



PUBLIC POLICY COMMITTEE Virtual Meeting

Monday, July 11, 2022

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

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

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/2p95v4ek>

**Link is for non-Committee members only*

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PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS .

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

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

MONDAY, JULY 11, 2022 | 1:00 PM – 3:00 PM

To Join by Computer:

<https://tinyurl.com/2p95v4ek>

Link is for non-committee members only

To Join by Phone: 1-415-655-0001

Access code: 2599 232 1039

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton, (Alternate)	Felipe Findley
Jerry D. Gates, PhD	Eduardo Martinez (Alternate)	Ricky Rosales	Martin Sattah, MD
Courtney Armstrong			
QUORUM: 5			

AGENDA POSTED July 11, 2022

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS. All Public Comments will be made part of the official record.

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

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

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

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

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission’s Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions and Check-in, Conflict of Interest Statements 1:00 PM – 1:05 PM

I. ADMINISTRATIVE MATTERS 1:05 PM – 1:08 PM

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

II. PUBLIC COMMENT 1:08 PM – 1:10 PM

- 3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.

III. COMMITTEE NEW BUSINESS ITEMS 1:10 PM – 1:15 PM

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

IV. REPORTS

- 5. Executive Director/Staff Report 1:15 PM – 1:20 PM
 - a. Operational Updates
 - b. Comprehensive HIV Plan 2022-2026

- 6.** Co-Chair Report 1:20 PM – 1:30 PM
 - a. Act Now Against Meth (ANAM) Update

V. DISCUSSION ITEMS

- 7.** Legislative Docket 1:30 PM – 2:00 PM
- 8.** Policies Priority – Priorities 2:00 PM – 2:15PM
- 9.** State Policy & Budget Update 2:15 PM – 2:25 PM
- 10.** Federal Policy Update 2:25 PM – 2:30 PM
- 11.** County Policy Update 2:25 PM – 2:50 PM
 - a. COH Response to the STD Crisis

VI. NEXT STEPS

2:50 PM – 2:55 PM

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

VII. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT

3:00 PM

- 15.** Adjournment for the meeting of July 11, 2022

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 6/24/22

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayshawnda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CAO	Michael	Golden Heart Medical	No Ryan White or prevention contracts
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM) Benefits Specialty Medical Care Coordination (MCC) Mental Health Oral Healthcare Services STD Screening, Diagnosis and Treatment HIV Testing Storefront HIV Testing Social & Sexual Networks Sexual Health Express Clinics (SHEX-C) Transportation Services Medical Subspecialty HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront STD Screening, Diagnosis and Treatment Biomedical HIV Prevention Medical Care Coordination (MCC) Transitional Case Management - Youth Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Sexual Health Express Clinics (SHEX-C) Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
Transportation Services			
Nutrition Support			
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
ROBINSON	Mallery	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WALKER	Ernest	No Affiliation	No Ryan White or prevention contracts



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Ave., 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 •
FAX (213) 637-4748HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG •
VIRTUAL WEBEX MEETING

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.

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

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

Draft

June 6, 2022

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

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website at

<https://hiv.lacounty.gov/public-policy-committee/>

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Lee Kochems, Co-Chair called the meeting to order at approximately 1:10 PM, welcomed attendees, and led introductions.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF ANGENDA

MOTION #1: Approval of the Agenda Order as presented or revised. *(Passed by Consensus)*

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the May 2, 2022, Public Policy Committee meeting minutes, as presented

or revised. *(Passed by Consensus)*

II. PUBLIC COMMENT

3. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

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

There were no committee new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

- Cheryl Barrit informed the Public Policy Committee (PPC) that half of the seats on the Commission on HIV (COH) are up for renewal. Commissioners whose seats are ready for renewal were asked to send their renewal applications to Sonja Wright by June 10th.
- The COH will hold a vote to approve the Program Directives at the June 9th full-body meeting.

b. Comprehensive HIV Plan 2022-2026

- C. Barrit informed the PPC that the HIV workforce capacity survey has been sent out. The purpose of the survey is to assess the needs of the HIV workforce in Los Angeles County. Commissioners who are also HIV service providers were asked to complete the survey. The consumer survey is undergoing final revisions and will be sent out in coming weeks.
- The Health Resources and Services Administration (HRSA) updated their grant application requirements. Applications are now valid for three years as opposed to one. For this reason, the Planning, Priorities, & Allocations (PP&A) Committee is not required to hold a data summit this year, which was scheduled for their July meeting. PP&A has discussed holding a community engagement session or a discussion on Medicaid changes in lieu of the data summit. A data presentation on Ryan White service utilization may take place at another time.
- L. Kochems brought up a concern regarding a lack of syringe exchange and other harm reduction services in areas across LA County that are in need of these services. The group discussed barriers to harm reduction services including budgeting issues

and pushback from certain cities. Ricky Rosales stated that people from outside of the City of LA will travel to get these services because they are not available to them locally. L. Kochems requested data on the distribution of harm reduction services across LA County to better understand gaps in services. Courtney Armstrong, DHSP recommended working with the Harm Reduction Coalition. The PPC acknowledged that issues regarding harm reduction service availability across LA County should be included in the CHP.

- Eduardo Martinez inquired if the City of LA or County of LA is responsible for the homeless problem. L. Kochems and R. Rosales responded that homelessness is a complex issue with many root causes; both the city and county have responsibility over addressing the issue. L. Kochems noted that homelessness will be a major topic on the CHP.

6. CO-CHAIR REPORT

a. Act Now Against Meth (ANAM) Update

- There were no updates.

V. DISCUSSION ITEMS

7. LEGISLATIVE DOCKET

- The PPC discussed and took a position on the following bills on the legislative docket:
 - AB 1542 (McCarty): County of Yolo: Secured Residential Treatment Program – **Watch**
 - The bill was vetoed by the Governor last year.
 - The PPC will keep AB 1542 on the docket and watch for updates.
 - AB 1928 (McCarty): Hope California: Secured Residential Treatment Pilot Program – **Watch**
 - More clarification on the bill is needed from a representative.
 - AB 2194 (Ward and Lee): Pharmacists and pharmacy technicians: continuing education: cultural competency – **Support**
 - AB 2312 (Lee): Nonprescription contraception: access – **Watch**
 - SB 923 (Wiener): Gender-affirming care – **Support**
 - SB 939 (Pan): Prescription drug pricing – **Support**
 - SB 1234 (Pan): Family Planning, Access, Care, and Treatment Program – **Support**
 - SB 1338 (Umberg): Community Assistance, Recovery, and Empowerment (CARE) Program – **Watch with reservations**
 - This bill is supported by the Board of Supervisors (BOS).
 - Advocacy groups have criticized SB 1338 and oppose involuntary treatment.
 - Alasdair Burton recommended either supporting or watching the bill for its potential to help some people in need of these services.
 - Felipe Findley noted that this bill is opposed by several social justice organizations, an important fact to consider. These organizations oppose the bill because court-ordered treatment takes away the rights of people with mental

disabilities.

- L. Kochems noted that this bill can benefit a subset of people in need of these services.
- C. Armstrong expressed concern in supporting this bill without hearing from social justice organizations.
- H.R. 1280 (Bass): George Floyd Justice and Policing Act – **Watch with reservations**
- Federal Bill Proposal (Sponsored by Movement for Black Lives): The BREATHE Act – **Watch with discussion**
- S. 854 (Feinstein): Methamphetamine Response Act of 2022 – **Support**
- The PPC voted to approve the legislative docket and move it forward to the Executive Committee (**Passed by roll call vote; Yes = 6; Absent = 4**)

8. POLICIES PRIORITY – PRIORITIES

- L. Kochems provided an overview of feedback on the policy priorities document, found in the meeting packet. The policy priorities workgroup will have a revised draft ready for discussion at the July PPC meeting.

9. STATE POLICY & BUDGET UPDATE

- a. The June 15th, state budget deadline is approaching. The state legislature released their budget priorities. The proposed budget includes a 49 million dollar ask for the Ending the Epidemics Coalition to support congenital syphilis and syphilis as well as 8 million dollars for Hepatitis B, Hepatitis C, Family PACT expansion (condom access); there were no investments in harm reduction. The coalition is currently doing advocacy voicing their disappointment for the lack of investments in harm reduction. Negotiations will begin in the coming week.

10. FEDERAL POLICY UPDATE

- a. There were no updates.

11. COUNTY POLICY UPDATE

a. COH Response to the STD Crisis

- A letter of support for harm reduction services from the Board of Supervisors (BOS) to the state legislature and governor would help address the STD crisis.

VI. NEXT STEPS

12. TASK/ASSIGNMENTS RECAP

- The PPC workgroup will revise the policy priorities document. Feedback is to be sent to Jose Rangel-Garibay.

13. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- The next PPC meeting will take place on July 11th due to the 4th of July holiday. A. Burton and C. Armstrong will not be in attendance.

VII. ANNOUNCEMENTS

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

ANNOUNCEMENTS.

- A. Burton announced that the Consumer Caucus will be meeting on Thursday, June 9th from 3-5 PM.

VIII. ADJOURNMENT

15. ADJOURNMENT FOR THE MEETING OF JUNE 6, 2022.

- The meeting adjourned at approximately 3:20 PM.

From: [Katja Nelson](#)
To: [Barrit, Cheryl](#); [Lmkanthroconsult](#); [Garibay, Jose](#)
Subject: FW: Act Now Against Meth - Update Meeting
Date: Wednesday, July 6, 2022 3:25:45 PM
Attachments: [Invitation Letter - RZ \(1\).pdf](#)

FYI – can we share with committee members? It's right after our meeting next week.

