations, and asylees/refugees, by increasing access to affordable housing, nutrition assistance, transportation, employment, immigration legal representation, and ancillary services to increase self-sufficiency and ensure the ability of local governments to recover costs.
- Preserve and increase funding and administrative flexibility for the Cash Assistance Program for Immigrants (CAPI) and California Food Assistance Program (CFAP), which provide food assistance to low-income immigrant families.
- Promote child safety, well-being, and permanency by responding to the immediate needs of any child at risk or abuse and neglect, providing the tools and support families need to make their homes a safe place and keep families together, and connecting children with resource families and treatment service providers equipped to meet their individual needs.
- Provide adequate and sufficient funding for local child support agencies to cover increased operational costs and to mitigate the impacts of flat funding to counties and promote flexibility, efficiency, equity, and modernization within the child support program.
- Support proposals that reform mandated reporting by addressing disproportionality and decreasing unnecessary contact and involvement with the child welfare system to improve the quality of reporting decisions by Mandated Reporters and build pathways that will facilitate Mandated Reporters ability to connect families to community-based services while promoting equity and inclusiveness.
- Address the surge in fraudulent skimming and theft of Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) benefits on Electronic Benefits Transfer (EBT) cards.
- Clarify the principals and roles for implementing the Indian Child Welfare Act (ICWA) and enhance relationships with tribes to improve outcomes for ICWA cases.
- Increase access to high-quality early care and education services provided by a qualified and well compensated workforce.





## JUSTICE, PUBLIC SAFETY, AND EMERGENCY MANAGEMENT SYSTEMS



The County will continue to prioritize the Board of Supervisors' vision of "Care First, Jails Last" across the justice and public safety systems, support law enforcement reforms, and emphasize preemptive measures to protect the well-being of residents during emergencies.

### The County will support proposals that:

- Strengthen justice and public safety system transparency, reform policing standards, address police misconduct, or protect detainee rights and due process.
- Remove historic disparities and inequities in the juvenile and adult criminal legal systems, including the redirection of youth and adults from mass incarceration towards rehabilitative, health-focused, and care-first systems.
- Enhance or provide funding for expanded youth development services, and pretrial reforms to reduce detention while maintaining public safety.
- Increase funding for or enhance resources for crime-impacted individuals and communities, and youth and adults involved in the justice system, with an emphasis on care, development, alternatives to incarceration, community-based violence prevention, and community reintegration pathways.
- Ensure accurate and fair distribution of benefits for justice-involved veterans.
- Expand resources and services for local emergency/disaster preparation, management, and operations, including disaster and climate hazard preparedness, response, recovery, and mitigation.
- Improve wildfire prevention and fire safety services, including, but not limited to, measures to increase financial assistance, training, and other resources for local response.



## PUBLIC SERVICES AND INFRASTRUCTURE



The County will advocate to advance infrastructure, environmental and public services, and transportation projects that support the region. The County is committed to making its communities more climate resilient, improving constituent experiences, strengthening local resource sustainability, promoting equitable partnerships and contracts with non-government organizations and small businesses.

### The County will support proposals that:

- Strengthen regional water supply and stormwater infrastructure, water cleanliness, meet water conservation and resiliency goals.
- Prioritize disaster risk mitigation, prevention, and response efforts appropriate for urban and rural communities.
- Secure funding, expand resources for, and assist in the development, deployment, improvement, or maintenance of public services and public infrastructure.
- Streamline and clarify processes that empower local agencies with more flexibility or access to funding to implement services.
- Support alternative funding mechanisms, procedural innovations, or alternative methods to support County-led projects, services, construction, risk mitigation, and goals.
- Secure funding and resources to accelerate the deployment and maintenance of legacy public infrastructure that supports major international events (e.g., World Cups, Olympic Games and Paralympic Games), including enhancements to transportation systems, street safety, and mobility services, as well as enhance public transit options.
- Expand the capacity and resources of local economic and workforce development agencies to prepare and meet the needs of upcoming global events in the region.



# Los Angeles County Board of Supervisors

**Kathryn Barger**, Chair

Fifth District

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**Hilda L. Solis**

First District

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**Holly J. Mitchell**

Second District

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**Lindsey P. Horvath**

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Fourth District

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**Fesia A. Davenport**

Chief Executive Officer

**Marvin Deon**

Chief Legislative Representative



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2025



# PRIORITIES IN ACTION

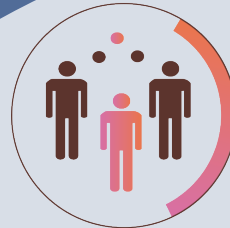


LOS ANGELES COUNTY

**FEDERAL  
LEGISLATIVE  
PRIORITIES**

# ABOUT LOS ANGELES COUNTY

## POPULATION



### 10 MILLION RESIDENTS

Los Angeles County has the largest population of any county in the nation—with nearly 10 million residents, who account for approximately 25 percent of California's population.

## UNINCORPORATED AREAS



### 120-125 UNINCORPORATED AREAS

More than one million residents live in approximately 120-125 unincorporated areas, whose municipal services are provided by the County.

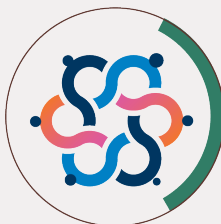
## CITIES



### 88 CITIES

The other nearly 9.3 million residents live in 88 cities within the County, located throughout 4,084 square miles (larger than the combined states of Delaware and Rhode Island).

## DIVERSITY



### 140 CULTURES

A diverse county, with more than 140 cultures and as many as 224 languages.

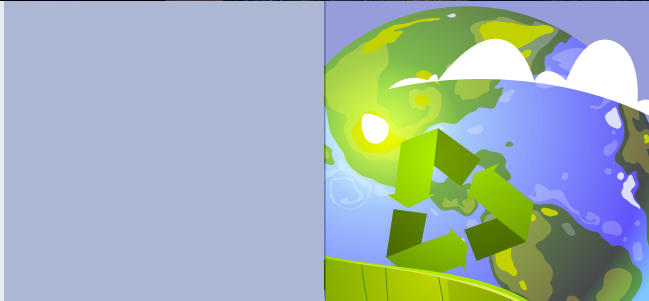
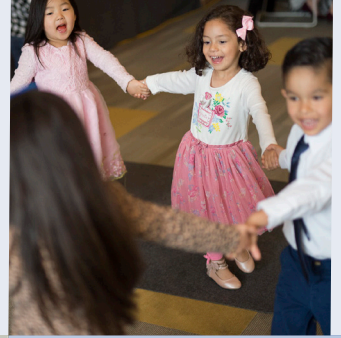
## INDUSTRIES



### NATIONAL ECONOMIC DRIVER

Home to the largest port complex in the nation, a thriving aerospace research and development sector, the entertainment capital of the U.S., and the nation's largest manufacturing center.





The Los Angeles County Board of Supervisors oversee a comprehensive government structure that provides vital public services, including health and human services, public safety, fire protection, and essential infrastructure services to 88 cities and approximately 120-125 unincorporated communities.

The County is proactively engaged in enhancing the physical, social, and economic well-being of its residents through fundamental safety-net services, as well as proactive local programs, including those geared towards combating homelessness, reforming the adult and youth justice systems, protecting the environment, and addressing equity issues. Federal investments in the County's critical services and initiatives help to maximize efficiencies and cost savings in programs that aid the most

vulnerable populations. Investing in the County's residents and physical infrastructure will also result in greater social and economic gains throughout the nation. While the County has many priorities, they are part of one main goal, to enrich the lives of our almost 10 million residents through effective and caring service. In order to continue improving the lives of its residents and the economic vitality of the region, Los Angeles County needs on- going policy and funding support from the Congress and the Administration.

**Los Angeles County's Federal advocacy efforts in 2025 will be primarily concentrated on:**





## DIGITAL INCLUSION AND EMERGING TECHNOLOGIES

In the County, areas where more than 20 percent of households lack broadband service are largely the same areas where the household income is less than \$50,000 a year, and where people of color are more likely to live. The County will support federal legislation and policies that provide funding for the development and expansion of broadband infrastructure and reliable, affordable networks to bridge the digital divide, provide connectivity and services, increase access to high-speed internet to benefit as many households as possible, and ensure digital inclusion, particularly in underserved communities. To gain the public's trust and leverage Artificial Intelligence/Generative Artificial Intelligence (GenAI) technology, it is imperative to ensure GenAI is developed and used ethically and responsibly. The County has established eight guiding principles for the responsible use of GenAI systems within the County: Human-Centered Design, Security & Safety, Privacy, Transparency, Equity, Accountability, Effectiveness, and Workforce Empowerment.