Katja Nelson, MPP | Local Affairs Specialist, Government Affairs

APLA Health

The David Geffen Center | 611 S. Kingsley Dr. | Los Angeles, CA 90005

Pronouns: She, Her, Hers

213.201.1652 (o) | 213.201.1595 (f)

knelson@apla.org | aplahealth.org

From: Guilmar Perdomo <guilmar.perdomo@twlmp.org>
Sent: Wednesday, July 6, 2022 9:58 AM
To: Leslie Le Mon <leslie.lemon@twlmp.org>; Guilmar Perdomo <guilmar.perdomo@twlmp.org>
Subject: Act Now Against Meth - Update Meeting

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning,

You are invited to attend a special meeting where we'll provide an update on the significant progress of the **Act Now Against Meth: Los Angeles County Platform Addressing The Meth Epidemic.**

This meeting will be virtual on zoom, on **Monday, July 11th at 3:00pm.** To RSVP, please reply to this email. You will find the zoom information at the bottom of this page.

Attached is your invitation from **Richard Zaldivar**, Founder and Executive Director of The Wall Las Memorias.

Best regards,

Guilmar Perdomo

Zoom Meeting Information

Topic: Act Now Against Meth Follow up Meeting

Time: Jul 11, 2022 03:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89756181607>

Meeting ID: 897 5618 1607

One tap mobile

+16699006833,,89756181607# US (San Jose)



2022-2023 Legislative Docket

Approved by PPC on 6/6/22 (Revision Date: 06.30.22)

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH | County bills noted w/asterisk

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	26-AUG-21 In Committee: Held Under Submission.
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15 <i>Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.</i>	Support with questions	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 16 (Chiu)	Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16 <i>Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.</i>	Watch	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 65 (Low)	California Universal Basic Income Program: Personal Income Tax	This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65	Watch	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the State Department of Health Care Services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 240 (Rodriguez)	Local health department workforce assessment	This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240	Support with Questions	26-AUG-21 In Committee: Held under Submission

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 328 (Chiu)	Reentry Housing and Workforce Development Program	<p>This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care, as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328</p>	Support	<p><i>01-FEB-22 Filed with the Chief Clerk pursuant to Joint Rule 56. (1)</i></p>
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	<p>This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835</p>	Support	<p>26-AUG-21 In Committee: Held Under Submission</p>
AB 1038 (Gipson)	California Health Equity Program	<p>This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038</p>	Support	<p>26-AUG-21 In Committee: Held Under Submission</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1400 (Kalra)	Guaranteed Health Care for All	<p>This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400</p>	Support	<p><i>01-FEB-22 Died on third reading file.</i></p>
AB 1542 (McCarty)	County of Yolo: Secured Residential Treatment Program.	<p>This bill would, until January 1, 2025, authorize the County of Yolo to offer a pilot program, known as the Secured Residential Treatment Program, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature.</p> <p>Bill Text - AB-1542 County of Yolo: Secured Residential Treatment Program. (ca.gov)</p>	Watch	<p><i>3-FEB-22 Consideration of Governor's veto stricken from file.</i></p>
AB 1928 (McCarty)	Hope California: Secured Residential Treatment Pilot Program	<p>Existing law authorizes a court to grant pretrial diversion to a defendant in specified cases, including when the defendant is suffering from a mental disorder, specified controlled substances crimes, and when the defendant was, or currently is, a member of the United States military. This bill would, until January 1, 2026, <i>the Counties of San Joaquin, Santa Clara, and Yolo to develop, manage, staff, and offer a secured residential treatment pilot program</i>, known as Hope California, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1928</p>	Watch	<p><i>19-MAY-22 In committee: Held under submission.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2194 (Ward and Lee)	Pharmacists and pharmacy technicians: continuing education: cultural competency	<p>Requires pharmacists and pharmacy technicians to complete at least one hour of continuing education through a cultural competency course focused on lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) patients.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2194</p>	Support	<p><i>21-JUNE-22 Read second time. Ordered to third reading.</i></p>
AB 2223 (Wicks)	Reproductive Health	<p>Existing law requires a county coroner to hold inquests to inquire into and determine the circumstances, manner, and cause of violent, sudden, or unusual deaths, including deaths related to or following known or suspected self-induced or criminal abortion. Existing law requires a coroner to register a fetal death after 20 weeks of gestation, unless it is the result of a legal abortion. If a physician was not in attendance at the delivery of the fetus, existing law requires the fetal death to be handled as a death without medical attendance. Existing law requires the coroner to state on the certificate of fetal death the time of fetal death, the direct causes of the fetal death, and the conditions, if any, that gave rise to these causes.</p> <p>This bill would delete the requirement that a coroner hold inquests for deaths related to or following known or suspected self-induced or criminal abortion, and would delete the requirement that an unattended fetal death be handled as a death without medical attendance. The bill would prohibit using the coroner's statements on the certificate of fetal death to establish, bring, or support a criminal prosecution or civil cause of damages against any person.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2223</p>	Support	<p><i>29-JUNE-22 In committee: Testimony taken. Hearing postponed by committee.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2312 (Lee)	Nonprescription contraception: access	<p>This bill would, with certain exceptions, prohibit a retail establishment, as defined, from refusing to furnish nonprescription contraception to a person solely on the basis of age or any of the above-listed characteristics by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age or other characteristic.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2312</p>	Watch	6-APR-22 In committee: Set, first hearing. Hearing canceled at the request of author.
AB 2521 (Santiago)	Transgender, Gender Nonconforming, or Intersex Fund	<p>This bill would rename the fund as the Transgender, Gender Nonconforming, or Intersex Fund. The bill would require the office to establish a community advisory committee for the purpose of providing recommendations to the office on which organizations and entities to select for funding and recommendations on the amount of funding for each organization or entity. The bill would require the community advisory committee to be composed of multiple marginalized members of the TGI community for whom the services provided by the funds are intended.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2521</p> <p>Sponsored by TransLatin@ Coalition</p>	Support	<i>29-JUNE-22 From committee: Do pass</i>
SB 17 (Pan)	Office of Racial Equity	<p>This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17</p>	Support	<i>29-JUNE-21 June 29 set for second hearing. Placed on suspense file.</i>
SB 56 (Durazo)	Medi-Cal: eligibility	<p>This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56</p>	Support	<i>23-JUNE-21 From Committee: Do Pass and Re-refer to Committee on Appropriation</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	<p>This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57</p> <p><i>The City of Los Angeles approved a pilot site for this program and requested a bill amendment to include the City of Los Angeles. The sponsor held the bill for this legislative session and will continue the legislative process in January 2022 (Legislative Session 2022-23).</i></p>	Support	<i>02-JUNE-22 Read second time. Ordered to third reading.</i>
SB 217 (Dahle)	Comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education.	<p>This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217</p>	Opposed Unless Amended	<i>01-FEB-22 Returned to Secretary of Senate pursuant to Joint Rule 56(1)</i>
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	<p>This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225</p>	Support	<p><i>18-JAN-22</i></p> <p><i>In Assembly. Read first time. Held at Desk.</i></p> <p><i>Canceled at the Request of the Author.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316	Support	<i>09-SEP-21 Ordered to inactive file on request of Assembly Member Reyes.</i>
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	<i>24-JUN-22 Enrolled and presented to the Governor at 10:30 am.</i>
SB 464 (Hurtado)	California Food Assistance Program: eligibility <i>and</i> <i>benefits</i>	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	<i>01-JULY-21 From Committee: Do Pass and Re- refer to Committee on Appropriation. Re-referred to Committee Appropriation</i>
SB 523 (Leyva)	Health care coverage: contra- ceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	<i>26-AUG-21 August 26 Hearing Postponed by Committee.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 923 (Wiener)	Gender-affirming care	<p>This bill requires health plans and insurers to require all of its support staff who are in direct contact with enrollees or insureds to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex. This bill adds processes to continuing medical education requirements related to cultural and linguistic competency for physician and surgeons specific to gender-affirming care services, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB923</p>	Support	<p><i>23-JUNE-22 Read second time and amended. Re-referred to Com. on APPR.</i></p>
SB 939 (Pan)	Prescription drug pricing	<p>This bill prohibits payers and drug manufacturers from imposing requirements, conditions, or exclusions that discriminate against certain health care entities participating in a federal drug discount program, including contracted pharmacies of the health care entities.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB939</p>	Support	<p><i>28-JUNE-22 June 28 set for first hearing canceled at the request of author.</i></p>
SB 1033 (Pan)	Healthcare Coverage	<p>This bill would require the Department of Managed Health Care (DMHC) and the Insurance Commissioner, no later than July 1, 2023, to revise specified regulations that would require health plans, specialized health plans, or insurance policies, excluding Medi-Cal beneficiaries, for cultural and health-related social needs in order to improve health disparities, health care quality and outcomes, and addressing population health.</p> <p>This bill is referred by the community as the health equity and data bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1033</p>	Support	<p><i>29-JUNE-22 From committee: Do pass and re-refer to Com. on APPR.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 1234 (Pan)	Family Planning, Access, Care, and Treatment Program	<p>The bill would require reimbursement, subject to an appropriation by the Legislature and any potential draw down of federal matching funds, for services related to the prevention and treatment of sexually transmitted diseases (STDs), including counseling, screening, testing, follow-up care, prevention and treatment management, and drugs and devices outlined as reimbursable in the Family PACT Policies, Procedures and Billing Instructions manual, to uninsured, income-eligible patients or patients with health care coverage who are income-eligible and have confidentiality concerns, including, but not limited to, lesbian, gay, bisexual, transgender (LGBTQ+) patients, and other individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. In addition, the bill would require any office visits, including in-person and visits through telehealth modalities, to be reimbursed at the same rate as office visit.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1234</p>	Support	<i>29-JUNE-22 From committee: Do pass as amended and re-refer to Com. on APPR.</i>
SB 1338 (Umberg)	Community Assistance, Recovery, and Empowerment (CARE) Program	<p>Senate Bill 1338 would establish the Community Assistance, Recovery, and Empowerment (CARE) Court Program, which would authorize specified persons to petition a civil court to create a CARE plan and implement services for individuals suffering from specified mental health disorders. If the court determines the individual is eligible for the CARE Court Program, the court would order the implementation of a CARE plan, as devised by the relevant county behavioral services agency, and would oversee the individual's participation in the plan.</p> <p>https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202120220SB1338</p> <p>Supported by the Los Angeles County Board of Supervisors</p>	Watch with reservations	<i>29-JUNE-22 From committee: Do pass as amended and re-refer to Com. on APPR.</i>
FEDERAL BILLS				
BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R.5 (Cicilline)	Equality Act	<p>This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/5</p>	Support	17-March-2021 Senate Committee on the Judiciary Hearings Held
H.R. 1201 (Lowenthal- Markey)	International Human 5 Rights Defense Act of 2021	<p>The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1201/text</p>	Support	02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights
H.R. 1280* (Bass)	George Floyd Justice and Policing Act of 2021	<p>This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes best practices and training requirements.</p> <p>The Commission on HIV refer this bill back to the Committee because funding for the police is included in the bill. This is at odds with the movement for Black Lives which opposes the bill.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&s=2&r=1</p>	Watch with reservations	09-March-21 Received in the Senate Referred Back to Committee in Discussion