### The County will support proposals that:

- Expand broadband infrastructure in historically underserved and rural communities.
- Use innovative, short-term and long-term strategies to provide free or low-cost high-speed internet, and related devices to disadvantaged communities.
- Expand and modernize Wi-Fi at County and other public facilities to help close the digital divide for residents in disadvantaged and broadband deficient communities.
- Increase digital literacy and consumer education for high-speed internet service options.



## ECONOMIC AND WORKFORCE DEVELOPMENT

The County is strategically investing in support for entrepreneurs, small businesses, and innovative and equitable economic and workforce development programs in high growth and emerging industry sectors that create a pipeline to well-paying jobs. The County remains committed to building an inclusive and sustainable regional economy, stimulating quality job growth, and helping lift economically disadvantaged residents out of poverty and into self-sufficiency.

### The County will support proposals that:

- Reauthorize and increase funding for Workforce Innovation and Opportunity Act (WIOA) programs and other employment initiatives, and provide local agencies with administrative flexibility to effectively meet the present and emerging needs of the County's diverse workforce.
- Enhance funding for programs and initiatives that support community and economic development, support high-growth and emerging industries in the Los Angeles region such as the creative economy, and accelerate the transition to a green economy.
- Reduce barriers to employment, address racial and gender disparities in employment outcomes, encourage diversity and inclusion in the workplace, and increase opportunities for workers and businesses with the highest employment needs.
- Support youth employment, entrepreneurship, and career pathways in high-growth industries.
- Increase economic resiliency through outreach and assistance for workers, independent and small businesses, and industries impacted by natural or man-made disasters, and other economic disruptions.
- Create alignment across federal safety net, public workforce and economic development agencies, and programs to support prevention and promotion outcomes.





## ENVIRONMENT AND SUSTAINABILITY

### The County will support proposals that:

- Promote climate resiliency, the Green Transition, and sustainability in programs, projects, energy production, policy implementation methods, technologies, waste producer responsibility, and jobs.
- Improve access to clean water, enhancing water quality, local water supply, sustainable water infrastructure, and conservation.
- Remediate, restore, increase, and protect natural resource areas, natural environments, and spaces with cultural or recreational value.
- Fund or promote projects or proposals that mitigate the effects of climate change, reduce environmental pollutants, improve air quality, reduce reliance on source pollutants, strengthen natural spaces within communities, and respond to extreme heat-related impacts, and address gateway community needs.
- Incorporate Board-adopted plans (e.g., "Our County" Sustainability Plan, Park Needs Assessment Plus (PNA+) 30x30 Plan, LA County Water Plan) into programs, legislation, policies, and funding opportunities.

Environmental hazards compounded by the impacts of climate change continue to affect vital infrastructure and the daily lives of the residents of the County. The County supports policies and investments that transform the energy, water, food, transportation, and waste systems; help overcome past inequities that have resulted in disproportionate pollution burdens and health outcomes for communities of color; help local businesses, organizations, and residents in disadvantaged communities adapt to climate change; and advance racial and gender equity.

To address environmental issues and make this a sustainable region, the County will advocate for proposals that promote sustainable infrastructure, advance environmental justice, and invest in climate resiliency.



## EQUITY

The County continues to advocate for policies that promote equitable outcomes for historically marginalized and underserved communities.

### The County will support proposals that:

- Address and combat discrimination based on age, disability, disease status, gender identity, language, immigration status, national origin, race, religion, sex, sexual orientation, or other protected characteristics.
- Address, correct, and/or remedy past public policy which produced or sustained racial inequities.
- Address the gap between the legal needs of the most vulnerable populations and the resources available to ensure equitable access to justice.
- Affirmatively advance and/or provide resources to promote gender and racial equity.
- Affirmatively advance and/or provide resources to prioritize and effectively support the most disadvantaged geographies and populations.



## GENERAL GOVERNMENT

The County will advocate for policies to ensure the effective, transparent, and equitable delivery of various services that affect the lives of the County's diverse population. General government policies include matters related, but not limited to: the fiscal strength of the County; elections and voting; agriculture, weights, and measures; animal care and control; arts, culture, and education; cannabis and other business permitting and regulation; human resources, including labor relations, benefits, safety, and risk management; immigration; libraries and library services; worker protections; public access; worker protections; and veterans' issues.