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

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

* The bill was not approved by the Commission on HIV

** Commission on HIV recommended bill for the Legislative docket

Footnotes:

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

Notes:

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



PUBLIC POLICY COMMITTEE (PPC) 2022 POLICY PRIORITIES

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to care and supportive services to ensure that all people living with HIV and communities most impacted by HIV and STDs, live, full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. Nevertheless, similar to the HIV epidemic, from global, to national to local, it is our most marginalized communities that are disproportionately impacted with higher rates of disease and death including at a younger age. In addition, The COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding and enhance HIV prevention and care service. This effort is to address negative impacts pre-COVID service levels, as well exceed the quantity and quality of HIV and prevention services.

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

Systemic and Structural Racism

- a. Health equity, the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e. homophobia, transphobia, and misogyny); housing; mental health; substance abuse; and income/wealth gaps; **criminalization** (eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS)
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

Racist Criminalization and Mass incarceration

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

- a. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men’s Central Jail and seek increased funding for services and programming through Measure J as well as through the reduction in funding for policing and incarceration. ([MCJ Closure Report](#))

Housing

Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors from family discrimination at home to discrimination in employment which lead to higher rates of poverty, undermines their ability to thrive and increases the risk of arrest and incarceration. Expand ATI strategies which include:

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

Mental Health

- a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
- b. By increasing services for those with underlying mental health issues, there will be less reliance on incarceration. Los Angeles County Jail has also become the largest mental health institution in the country.
- c. Support the building of community-based mental health services to account for the nearly 4,000+ individuals currently incarcerated in need of mental health services and support closing of Men’s Central Jail.

Sexual Health

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

Substance Abuse

- a. Advocate for substance abuse services to PLWHA.
- b. Advocate for services and programs associated with methamphetamine use and HIV transmission.
- c. Expand ATI- Diversion programming to provide a “care first” strategy and move those who need services away from incarceration to substance abuse programs.

Consumers

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

Aging

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

Women

- a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse.

Transgender

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

General Health Care

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

Service Delivery

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

Data

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

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



2022 POLICY PRIORITIES – ACTION PLAN

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

From: [Katja Nelson](#)
To: [Barrit, Cheryl](#); [Garibay, Jose](#); [Lapointe, Catherine](#); [McClendon, Dawn](#); [Wright, Sonja](#); [Lmkanthroconsult](#); ["Bridget Gordon \(bridget.gordon@gmail.com\)"](#); [Danielle Campbell](#)
Subject: FW: [UPDATE] 2022-23 State Budget
Date: Tuesday, June 28, 2022 2:28:04 PM
Attachments: [Hepatitis B.docx](#)
[Hepatitis C.docx](#)
[STIs.docx](#)
[Syphilis and Congenital Syphilis.docx](#)

FYI, and can we share this budget update with the public policy committee? In the email below I updated the typo from the follow-up email Craig sent (\$30m over 3 years not 30 years), but I want to make sure we send this email with the bill language attachments.

Thanks,

Katja

Katja Nelson, MPP | Local Affairs Specialist, Government Affairs

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From: ete-statewide@googlegroups.com <ete-statewide@googlegroups.com> **On Behalf Of** Craig Pulsipher
Sent: Tuesday, June 28, 2022 11:00 AM
To: ete-statewide@googlegroups.com; ete-policy@googlegroups.com; ete-organizing@googlegroups.com; ete-comms-team@googlegroups.com
Subject: [UPDATE] 2022-23 State Budget

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi all --

On Sunday, Governor Newsom and Legislative leaders [announced an agreement](#) on the 2022-23 state budget.

The final budget includes numerous new investments to celebrate, including expansion of Medi-Cal to all eligible Californians regardless of immigration status beginning no later than January 1, 2024, over \$200 million to help California continue to lead in protecting reproductive rights, \$150 million over two years to support the Health Equity and Racial Justice Fund, \$300 million annually for state and local public health departments, and additional financial assistance for low-income and vulnerable Californians.

In terms of our ETE priorities, the final budget includes \$30 million over 3 years for highly impacted local health jurisdictions to address syphilis and congenital syphilis and \$8 million over 3 years to support hepatitis B demonstration projects. This represents the largest ever state investment in STIs and first ever state investment in hepatitis B. In addition, we were successful including budget language to provide local health jurisdictions and community-based organizations with additional flexibility for using the existing funding for hepatitis C and STIs. The budget currently includes roughly \$5 million annually for hepatitis C and \$15 annually for STIs. I've attached relevant bill language for each of these requests.

Unfortunately, the final budget does not include any additional funding for hepatitis C, harm reduction programs, or expansion of the state's Family PACT program to cover LGBTQ+ people. We are especially disappointed and outraged that, despite our best efforts, the Governor and Legislature have chosen to do so little to address the

state's growing overdose crisis and provide desperately needed services to BIPOC and people who use drugs.

A summary of the final budget agreement is available

here: <https://sbud.senate.ca.gov/sites/sbud.senate.ca.gov/files/Final%20Version%20Preliminary%20Summary3.pdf>.

A more detailed summary is available

here: <https://abgt.assembly.ca.gov/sites/abgt.assembly.ca.gov/files/Floor%20Report%20of%20the%202022-23%20Budget%20%28Updated%20June%2027%2C%202022%29.pdf>.

We are currently drafting a press release and sample social media that will be circulated and posted to our website later this week. We are also drafting a statement to express our collective outrage over the Supreme Court's decision to overturn Roe v. Wade and stand in solidarity with reproductive rights advocates in California and across the country. The statement will be circulated and posted to our website in the coming days.

Thank you so much for your ongoing support of this important work. We should certainly be proud of what we have accomplished this year, but I think we all recognize that we still have so much work left to do. Please let me know if you have any questions.

Thanks,

Craig

Craig Pulsipher, MPP, MSW

Associate Director, Government Affairs

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t: [@aplatweets](https://twitter.com/aplatweets)

<https://aplahealth.org/pickup/apla.png>



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You received this message because you are subscribed to the Google Groups "End the Epidemics Statewide Working Group" group. To unsubscribe from this group and stop receiving emails from it, send an email to ete-statewide+unsubscribe@googlegroups.com. To view this discussion on the web visit <https://groups.google.com/d/msgid/ete-statewide/SJ0PR08MB7799B50E680936682062746FB1B99%40SJ0PR08MB7799.namprd08.prod.outlook.com>.



OFFICE OF THE GOVERNOR

JUL 01 2022

To the Members of the California State Senate:

I am signing Senate Bill 357, which repeals provisions of the law related to loitering with intent to commit prostitution. This bill additionally allows a person, who has been convicted of loitering, to petition the trial court for resentencing or dismissal, and the sealing of records.

The author brought forth this legislation because the crime of loitering has disproportionately impacted Black and Brown women and members of the LGBTQ community. Black adults accounted for 56.1% of the loitering charges in Los Angeles between 2017-2019, despite making up less than 10% of the city's population.

To be clear, this bill does not legalize prostitution. It simply revokes provisions of the law that have led to disproportionate harassment of women and transgendered adults. While I agree with the author's intent and I am signing this legislation, we must be cautious about its implementation. My Administration will monitor crime and prosecution trends for any possible unintended consequences and will act to mitigate any such impacts.

Sincerely,

A handwritten signature in black ink, appearing to read "Gavin Newsom", written over a horizontal line. The signature is stylized and somewhat abstract, with several sharp peaks and a long horizontal stroke at the end.