### The County will support proposals that:

- Provide funding to state and local governments to upgrade their voting equipment to ensure all eligible citizens have full access to the voter registration process and/or affirm the intent of the National Voter Registration Act.
- Promote accurate, unbiased, and inclusive census counts and data collection to equitably allocate funds among states and localities and inform future redistricting processes.
- Protect consumers against fraud, scams, and unfair or deceptive business practices, and increase collaborative consumer protection and the financial well-being and resiliency of residents through consumer education and counseling programs, financial literacy, wealth-building opportunities, and loss mitigation.
- Provide essential assistance to those who have served in our armed forces.
- Promote improved federal worker protections and increased collaboration with local agencies on awareness and enforcement efforts that combat wage theft, labor trafficking, and other abuses of labor.
- Promote the establishment of an equitable and sustainable cannabis market by enhancing access to banking and financial resources, safer cannabis products, increased resources for local public health, equity and consumer protection programs, and tools to discourage the proliferation of unlicensed cannabis businesses.
- Provide funding to support critical County public services.
- Automate or expedite employment authorization renewals for immigrant and nonimmigrant beneficiaries, including for Deferred Action for Childhood Arrivals (DACA) recipients.





The health and well-being of the County's diverse communities, particularly among disproportionately burdened communities and communities of color, are critically important for preventing physical and behavioral health conditions, and for reducing health disparities across the region. Increasing access to care, enhancing delivery systems, providing equitable and critical public health services that protect and promote health among individuals and communities, and addressing the growing need for prevention, diagnostic, and treatment services for individuals with behavioral and other health conditions are all vital elements for achieving improved health outcomes in the County.



## HEALTH, PUBLIC HEALTH, AND BEHAVIORAL HEALTH

### The County supports proposals to:

- Enhance and reform Medicaid financing and other federal payments for health safety-net providers, including through programs such as disproportionate share hospital payments, federally-granted Medicaid waivers, federally-supported quality and performance incentive programs, as well as amend the Medicaid inmate payment exclusion, and repeal the Medicaid Institutions for Mental Diseases (IMD) payment exclusion.
- Increase and sustain flexible funding for safety net hospitals, health clinics, and public health infrastructure, including workforce, that serve disadvantaged communities.
- Prevent or reduce consumers' medical debt and associated negative outcomes.
- Increase access to and utilization of recommended adult immunizations, including through the establishment of a Federal Vaccines for Adults program.
- Effectively plan for and respond to current and future public health emergencies, emerging disease threats, epidemics and other disasters, and gun and domestic violence prevention efforts.
- Increase and sustain funding supporting equitable access to substance use disorder (SUD) services and reduce legislative and regulatory barriers to accessing SUD services.
- Enhance local behavioral health crisis response infrastructure, including providing Medicaid reimbursement for these services and support increased diversity in the behavioral health workforce by expanding the behavioral health workforce pipeline and expanding public-sector workforce incentive programs to recruit qualified workers, including support for substance use disorder counselors.
- Enforce parity laws and policies to ensure equal coverage for behavioral health treatment and medical care, including moving towards parity for reimbursement rates.
- Provide resources for critical services at all levels of care, including diagnostic, prevention, acute inpatient, outpatient, supportive care, and residential facilities.
- Enhance services and resources to the 988 Suicide and Crisis Lifeline.



## HOUSING AND HOMELESSNESS

### The County will support proposals that:

- Increase affordable housing production and preservation, residential landlord and tenant protections, and homeownership opportunities for low-to-moderate income and first-time homebuyers.
- Provide sufficient funding for federal rental subsidy programs and the maintenance, operation, and preservation of the County's public housing resources.
- Expand funding and administrative flexibility for federal programs and initiatives that support housing and community development.
- Increase housing resources and supportive services for Veterans experiencing homelessness and reduce barriers to access.
- Provide resources to prevent and reduce residential displacement and support local strategies to address homelessness.
- Promote the full and efficient use of federal housing resources by reducing administrative barriers, increasing owner incentives, and providing additional financial support to high-performing public housing authorities that prioritize homeless and other special needs populations.