Gavin Newsom



Governor Newsom Signs Legislation 7.1.22

Published: Jul 01, 2022

SACRAMENTO – Governor Gavin Newsom today announced that he has signed the following bills:

- AB 1730 by Assemblymember Laurie Davies (R-Laguna Niguel) – Penal damages: veterans.
- AB 1736 by Assemblymember Steven Choi (R-Irvine) – Community colleges: student government.
- AB 1781 by Assemblymember Blanca Rubio (D-Baldwin Park) – Safe transportation of dogs and cats.
- AB 2198 by Assemblymember Vince Fong (R-Bakersfield) – Vehicles: driving under the influence.
- AB 2245 by Assemblymember James C. Ramos (D-Highland) – Partition of real property.
- AB 2337 by Assemblymember Megan Dahle (R-Bieber) – School districts: frontier school district.
- AB 2391 by Assemblymember Jordan Cunningham (R-San Luis Obispo County) – Civil actions: vexatious litigants.
- AB 2661 by Assemblymember Marie Waldron (R-Escondido) – Death benefits: tribal firefighters.
- SB 357 by Senator Scott Wiener (D-San Francisco) – Crimes: loitering for the purpose of engaging in a prostitution offense. A signing message can be found [here](#).
- SB 382 by Senator Anna Caballero (D-Merced) – Human trafficking: restraining orders.
- SB 935 by Senator Dave Min (D-Irvine) – Domestic violence: protective orders.
- SB 938 by Senator Robert Hertzberg (D-Van Nuys) – The Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000: protest proceedings: procedural consolidation.
- SB 969 by Senator John Laird (D-Santa Cruz) – Pajaro Valley Health Care District.
- SB 1005 by Senator Bob Wieckowski (D-Fremont) – Conservatorship: sale of personal residence.
- SB 1037 by Senator Thomas Umberg (D-Santa Ana) – Civil discovery: oral depositions: conduct of deposition.
- SB 1192 by Senator Rosilicie Ochoa Bogh (R-Yucaipa) – Public contracts: withheld payments.
- SB 1490 by the Committee on Governance and Finance – Validations.
- SB 1491 by the Committee on Governance and Finance – Validations.
- SB 1492 by the Committee on Governance and Finance – Validations.
- SB 1497 by the Committee on Natural Resources and Water – California Coastal Act of 1976.

For full text of the bills, visit: <http://leginfo.legislature.ca.gov>.

###



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Director

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BOARD OF SUPERVISORS

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Janice Hahn
Fourth District

Kathryn Barger
Fifth District

July 1, 2022

TO: Each Supervisor

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

SUBJECT: **ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE STD RATES IN LOS ANGELES COUNTY (ITEM 58-A, BOARD AGENDA OF MAY 29, 2018)**

This is in response to your May 29, 2018, motion requesting that: 1) the Department of Public Health (Public Health) report back on the progress made toward implementing several directives to help reduce the rates of Sexually Transmitted Disease (STD) in Los Angeles County (LAC) and 2) that Public Health report every quarter thereafter on progress made toward the priorities outlined in the STD Prevention and Control Work Plan (STD Work Plan).

Please note that the COVID-19 pandemic continued to impact STD control efforts throughout LAC, including since the last update to your Board on January 11, 2022. As shared in previous memoranda, the COVID-19 response has impacted Public Health's direct and indirect response to STDs. This memorandum provides updates on activities since the last report and through March 31, 2022, unless otherwise noted.

Background

On September 7, 2018, I shared with your Board a report outlining 1) an STD Legislative and Budget Advocacy Plan including efforts at the State and federal levels; 2) efforts to engage hospitals and health plans; 3) opportunities for expanded STD screening and treatment capacity in both the public and private sector; and 4) a summary of the STD Work Plan. The STD Work Plan includes the four priorities listed below:

1. Improve the early identification of cases through testing of at-risk populations;
2. Interrupt disease transmission through the appropriate treatment of cases and their partners;
3. Educate consumers and community to increase awareness and empower people to make decisions that protect health, and;
4. Create effective policies to impact health care provider behavior.

Addressing the STD Crisis in Los Angeles County

On April 1, 2022, Public Health submitted our response to the September 28, 2021, Board motion introduced by Supervisor Hilda Solis, *Addressing the STD Crisis in Los Angeles County*. As you are aware, this motion directed Public Health, in collaboration with the Department of Health Services (DHS), Department of Mental Health (DMH), the Alliance for Health Integration (AHI), and the Chief Executive Office's (CEO) Anti-Racism, Diversity and Inclusion (ARDI) Initiative, to report back with an updated plan of action to address this crisis as well as create a public-facing STD dashboard to track the County's progress towards reducing STD rates. In addition, your Board's motion also directed the CEO Legislative Affairs to advocate for additional federal and State resources to combat the STD crisis, support the initiatives detailed in Public Health's report back, identify STD-related legislative and budget proposals to help alleviate the crisis, support the County's STD public health infrastructure, expand access to STD testing and treatment, and improve community education.

The April 1, 2022, memorandum in response to your Board's September 28, 2021, motion addressed the following seven areas and requests:

- I. Analysis of all existing funding streams, including federal, State, and local resources currently utilized or available for STD response;
- II. Establish a planning process to ensure coordination of efforts;
- III. Analysis of community capacity and infrastructure needs to respond to the STD crisis, including identifying key populations that are disproportionately impacted and least resourced, and an outline of key steps to build capacity for communities to respond, as well as strategies for working with ARDI to address the intersection of racism, stigma, and sexual health;
- IV. Training opportunities to develop skills to provide culturally humble and linguistically appropriate outreach, education, and marketing;
- V. Framework and timeline, including key metrics and milestone goals, for ending the STD crisis in LA County;
- VI. Public-facing STD dashboard to track the County's progress towards reducing STD rates, and;
- VII. Coordinate federal and State resources to combat the STD crisis

In addition to Public Health's April 1, 2022, response to your Board, this quarterly update offers additional reports on items specific to the March 29, 2018 Board motion.

COVID-19 Response and Impact on STDs

As shared in the previous quarterly report to your Board, the COVID-19 pandemic has continued to impede Public Health's ability to monitor and respond to the STD epidemic and impacted the delivery of a range of STD-related services and activities typically delivered by public- and private-sector partners. As shared in several past reports, the reduction of STD prevention, awareness, screening, diagnosis, treatment, case-finding, and surveillance efforts throughout the County has mitigated STD control efforts. Separately, the continued expansion of tele-medicine, as influenced by COVID-19, has resulted in an increase in STD treatment based on symptoms and a decrease in STD treatment based on diagnostic testing (e.g., STD treatment is provided without confirmatory testing).

As a result of the increase in presumptive treatment of suspect STD cases, our ability to accurately monitor disease trends continues to be impacted. Public Health's human resource shifts to support the COVID-19 pandemic response have also impeded Public Health's investigation and clinical services, data entry, and data submission to State and federal funders. These resource shifts have also continued to impact data quality, data completeness, data analysis, and data dissemination efforts. As COVID-19 cases and outbreaks fluctuate in the County, so does the ability for Public Health to focus on other infectious diseases, including STDs.

2021 STD Surveillance Dashboard Update

In April 2022, and in response to your Board's motion, Public Health released a publicly facing STD and HIV Surveillance Dashboard which provides the most recently available and fully transparent STD and HIV Surveillance data. The dashboard is accessible to the public, policy makers, and other stakeholders at (<http://publichealth.lacounty.gov/dhsp/dashboard.htm>). These interactive dashboards have cross-filtering functionalities to examine greater detail among subgroups. Dashboard users can review surveillance data across several time intervals and by age, gender, racial/ethnic groups, as well as by geographic area, and syphilis stage.

2021 STD Surveillance Data Update

The most recent surveillance data continues to suggest that STD cases, specifically syphilis and gonorrhea, continued to rise in Los Angeles County. In 2021, Los Angeles County (excluding the cities of Long Beach and Pasadena) had the highest number of reported syphilis, congenital syphilis (CS), and gonorrhea cases ever reported. In 2021, 9,415 syphilis cases, 123 congenital syphilis cases, and 28,537 gonorrhea case were reported. This reflects a 20% increase in syphilis, 9% increase in congenital syphilis, and 17% increase in gonorrhea when compared to 2020 reported case levels.

Chlamydia is the only STD that has not surpassed what was reported in 2020. In 2021, 53,228 chlamydia cases were reported, a decrease of 19% compared to 2019 (n=65,404), and a 7% increase compared to 2020 (n=49,777). The decrease in reported chlamydia cases may not reflect an actual decrease in levels of infection in the community. Instead, the lower reported case levels from 2019 to 2021 may be due to a reduction in screening volume (in both the public and private sector) and changes in California reporting requirements tied to chlamydia.

Continued Increase in Congenital Syphilis (CS)

As shared with your Board previously, congenital syphilis cases continued to increase in 2021. Provisional data for 2021 (excluding data from the cities of Long Beach and Pasadena) indicates that Los Angeles County had the highest number of annual CS cases ever reported. There were 123 CS cases reported in 2021 which reflects a 9% increase compared to 2020. Of continued concern is the 500% increase in reported CS-related stillbirths in 2021 (n=18) compared to 2020 (n=3). Public Health continues to review the factors tied to these cases as we strive to prevent all cases of stillbirth. Given the strong relationship between syphilis and CS and the persistence of several known co-factors (e.g., methamphetamine use, homelessness, undiagnosed and untreated mental illness), it is anticipated that high rates of syphilis will persist in 2022. During the first quarter of 2022, Los Angeles County has reported a total of 40 CS cases compared to 24 CS reported in the first quarter of 2021.

Increased Attention on Disseminated Gonococcal Infections (DGI)

As shared in our last quarterly memorandum to your Board, Public Health, in coordination with State and federal partners, continues to closely monitor DGI trends locally. DGI is an uncommon, but severe, complication of untreated gonorrhea. DGI occurs when the sexually transmitted pathogen *Neisseria gonorrhoeae* [also known as *N. gonorrhoeae* or gonococcus (GC)] invades the bloodstream and spreads to distant sites in the body, leading to clinical manifestations such as septic arthritis, polyarthralgia, tenosynovitis, petechial/pustular skin lesions, bacteremia, or, on rare occasions, endocarditis, or meningitis. In late 2019, the federal Centers for Disease Control and Prevention (CDC) alerted jurisdictions that there has been an increase in DGI cases in some jurisdictions and requested that local and State public health departments monitor for any increases in DGI. The California STD Control Branch assists Public Health with DGI monitoring. DGI monitoring includes investigating GC specimen types that include synovial fluid, blood, skin, or cerebral spinal fluid.

In 2020, Public Health began to monitor the prevalence of DGI cases more closely and has recently made the surveillance data available via the new publicly facing dashboard. Between 2020 and 2021 there was an 82% increase in reported cases of DGI (11 cases in 2020 and 19 cases in 2021). The median age of cases reported in 2021 was 44 years, 68% of cases were among cis-gender males, 53% among Latinx persons, and 32% among persons who reported methamphetamine or other illicit drugs (or some combination of illicit drugs). There was no documented increase in antimicrobial drug resistance reported with these cases. The increase in DGI is likely the result of a heightened awareness, vigilance, and screening. Public Health, along with State and federal partners, will continue to monitor these trends to improve our understanding of the nature of these increases.

Improve Early Identification of Cases

Public Health plans to continue to work to improve screening rates and build screening capacity across several health care delivery systems. As shared in previous memoranda, as the impact of the COVID-19 pandemic subsides, Public Health will work to resume efforts to establish baseline screening rates for the most disproportionately impacted sub-populations.

Expanded STD Screening and Treatment Capacity

Community-Based Provider Contract Update

As shared in previous updates, Public Health released a Request for Proposals (RFP) for HIV Testing and STD Screening, Diagnosis, and Treatment Services in 2019. As part of this RFP, Public Health diversified and expanded the number of community-based partners providing highly targeted STD services. Public Health approved ten STD Screening, Diagnosis and Treatment Services (STD-SDTS) contracts effective January 1, 2020, and four STD Sexual Health Express Clinic (STD SHE-X) contracts effective February 1, 2020, using the delegated authority approved by your Board on November 20, 2018.

The November 17, 2020, and May 17, 2021, memorandum to your Board provided a detailed update of the 43 HIV and STD contracts that were awarded because of the above-mentioned RFP. While all 43 combined HIV and STD contracts awarded through this RFP have been fully executed, they continue to operate at different levels of productivity during the COVID-19 pandemic (e.g., providers either temporarily closed their clinics, significantly reduced clinic hours, or operated at reduced capacity). As community-based agency reconstitution efforts continue, a slow but steady increase in in-person client visits has been observed.

As shared in past memoranda, Public Health received notification from one of the 10 STD-SDTS providers, Community Health Alliance of Pasadena (CHAP), that they intended to relinquish their STD contract effective June 30, 2021, and would no longer provide the STD services funded by Public Health. However, in subsequent deliberations with the agency, CHAP has decided to continue services contingent upon securing a federal Health Resources and Services Administration (HRSA) grant which will support a full-time Program Manager. HRSA will announce successful bidders in June 2022 and has an anticipated July 2022 service start date. If CHAP is unable to secure the federal grant and unable to operationalize the STD-SDTS contract, Public Health will re-review alternate service delivery options for Service Planning Area (SPA) 3.

Public Health Laboratory STD Specimen Processing Update

As shared previously with your Board, the delivery of STD-SDTS requires the collection and processing of specimens (e.g., urine for gonorrhea and chlamydia, blood draw for syphilis, or rectal and pharyngeal swabbing for gonorrhea and chlamydia (also referred to as extra-genital screening)). In years past, Public Health has expanded the reach of local STD service delivery options by covering the STD specimen processing costs for a subset of STD service providers who use the Public Health Laboratory (PHL). Public Health continued to cover laboratory specimen processing costs for contracted providers in calendar year 2022 as providers also developed the capacity to bill public and commercial health plans for these processing costs. Public Health will sunset this arrangement effective December 31, 2022, and as third-party billing continues to improve.

STD Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers

As shared in prior reports to your Board, STD services at some Public Health Centers were curtailed or discontinued during the COVID-19 pandemic. During the first quarter of 2021, services have slowly resumed, and Public Health is currently providing confidential STD screening, diagnosis, treatment, and counseling services at the following eight clinics (although not all at pre-pandemic levels): Antelope Valley Health Center, Central Health Center, Curtis Tucker Health Center, Hollywood-Wilshire Health Center, Martin Luther King Jr. Center for Public Health, North Hollywood Health Center, Ruth Temple Health Center, and Whittier Health Center. The remaining 3 Public Health Centers remain temporarily closed. Public Health is evaluating the reach and effectiveness of these three remaining sites as they were low utilization sites and reassign those resources to other areas of higher need.

DPH is working to steadily increase the number of sexual health encounters delivered across our network of Public Health Centers to pre-pandemic levels. In 2021, during the height of the pandemic, the Public Health Centers had the lowest number of encounters in a year at 8,912, down from 22,702 encounters in 2019. In 2022, DPH is projecting to increase our encounters to 13,500. Based on the planned implementation of new sexual health clinic procedures (e.g., use of floating clinicians, reduction of clinic cancellations, increasing the number of patients seen per clinic session), in 2023, DPH anticipates returning to pre-pandemic sexual health clinic encounter levels. Although this will improve access to STD services across the County, alternate STD service delivery options (e.g., private medical care providers, community-based health clinics, other County-based health care providers, and field-based service providers) remain critical to help meet the increasing need for STD screening, diagnosis, and treatment services.

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

Public Health's STD-related provider, laboratory, and diagnostic services are offered at no charge to residents regardless of insurance status. Public Health bills private and public payors, including Medi-Cal, for services that are provided to insured individuals who elect to receive STD services at its Public Health Clinics. Public Health staff continue to work with the Department's third-party biller to maximize reimbursement for these services.

In addition to billing Medi-Cal and commercial health plans, Public Health is pursuing other revenue streams to support STD and family planning services. *Family PACT*, a State-sponsored program, provides comprehensive family planning services, counseling, and information to men and women who meet income eligibility requirements. Services that are billable through *Family PACT* include provider exams, birth control options, family planning counseling and education, laboratory tests, pharmaceuticals, cervical cancer screening, HIV testing, and STD testing and treatment.

Public Health submitted *Family PACT* applications for the seven higher volume clinics that provide eligible STD and family planning services. A required site audit has been completed and final approval from the State is pending for Central Health Center, Martin Luther King, Jr. Center for Public Health, North Hollywood Health Center, and Whittier Health Center. Applications have been submitted and are pending State review for Antelope Valley Health Center, Curtis Tucker Health Center, and Ruth Temple Health Center. While these applications are being processed, Public Health has continued to offer STD and family planning services at no charge to *Family PACT*-eligible individuals and to request Medi-Cal payment for reimbursable services.

Revenue Consultation Services

Public Health released a Request for Services (RFS) solicitation for revenue enhancement and billing consulting services in December 2021. Since the last memorandum to your Board, Public Health has selected a vendor, and will be initiating the contracting process shortly. The consultant will work closely with Public Health staff to develop and implement a revenue enhancement plan. Key activities will include identifying additional reimbursable services and/or payer sources; establishing payment agreements; and implementing changes to improve processes, increase revenue generation, and/or reduce claim denials. These consulting services will be funded under the California Department of Public Health Infectious Disease Prevention and Control Local Infrastructure Grant.

As noted under the *Collaboration with Health Plans* section below, Public Health's discussions with LA Care regarding reimbursement for HIV, STD, family planning, and other clinical services for LA Care members are on hold at their request and will likely resume later in the year.

Collaboration with Federally Qualified Health Centers

As shared in previous memoranda, on October 9, 2020, Public Health executed a memorandum of understanding with L.A. Christian Health Centers (LA Christian) to utilize Public Health's Mobile Clinic and offer syphilis screening for vulnerable women of reproductive age once per week in the Downtown Skid Row area. As part of this arrangement, the team offered rapid syphilis testing, syphilis serologies, onsite syphilis treatment (as needed) and subsequently offered HIV testing, Hepatitis C screening and treatment referrals, as well as COVID-19 vaccinations. Since the last report to your Board, L.A. Christian expanded services to include all individuals at risk for HIV and STD in the Downtown Skid Row area.

As shared previously, Public Health planned to provide rapid syphilis testing services through an existing partnership with John Wesley Community Health (JWCH) through Public Health's Leavey Central Satellite Clinic for Tuberculosis. These services continue to be on hold and will resume once Public Health resources are available.

Collaboration with Commercial Health Plans

As shared in previous reports to your Board, Public Health intends to explore opportunities to collaborate with Medi-Cal managed care plans to improve syphilis screening, promote three-site testing for gonorrhea and chlamydia among at-risk patient populations, and increase chlamydia screening among young sexually active women. Discussions are planned for June/July 2022. In 2021, Public Health and LA Care initiated discussions focused on updating the Memorandum of Understanding (MOU) between both parties and to fully replace a prior agreement executed in 2002. STD diagnosis, testing, and treatment services, as well as family planning services, will be included in the MOU. In late 2021, LA Care informed Public Health that it was suspending work on the MOU until further notice. Public Health has continued preparatory work for the MOU, such as documenting public health services that are available to LA Care members. Public Health and LA Care have recently resumed these discussions. We will keep your Board abreast of our progress.

Expanded Syphilis Screening Efforts

Expanding syphilis screening opportunities is critical to identifying undiagnosed, infectious syphilis cases, treating those cases, and identifying contacts to prevent the forward transmission of this bacterial STD. As shared previously with your Board, the impact of the COVID-19 pandemic has decreased the number of available syphilis testing sites and the number of in-person visits for syphilis screening, diagnosis, and treatment. Public Health continues to meet with prenatal care providers and birthing hospitals that have reported a CS case to offer and provide technical assistance, review the expanded screening recommendations, and review missed opportunities to prevent CS.

Public Health continues to support outreach efforts with local housing partner organizations (e.g., DHS Housing for Health COVID-19 Response Team and Los Angeles Community Action Network) to deliver services in the Downtown Skid Row area. To enhance outreach services, Public Health has refurbished a mobile testing unit and re-trained field services staff returning from their COVID-19 assignment. Mobile testing-based services began April 2022. Public Health continues to seek service delivery partners and sites to expand services to persons experiencing homelessness with a specific focus on cisgender women of childbearing age.

In early 2022, DHS and Public Health met to review possible syphilis screening efforts in local Emergency Department (ED) settings. Routine opt-out syphilis screening in ED settings can improve syphilis diagnoses among at-risk populations.