The County has one of the least affordable housing markets in the nation. The shortage of affordable housing acutely impacts low-income residents, families, and vulnerable populations, and challenges regional efforts to prevent and reduce homelessness. The County places a high priority on increasing access to affordable housing options by reducing barriers to housing production, supporting unit preservation, and protecting against residential displacement.

The County also remains focused on transitioning residents who are experiencing homelessness into safe, stable, and permanent housing, and implementing effective strategies to reduce inflow into homelessness.





The County seeks to preserve and increase funding and resources, administrative and programmatic flexibilities, and accessibility to a wide range of human services programs serving low-income individuals, families, older adults, persons with disabilities, children in foster care and their families, transition-aged youth, pregnant people, childless adults, and victims of crime. The County strives to alleviate financial hardship, address food insecurity, provide affordable health care, promote the safety, well-being and permanency of families and children, prevent child and elderly abuse, exploitation, and neglect, provide aging and disability services, connect parents and caregivers to provide child support services, and prevent, mitigate, and disrupt poverty, all while promoting diversity, equity, and inclusion.



## HUMAN SERVICES

### The County will support proposals that:

- Reauthorize, increase, and/or provide sufficient funding for human services programs, including but not limited to: the Temporary Assistance for Needy Families (TANF) block grant SNAP; child welfare funding (e.g., Title IV B & E, Aid to Families with Dependent Children 1996 lookback); and local child support agencies to cover increased operational costs and to mitigate the impacts of flat funding to counties, and promote flexibility, efficiency, equity, and modernization within the child support program.
- Provide additional services and resources for customers, including asylees, refugees, and vulnerable populations.
- Address the surge in fraudulent skimming and theft of TANF and SNAP benefits on electronic benefits transfer (EBT) cards.
- Prevent the expansion of the definition of the term “public charge” for purposes of determining eligibility to public assistance programs.
- Support efforts to increase access to high-quality early care and education services provided by a qualified and well-compensated workforce.



## SERVICES AND JUSTICE, PUBLIC SAFETY, AND EMERGENCY MANAGEMENT SYSTEMS

The County is committed to supporting meaningful reforms to justice and public safety systems in pursuit of the “Care First, Jails Last” vision to support rehabilitation and reintegration of those involved in the criminal legal system. Additionally, the County continues to support preemptive emergency management and response investments.

### The County will support proposals that:

- Strengthen justice and public safety system transparency, reform policing standards, address police misconduct, or protect detainee rights and due process.
- Increase funding or flexibility to use federal health benefits for the physical and mental health of incarcerated individuals.
- Remove historic disparities and inequities in the juvenile and adult criminal legal systems, including the redirection of youth and adults from mass incarceration towards rehabilitative, health-focused, and care-first systems.
- Increase funding for and enhance resources for crime-impacted individuals and communities, and for youth and adults involved in the justice system, with an emphasis on care, development, alternatives to incarceration, community-based violence prevention, and community reintegration pathways.
- Expand resources and services for local emergency/disaster preparation, management, and operations, including disaster and climate hazard preparedness, response, recovery, and mitigation.
- Improve wildfire prevention and fire safety services, including, but not limited to, measures to increase financial assistance, training, and other resources for local response.



## PUBLIC SERVICES AND INFRASTRUCTURE

The County will advocate for additional investments, streamlining of processes, and legislative actions from federal partners that would greatly assist the County to meet the changing needs of the region, meet enhanced mobility plans, and green investment goals. The County will continue to support infrastructure investments, procedural improvements, and the full delivery of funding authorized by the Infrastructure Investment and Jobs Act, and the Inflation Reduction Act.

### The County will support proposals that:

- Directly fund or provide capacity-building resources to enhance the ability of local governments to accelerate the delivery of key regional infrastructure projects and services.
- Reduce barriers to the participation of non-governmental organizations and small businesses in private-public partnerships and contracting opportunities.
- Accelerate and prioritize the development of infrastructure with multi-benefit outcomes, such as improved public service delivery and infrastructure efficacy, improved sustainability and decarbonization, benefits to disadvantaged communities, fulfilling equity goals, maintaining beneficial use of waterbodies, and ensuring a diverse public infrastructure workforce.
- Support alternative funding mechanisms and incentivize innovations and pilot programs for infrastructure and service delivery, such as construction, environmental services, water system management, and transportation development and goals.
- Ease and streamline procedures to work with federal partners, apply for and receive federal funding, and expend federal funding with more flexibility.
- Secure funding and resources to accelerate the deployment and maintenance of legacy public infrastructure that supports major international events (e.g., World Cup, Olympic Games, Paralympic Games), including enhancements to transportation systems, street safety, and mobility services, as well as enhance public transit options.
- Expand the capacity and resources of local economic and workforce development agencies to prepare and meet the needs of upcoming global events in the region. 10





The County strives to ensure that immigrants, from unaccompanied children and refugees to longtime County residents in removal proceedings, have the support and services they need to remain and thrive in the Los Angeles region. The County has taken action to advance policies that ensure all residents, regardless of immigration status, are treated humanely, afforded due process protections, provided access to counsel and necessary services without fear of immigration consequences, and given the opportunity to secure permanent immigration status.



## **SUPPORT FOR IMMIGRANTS**

### **The County will support proposals that:**

- Provide federal resources to meet the needs of newly arrived migrants, including refugees and asylees, and existing immigrant populations in the jurisdictions where they settle.
- Expand immigrant access to federally funded programs and services and offer new immigration relief opportunities for undocumented individuals and immigrants who lack permanent resident status.
- Provide adequate funding for legal representation for indigent immigrants in immigration court proceedings, end civil incarceration of noncitizens for immigration proceedings, and protect people from inhumane detention conditions.
- Provide funding for legal representation and other support services for vulnerable immigrant groups, including, but not limited to, unaccompanied children and victims of domestic violence, human trafficking, labor exploitation, and other crimes.
- Increase federal resources to facilitate prompt adjudication of all cases by U.S. Citizenship Immigration Services.

# Los Angeles County Board of Supervisors



**Kathryn Barger**, Chair

Fifth District

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**Hilda L. Solis**

First District

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INTERGOVERNMENTAL RELATIONS**

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# 2023 TRAINING SERIES

## Tips for Making Effective Written and Oral Public Comments

May 24, 2023



LOS ANGELES COUNTY  
COMMISSION ON HIV



# A LITTLE BIT ABOUT THE COMMISSION ON HIV

- Commission (PC) governed by Los Angeles County Ordinance 03.20.070 [http://lacounty-ca.elaws.us/code/coor\\_title3\\_ch3.29](http://lacounty-ca.elaws.us/code/coor_title3_ch3.29)
- Formally became an integrated PC in 2013
- PC is federally required in order to receive Ryan White funds for HIV/AIDS services
- Housed as an independent commission within the Executive Office of the Board of Supervisor (BOS) of the County of Los Angeles.
- Advise Division of HIV and STD Programs (DHSP) on how to prevent and reduce HIV infections via the integrated HIV plan (aka Comprehensive HIV Plan or CHP)
- 51 voting members; 1/3 (33%) must be unaffiliated consumers (UC)
- UC: PLWH and currently using a Ryan White (RW) Part A – funded service(s) and not employed by an agency receiving RW Part A funds.

# Learning Objectives


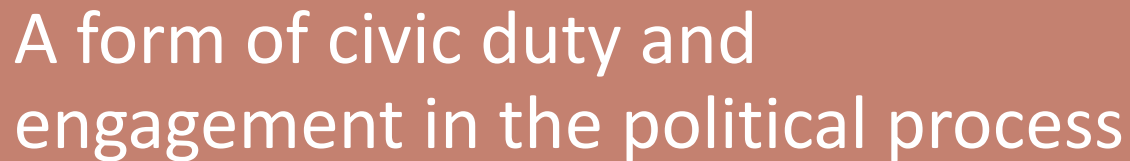
- Gain practical knowledge and skills to make effective public comments (PC) to elected bodies.
- Practice skills with mock meetings and scenarios.