Extra-genital (Three-site) Testing for Gonorrhea and Chlamydia

As reported in the last memorandum, Public Health continues to support the implementation of three-site testing (urethra, throat, and rectum) for gonorrhea and chlamydia among at-risk patient populations. More than ten years ago, DHSP instituted a pay-for-performance measure requiring its network of Ryan White Program (RWP)-funded HIV specialty clinics to screen patients annually for syphilis and institute annual three-site testing for GC and CT. In addition, the previously mentioned RFP for HIV Testing and STD Screening Diagnoses and Treatment

Services incorporated three-site testing contract requirements. Although Public Health continued to promote this best practice in all contracts and during all provider interactions, only some providers had consistently incorporated three-site testing in their practice due to additional training and laboratory supply needs. After targeted technical assistance to providers conducted by Public Health and laboratories securing needed supplies, contractors are now compliant with these contract requirements.

Chlamydia Screening

Public Health continues to work with the federal Title X Family Planning funded clinics and Essential Access Health (EAH) to 1) track the completion of chlamydia screening for young sexually active women and 2) institute quality improvement measures to increase screening rates. In 2021, Essential Access Health reported 4,761 chlamydia tests among female and male persons 16 to 24 years of age at Title X Prevalence Monitoring sites. Eighty-one percent of all tests were conducted among females and 9.4 percent tested positive for chlamydia. Among males, 6.7 percent tested positive for chlamydia. As noted previously, in 2020 and 2021, Planned Parenthood Los Angeles (PPLA) opted not to participate in federally funded programs (including Title X funding) thereby reducing the volume of chlamydia screening under the Title X Prevalence Monitoring program. By the end of 2021, PPLA had resumed participation in the program and screening at Title X sites has begun to increase.

As a complement to clinic-based testing, Public Health supports an online *I Know Program* targeting young women of color by providing free chlamydia and gonorrhea self-tests via the [DontThinkKnow.org](https://www.dontthinkknow.org) website. The *I Know Program* was officially re-launched on April 7, 2022, during Public Health Week, and a media plan to promote this self-test kit is in development.

Collaboration with High Schools

In partnership with your Board, the Department of Mental Health (DMH), local school districts, and PPLA, Public Health launched 40 Student Wellbeing Centers (WBC) beginning in December 2019. Each school site intended to offer confidential STI screening and treatment services as well as activities aimed at equipping teens with information about substance use prevention, behavioral health, and sexual health, and aimed to develop skills they need to have healthy relationships, protect their health, and plan for their future. As shared with your Board, when school campuses closed due to the COVID-19 pandemic, the Wellbeing Centers also closed since they were co-located on school campuses. However, connections to the students were maintained as much as possible through innovative virtual peer leadership programming focused on COVID-19 prevention and addressing health disparities. Students were also able to receive information and schedule sexual health appointments through the Wellbeing Center Teen Call line facilitated by PPLA.

Since the last report to your Board, over 10 Wellbeing Center sites have reopened. With these open sites, students have been learning about the available support and services offered at the Wellbeing Centers on their campuses. Over 1,000 students have visited the sites with 22 percent of the students reporting that they were seeking sexual health information or services. Most centers now have a PPLA mini-clinic on-site one day per week. These clinics provide a wide range of sexual health services including pregnancy testing, STI testing, and treatment as well as all forms of birth control. After reopening in March 2022, PPLA reported 454 clinic visits across 26 school sites for an average of 3.8 clinic visits per week per site.

During this summer session, 25 of the 39 Wellbeing Center sites will be open. However, Planned Parenthood clinics housed within Wellbeing Centers will not be open during the summer session. At the open clinics, Public Health Youth Educators will be present two days each week on each campus as they are during the school year. The Youth Educators will be offering information, STD prevention education, individual consultation, and referrals for STD testing and treatment. For Wellbeing Centers with closed Planned Parenthood clinics, Public Health staff will refer students who need medical services including testing and treatment for STDs to the nearest Planned Parenthood clinic and will facilitate the students' follow-through by helping to make appointments. Additionally, the Wellbeing Center Teen Call Line will continue to be functioning throughout the summer session. Students can make appointments at a PPLA medical clinic on the call line, and can also get a consultation, information, and referrals and speak to a Licensed Marriage and Family Therapist (LMFT). Public Health is working on adding STD testing and treatment by a Public Health Nurse to the services provided at campuses without a PPLA clinic during the school year and summer session

Interrupt Disease Transmission through the Appropriate Treatment of Cases and Their Partners

Patient Delivered Partner Therapy (PDPT)

Public Health continues to partner with EAH to promote the availability and use of PDPT services, particularly for young persons diagnosed with gonorrhea (GC) and chlamydia (CT). PDPT ensures that antibiotics or a prescription for antibiotics is given to a person diagnosed with CT and/or GC (the patient) to deliver to their sexual partner(s). The goal of EAH's PDPT program is to ensure that potentially exposed sexual partners of patients diagnosed with CT and/or GC infection receive timely treatment to prevent repeat infection and interrupt the chain of transmission to other partners. Although PDPT is not intended as a first-line partner management strategy, it is an evidence-based alternative for the treatment of sexual partners who are unable to and/or unlikely to visit a sexual health clinic or their primary care provider. In 2021, 6,049 PDPT doses were distributed reflecting a 34 percent increase from the 4,536 doses distributed in 2020. This increase was particularly notable given the manufacturing recall of Cefixime, the antibiotic used to treat GC. This recall was followed by an ongoing national shortage of Cefixime that continues to hamper efforts to provide PDPT to treat gonorrhea. Since January 2022, Public Health has distributed 1,137 doses of antibiotics to treat chlamydia via EAH's PDPT Program Portal.

Since the last report to your Board, EAH updated the Expedited Partner Therapy webinar to incorporate the 2021 CDC STI treatment guidelines and plans to add this training permanently through their Learning Exchange online portal.

As part of our support of services funded through the RFP for HIV Testing and STD Screening, Diagnosis, and Treatment Services, Public Health requires the delivery of or referral to PDPT services for clients diagnosed with an STD. A preliminary assessment of these PDPT-related performance areas reveals a significant need for technical assistance (TA) for providers. Although TA activities were delayed while Public Health staff were deployed to support COVID-19 response efforts, initial meetings were held with Program Coordinators to discuss PDPT expansion opportunities. Public Health plans on assessing the barriers and developing strategies to improve PDPT-related performance in 2022.

Partner Services (PS)

Public Health's HIV/STD Partner Services operations continued to face significant pressure as Public Health Investigator (PHI) caseloads continue to rise at staggering levels and available PHI staff resources remain limited. Public Health deployed PHI staff to COVID-19 response efforts, hindering ability to fully focus on STD-related activities. As a result, Public Health continued to implement a highly focused syphilis case prioritization protocol (also known as the syphilis reactor grid) to inform which syphilis cases would be administratively closed without follow-up and which cases would be investigated.

As shared previously, given that the need for disease investigation efforts exceeds PS capacity, pregnant women with syphilis and persons with syphilis who are co-infected with HIV continued to be prioritized for this intervention. Specifically, PHIs have been working closely with Public Health Nurses (PHNs) to triage and investigate high-priority cases.

As these cases are often complex and need significant, long-term support, more intensive resources are required. All known cases among pregnant persons are monitored to ensure treatment, HIV care, perinatal care, and linkages to other needed services. Public Health has managed these cases through a collaborative effort among PHNs, PHIs, and the DHSP Linkage and Re-engagement Program. In general, as COVID-19 cases and outbreaks fluctuate, PHI resources that focus on HIV and STDs are impacted.

As shared in the last report, as part of the American Rescue Plan Act of 2021, the CDC launched the Disease Intervention Specialist (DIS) Workforce Development Funding Opportunity that took place effective June 20, 2021. This five-year initiative has been operationalized via a supplement to the CDC's existing STD Prevention and Control for Health Department's (PCHD) grant awarded to Public Health. The intention of the DIS Workforce Development Funding is to modernize local jurisdictions' disease investigation and contact tracing responses for all infectious diseases (including but not limited to COVID-19, STDs, HIV, and TB) by expanding and enhancing frontline public health staff, conducting DIS workforce training and skills building, building organizational capacity for outbreak response, and evaluating and improving recruitment, training, and outbreak response efforts. As part of this effort and new funding, Public Health secured 35 staff items, including 18 new PHI items, for allocation to our budget. Los Angeles County's grant award is \$32,992,580 over 5 years. Public Health has begun the process to hire the 35 new staff consistent with the CDC grant application.

Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons

Universal syphilis screening services for women at the Century Regional Detention Facility (CRDF) that had been suspended due to COVID-19 were re-launched as of late March 2022. With increased collaboration with Correctional Health Services, the syphilis testing processing time has improved and the time between an individual receiving a positive syphilis result and their medical appointment has significantly decreased. In addition, Public Health has increased our Custody PHI presence within the jails to ensure that individuals diagnosed with new HIV and primary syphilis are interviewed and treated promptly. Coordination among medical and social service programs within the jail continues to be maintained to promote meeting client needs.

Educate Consumers and Community to Raise Awareness of STDs

STD Awareness and Partnership with Grassroots Community Organizations

Public Health continues to forge relationships with community-based organizations to increase awareness and enhance STD services. In addition to collaborating with providers that work with

people experiencing homelessness, a recent partnership with In The People's Corner (ITPC) was initiated in April 2022. ITPC requested STD/HIV testing at their mobile outreach events where they provide general wellness, wound care, hygiene kits, and referrals for HIV testing. In addition, Public Health staff supported an outreach at Arroyo Seco Tiny Homes Village on April 28, 2022, and provided STD/HIV testing, a medical evaluation by a physician, and treatment services as needed and available.