# Why Make Public Comments?


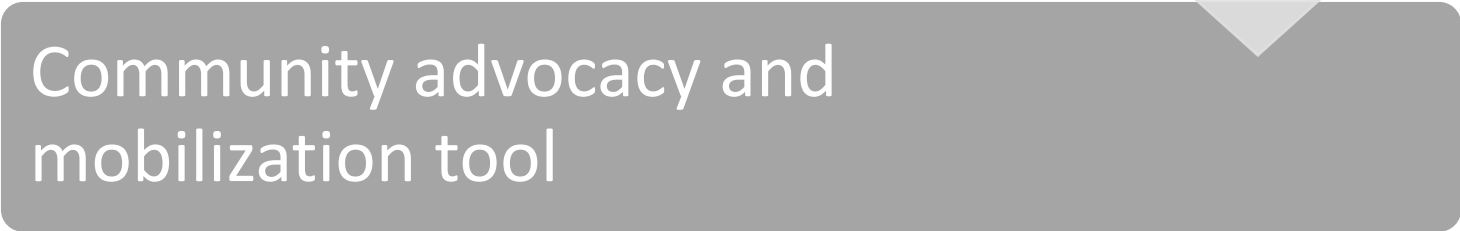
Public input increases transparency and accountability



A form of civic duty and engagement in the political process



Community advocacy and mobilization tool



# Key Resources

- **Ralph M. Brown Act** – governs open meetings for local government bodies
- **“Public Testimony:** public may comment on agenda items before or during consideration by the legislative body. Time must be set aside for public to comment on any other matters under the body’s jurisdiction.”



# Los Angeles County Board of Supervisors Public Comments Guidelines

- Meeting agendas with PC instructions @ <https://bos.lacounty.gov/>
- Telephonic public comments available
- Limited to a **total** of 6 mins per speaker, per meeting
- 1 minute for one item
- 2 mins for multiple items
- 3 mins for multiple items and general public comment

How to participate: <https://bos.lacounty.gov/board-meeting-agendas/how-to-participate>

# Los Angeles County Board of Supervisors Submitting PCs Online (cont'd)

1. To provide written comments on agenda items, use <https://publiccomment.bos.lacounty.gov/>
2. Complete information at the top of the comment page.
  1. **NOTE:** Required fields are First and Last names
3. Choose the agenda items that you wish to address.
4. Select In Favor, Oppose, Other
  1. **Optional:** You may submit comments for each item separately or upload a document with all of your comments. (Attachment limit is 5 documents)
5. Select “Next”
6. Verify the information is correct and select “Acknowledge” when you are ready to submit.
7. All comments submitted are public and viewable online.



## Tips – Live Comments

- Always check the public comment procedures on the meeting agenda.
- Agendas are posted 72 hours ahead of a meeting.
- Keep your comments succinct. Adhere to time limits.
- **Testimonies should cover four basic things:**
  1. Who you are
  2. Why this topic matters to you
  3. What specific points you don't support *and what you do support*

## Tips – Live Comments (cont'd)

1. **Be mindful of your tone.** Be aware of how your message will be received
  2. Time is limited, so **keep it brief.**
  3. **Be crystal clear.** Keep your words and your message simple to leave no room for confusion or misinterpretation.
  4. **Be bulletproof.** If you make a claim, back it up with data and reputable sources.
  5. Get a second (and third and even fourth) set of eyes to **review your statement.** Have an honest friend read or listen to your testimony to make absolutely sure your message is coming across effectively.
- **Time Limits**
    - 1-minute testimony = 130 words
    - 2-minute testimony = 260 words
    - 3-minute testimony = 390 words



## Tips – Live Comments (cont'd)

**Prioritize your message:** Make sure your most critical point(s) is/are made in the first minute of your testimony. That way if your time gets cut short, it gets cut off at the end after your most important point has been made.

**Be flexible:** Be ready to adapt with shorter versions of your testimony if needed. If you're comfortable doing so, you can also adjust your testimony based on the comments made before you, such as eliminating a point that has already been covered and discussing something else in its place, or correcting misinformation in a previous testimony.

Resource: [https://www.eli.org/sites/default/files/files-pdf/Verbal-Commenting\\_1.pdf](https://www.eli.org/sites/default/files/files-pdf/Verbal-Commenting_1.pdf)

# Practice & Scenarios

- Board item #11: Proclaiming April 2023 as “Fair Housing Month”
- *How would you prepare for a written public comment?*
- *What would you include in your written public comment?*
- *How will you follow-up with your written public comment submission?*

# Practice & Scenarios

- General Public Comments (towards end of Board agenda)
- The Chair just announced that public comments will be limited to 1 min per person.
- HIV or STD is not on the Board's agenda but you want to speak about HIV/STDs.
- How will you prepare for a live comment (telephonic or in person)?
- What will you cover in your comments?
- How will you follow-up with your live public comments?

**Q & A**





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