Syphilis Awareness Among Women

In 2021, Los Angeles County continued to promote and adhere to the CDC Sexually Transmitted Infections (STI) Treatment Guidelines which provide current evidence-based prevention, diagnostic and treatment recommendations. In addition, Public Health continued to implement the California Department of Public Health (CDPH) guidelines for expanded syphilis detection among people who are or could become pregnant to ensure detection, timely treatment, and prevention of CS cases. Public Health widely disseminates these guidelines and operates a dedicated call center to provide real-time STD Clinical Consultation and guidance to providers.

As shared in previous reports, Public Health has not been able to fully implement the proposed Congenital Syphilis Specialized Investigation Team project (funded by an enhanced federal STD grant) due to staff deployments to the COVID-19 response and, for the moment, has focused only on syphilis cases among females of childbearing age. Due to this effort, Public Health was able to implement a modified, scaled-back version of this CS Specialized Investigation Team project. Public Health continued to utilize the Prenatal Incentive Program (a syphilis treatment incentive) and no-cost transportation initiative to ensure that women access care at the clinic of their choice. The Prenatal Bicillin Delivery Program continues to provide and deliver medication to providers who do not stock or cannot afford Bicillin (penicillin G benzathine) as part of their clinical practice. This program continues to expand and currently collaborates with street medicine teams that have similar circumstances of limited Bicillin access. This critical practice ensures prompt treatment of persons diagnosed with syphilis.

As shared previously, Public Health continues to experience ongoing concerns and challenges tied to the CS epidemic and continues to review opportunities for implementation with scarce resources. The ongoing increase in CS cases in Los Angeles County is a critical public health issue that requires immediate attention from medical providers caring for pregnant people and people who could become pregnant. Most people who gave birth to infants with CS either received prenatal care late in the pregnancy or did not receive prenatal care at all. Public Health staff regularly review CS trends and continues to confirm the strong nexus between congenital syphilis cases and homelessness, crystal methamphetamine use, undiagnosed and untreated mental illness, and poor access to prenatal care among pregnant persons.

STD Awareness Among Youth

The www.PocketGuideLA.org online resource for Los Angeles County youth lists 198 community clinics that deliver youth-responsive and youth-centered sexual health services. To be included in the pocket guide, clinics must meet CDC-established criteria for youth-centered care and must adhere to STD screening and treatment guidelines. This work was supported by a grant from the Office of Adolescent Health which ended on June 30, 2020. The website remains active, identifies youth-centered clinical resources, and offers youth-centered sexual health information for both consumers and providers. Recently, Public Health, in partnership

with the *WeCanStopSTDsLA.org* initiative (managed by Coachman Moore and Associates), began reviewing the resources and funding needed to update the Pocket Guide.

STD Awareness Among Faith-Based Communities

The South Los Angeles Community Advisory Coalition (CAC)/WeCanStopSTDsLA.com initiative implemented by Coachman Moore and Associates (CMA) developed a faith-based STD prevention tool kit to provide faith-based organizations with resources to empower and engage their communities in response to the high rates of STDs in South Los Angeles. Since the last report, this tool kit was revised and re-submitted to Public Health for final review.

HIV/STD Surveillance Update to the Commission on HIV

As part of our continued partnership with the Los Angeles County Commission on HIV (COH), Public Health is scheduled to provide an interactive review of the recently released publicly facing HIV and STD dashboards.

Create Effective Policies to Impact Health Care Provider Behavior

As shared previously with your Board, on October 4, 2021, California Senate Bill 306 (SB 306), the STD Coverage and Care Act, was signed into law and provides a comprehensive approach to addressing California's STD public health crisis during the COVID-19 pandemic and beyond. The new law aims to strengthen California's public health infrastructure and expand access to STD coverage and care to improve health outcomes and create a more equitable health system. The bill was sponsored by APLA Health, Black Women for Wellness Action Project, Essential Access Health, Fresno Barrios Unidos, Los Angeles LGBT Center, and the San Francisco AIDS Foundation. SB 306's provisions for expanded access to STI testing and treatment includes: 1) a requirement of health plans to cover at-home test kits for HIV and STIs; 2) an increase in the number of providers that can provide STI testing in the community; 3) support for the delivery of expedited partner therapy (EPT), which allows patients to obtain STI treatment for their partners and 4) the requirement for syphilis screening during both the first and third trimester of pregnancy. The intent of SB 306 is for California and local jurisdictions to reinforce and ensure a comprehensive and robust approach to strengthening our public health infrastructure, expanding access to STD services, and reducing barriers to STD services, particularly in communities most impacted by the STD crisis.

Public Health continues to advance these efforts consistent with the spirit of SB 306:

- Expanding access to STD services and treatment for low-income and uninsured patients through the *Family PACT* program, including in Public Health clinics;
- Creating enhanced screening opportunities through the re-launch of the *I Know Home Testing* program;
- Collaborating with an expanded number of partners to provide home STD and HIV test kits;
- Continuing to support the delivery and increased utilization of PDPT; and
- Supporting outreach and education efforts that promote three-site testing for gonorrhea and chlamydia and, separately, syphilis screening among pregnant persons during the first and third trimesters.

Update on Federal and State Appropriations Proposals

On March 28, 2022, President Biden released the Administration's Fiscal Year [2023 Budget Request](#), which proposes a nearly 15 percent increase to the Department of Health and Human

Services (HHS). This includes a \$337 million increase in funding for year four of the Ending the HIV Epidemic Initiative (EHE), a \$10 million increase for NIH EHE activities, and a \$47 million increase for the Indian Health Services EHE activities. The administration is also proposing a new national PrEP program that would include \$237 million in FY 2023 mandatory spending. The President's budget also increases CDC funding by \$2.2 billion over FY 2022 levels, including a \$115 million increase for CDC's EHE efforts.

Unfortunately, the Administration's budget proposes flat funding for STDs notwithstanding the CDC's most recent surveillance data which shows an ongoing record level of STD morbidity in the United States. Between 2015 and 2019 in the U.S., gonorrhea cases increased by more than 50 percent and cases of congenital syphilis increased by 279 percent. The National Coalition of STD Directors (NCSDD) and the National Alliance of State and Territorial AIDS Directors (NASTAD) are members of an advocacy coalition calling on Congress to significantly increase funding for STDs. On March 18, 2022, CEO Legislative Affairs (CEO LAIR) issued a pursuit to support the request for \$272.9 million for Federal Fiscal Year (FFY) 2023, an increase above the FFY 2022 enacted level of \$164.3 million for CDC's STD Prevention Program, which provides funding to states and local health departments for activities including screening, surveillance, treatment, outbreak response, and training. Public Health also worked with CEO-LAIR to submit a letter to the County's congressional delegation to advocate for increased federal appropriations for CDC's STD prevention activities.

Additionally, on May 27, 2022, CEO-LAIR issued a pursuit to support the Ending the Epidemics Coalition's (ETE) 2022-23 State budget request for \$57 million in one-time General Funds and \$47.74 million in ongoing General Funds to support a package of initiatives and strategies to reduce syphilis, congenital syphilis, and viral hepatitis and expand harm reduction and condom access programs. Specifically, the ETE proposal would dedicate \$49 million in General Funds over five years to support syphilis and congenital syphilis prevention, screening, and treatment efforts and support innovative strategies to reach the most vulnerable populations in highly impacted local health jurisdictions. On June 27, 2022, the Legislature released the State Budget Agreement Floor Report, which indicated that the State budget will provide \$38 million in new funding to be used over three years to prevent and treat sexually transmitted infections, including for syphilis, congenital syphilis, and hepatitis B. On June 30, Assembly Bill 178, an amending budget bill to the 2022 Budget Act (SB 154), was enacted, which clarifies that the \$38 million will support \$9 million for three years in grants to eight local health departments with high rates of syphilis (including Los Angeles County) for innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and congenital syphilis epidemiology. Additionally, the funding includes \$2.7 million for three years to support competitive grants for innovative, evidence-informed approaches to improve the health and well-being of the most vulnerable and underserved Californians living with or at risk for hepatitis B virus infection. The remaining funding reflects an allocation to CDPH to support these activities.

Public Health will continue to keep your Board updated on developments related to our STD control efforts. If you have any questions or need additional information, please let me know.

BF:rs:mjp

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

Translating Scientific Advance into Public Health Impact: A Plan for Accelerating Access and Introduction of Injectable CAB for PrEP

1. Background

In 2020, two large-scale efficacy trials found that a long-acting injectable form of pre-exposure prophylaxis (PrEP) provided high levels of protection among people at risk of HIV. Injectable cabotegravir (CAB) showed a substantial prevention benefit in gay men and other men who have sex with men, transgender women who have sex with men, and cisgender women. ViiV Healthcare, the developer of CAB, received FDA approval in late 2021 and [has filed for regulatory approval](#) for injectable CAB for PrEP in eight additional priority countries, with decisions anticipated in 2022. WHO convened its Guidelines Development Group in March 2022 and is expected to finalize and release guidelines by mid-2022.

Since FDA approval, there has been increasing momentum and discussion – and concern – around what is and isn't happening to ensure the introduction of injectable cabotegravir for PrEP is optimized to answer critical questions and deliver the potent prevention that the trials imply it might. The experiences of the first decade of oral PrEP implementation show the impact of delays in delivery and inequity in access.

Oral PrEP was first shown to be safe and effective in 2010 and first approved in 2012, but the field moved too slowly – and now 10 years later, only approximately two million people have initiated use of this option, far short of the 2020 target of three million and a tiny fraction of the estimated number of people who need it and could benefit from it. There are significant questions about how to deliver injectable cabotegravir for PrEP, but the world cannot afford to squander another decade navigating these questions without bold actions, global urgency, and coordinated partnerships.

ViiV, policy makers, normative agencies, donors, program implementers, researchers, generic manufacturers, civil society, advocates and communities each have critical roles to play in the coming months. This document attempts to provide a **comprehensive view of all the moving parts and identify specific priority actions and actors** responsible for ensuring time is not wasted and opportunity not squandered.

Top-line Summary

- Despite progress, HIV infection rates remain high.
- PrEP options have an important role to play in ending the epidemic, and no one option will address the needs of all.
- Injectable cabotegravir offers an additional option with high efficacy.
- It has been approved by the US FDA, submitted to other regulators, and WHO guidelines are expected in mid-2022.
- Answering operational questions around distribution, HIV testing, delivery and demand is critical.
- So, too, is securing an affordable, cost-effective price for injectable CAB.
- Voluntary licensing to generic manufacturers, along with capital investments, will be necessary to secure a low-cost, sustainable and diversify product supply – and this process will likely take at least 4-5 years.
- ViiV Healthcare, the developer of injectable CAB for PrEP, will be the sole supplier in this initial period. Current capacity and price are uncertain, and ViiV and donors must urgently identify an appropriate price-volume commitment during this initial 4-5 year period to answer critical questions and build the market.

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2. Guiding Principles

The overarching goal and focus must be to move faster, **more strategically, more coordinated and with an acceleration towards impact** with injectable CAB for PrEP than the field did with oral PrEP in the first decade. To do so, the following principles must drive all parties:

- **Lead with Equity:** Products don't end pandemics if they aren't delivered with equity and urgency; COVID vaccine delivery is yet another harsh reminder.
- **Center the Community and User:** It is critical to center the community in design and implementation of programs and center users in actual product delivery. We have learned from the Good Participatory Practice Guidelines that effective community engagement builds mutually beneficial, sustainable relationships and strengthens programs.
- **Accelerate Scale and Speed:** We need to break the sequential nature of traditional approaches to scale and speed up introduction. Part of accelerating speed is moving toward a parallel approach where research, implementation science, and scale programs are designed, funded and implemented in parallel.
- **Deliver Impact:** Priorities and targets for the next 12 months must focus on building a pathway to public health impact. Wildly ambitious coverage targets on the one hand, and small-scale thinking related to initial projects on the other, provide the extremes, as seen in the oral PrEP experience. Coverage-based targets can add to confusion when there's so much that needs to be understood about delivery for impact. Instead, it makes sense to assess and set a deadline for analyzing current operational studies and another deadline for when a coverage target towards impact could be in place.
- **Work With What We Know, While Continually Adding To The Evidence-Base.** There is still much we don't know about injectable cabotegravir, but there is also a lot we do know. We have consistently failed at prevention and let the perfect be the enemy of the good. But we can learn from past mistakes and missteps, and CAB for PrEP is a chance to reorient, reimagine and re-energize HIV prevention programs.

3. Top Priorities

Introducing a new product depends on multiple actions from a diverse array of stakeholders. Global health is filled with examples of these activities happening too slowly, without rigorous coordination and accountability, and in a sequential manner. But COVID-19 has shown us that the global community can compress timelines and new technologies can be developed, tested and distributed quickly and with urgency, at least for wealthier nations. The challenges now are:

- whether the lessons of urgency and working in parallel instead of sequentially can be applied to injectable CAB for PrEP, AND
- if access and impact can be done with equity, so those most affected and disproportionately impacted by HIV will benefit from the promise of injectable PrEP.

To address these challenges, these are top priorities that are critical in the next five years (2022-2026) to getting injectable CAB for PrEP to those who need it most, categorized into what needs to happen with the product and with the programs that facilitate access:

	Priority	Target Time
Product-specific	■ WHO guidelines include injectable CAB for PrEP.	Q3 2022
	■ Cost-effective, affordable and transparent CAB price and volume commitment from ViiV to support early launch and roll-out.	Q3 2022
	■ Sufficient ViiV capacity to meet initial, near-term order forecast (covering implementation studies and initial demand from national programs and implementing organizations).	2023-2026
	■ CAB for PrEP demand and supply monitored and coordinated by the ARV Procurement Working Group.	2022-2023
	■ Donors negotiate price/volume guarantee with ViiV to ensure sustainable supply for initial introduction period until generics registered and readily available, given the 4-5 year timeline for generic licensing agreements and manufacturing upgrades.	2022-2023
	■ Voluntary licensing and sub-licensing from ViiV to select generic manufacturer(s), including technology transfer as required.	2022-2023
	■ Donor investment identified to fund generic manufacturing capacity.	2022-2023
	■ Generic manufacturer(s) develop product and high-volume sterile fill/finish capacity, undertake bioequivalence (BE) studies and file with regulatory authorities.	2023-2026
	■ Regulators define BE pathway, paving the way for approval of a generic product.	2023
Programmatic	■ National Programs in priority countries complete CAB registration (or secure relevant waivers); revise PrEP guidelines/adapt WHO CAB guidance; design provider trainings and introduction efforts.	2022-2023
	■ Operational research/implementation science studies identify successful, scalable delivery channels, including primary care facilities and integration with family planning services, ANC/PNC and key population drop-in sites, etc.; a testing algorithm that balances resistance risk with the needs of users and providers; ongoing engagement with communities and civil society; and an independent coordination mechanism.	2022-2024
	■ Market assessments and demand forecasts updated with data from initial projects to inform manufacturing, volume and cost.	2022-2025

4. Pathway to Access and Impact, with Immediate Priorities

This table outlines the immediate priorities across the pathway to access and impact and includes key actors responsible for them, while *Annex 1: Detailed Status and Action Table* provides a more detailed description of Status and Key Questions/Priorities/Next Steps for each issue area.

The Pathway to Access and Impact



Pathway	Immediate Priorities
Product	<ul style="list-style-type: none"> ■ ViiV to license injectable CAB to the Medicines Patent Pool (MPP). ■ The MPP and ViiV to work with generic manufacturers and donors, including Africa-based manufacturers, to expedite technology transfer and ensure sustainable supplies of the product. ■ Generic manufactures, with MPP, to identify capital expenditure needs and timeframe to be able to develop capacity. ■ Innovative donor(s) to fund capital investments needed for generic manufacturing to reach scale. ■ ViiV to confirm publicly, maximum quantity and minimum price for 2022-2025. ■ Donors to negotiate this price/volume guarantee to ensure sustainable supply for initial introduction period, given the timeline for generic licensing agreements and manufacturing upgrades (likely 4-5 years).
Regulatory Approval & Normative Guidance	<ul style="list-style-type: none"> ■ Eight regulators currently reviewing injectable CAB for PrEP to ensure priority review. ■ ViiV to pursue widespread registration of CAB in high-burden countries. ■ ViiV to register with WHO Pre-Qualification (PQ) to allow expedited registration in countries participating in WHO’s Collaborative Procedure for Accelerated Registration process.
Planning & Budgeting	<ul style="list-style-type: none"> ■ Governments and donors to set targets for supply and programs at scale – what is needed and possible in 2022-2023 in implementation science projects, and what is needed from 2024 to begin programs at scale.

Pathway	Immediate Priorities
<div data-bbox="120 191 349 323" style="background-color: #4a5568; color: white; padding: 5px; text-align: center; margin-bottom: 5px;">Delivery / Supply Chain</div> <div data-bbox="120 331 349 464" style="background-color: #e85c34; color: white; padding: 5px; text-align: center;">Individual Uptake & Continued Use</div>	<ul style="list-style-type: none"> ■ Large, resourced and coordinated implementation studies to begin immediately to answer critical questions about how CAB performs outside the clinic setting and across populations. ■ Provider training materials and tools updated to incorporate CAB administration and implementation studies that assess the feasibility of task-shifting to expand the cadres of providers that are authorized and trained to administer injections and that offer choice (explaining efficacy, clinic visits, side effects, etc. of all methods available) and assist in shared decision-making. ■ Innovative demand creation strategies (for injectable PrEP and for “choice” among options) developed with process to test and iterate, and share across projects.
<div data-bbox="120 569 349 701" style="background-color: #4a5568; color: white; padding: 5px; text-align: center; margin-bottom: 5px;">Delivery / Supply Chain</div> <div data-bbox="120 737 349 869" style="background-color: #e85c34; color: white; padding: 5px; text-align: center;">Research</div>	<ul style="list-style-type: none"> ■ Testing requirements should not become a barrier to CAB introduction. Testing strategies should be both robust and feasible and work with locally available tests and assays to, maximize the benefits of access to CAB while minimizing the risk of undetected cases. ■ Data to be collected on the benefit of injectable CAB as PrEP for populations that were not part of efficacy trials, especially adolescents, pregnant and breast-feeding people, and transmasculine and gender non-conforming individuals. ■ Study alternate injection sites and frequency of injections, recognizing that the impact of injectable CAB holds the potential to expand, if the injection schedule could align with injectable contraception.
<div data-bbox="120 989 349 1121" style="background-color: #6a3d9a; color: white; padding: 5px; text-align: center;">Stakeholder Engagement</div>	<ul style="list-style-type: none"> ■ Integrate and engage civil society in all decision-making relevant to planning and preparation for access to CAB, including designing, conducting and monitoring implementation studies and delivery programs

5. Who's Who in the Zoo

Organization	Opportunities for Injectable PrEP
Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> ■ Potential integration into current PEPFAR-supported PrEP programs ■ CDC-funded PrEP project in Thailand to be leveraged for critical implementation science questions.
Children's Investment Fund Foundation (CIFF)	<ul style="list-style-type: none"> ■ Currently investing in Dual Px Pill Consortium that is working towards future product introduction and interested in possible investments in other HIV prevention and PrEP activities ■ Historically invested in various market shaping efforts, including advanced purchase commitments, manufacturing, etc.
Foreign, Commonwealth & Development Office (FCDO in the UK)	<ul style="list-style-type: none"> ■ Bilateral funder that has not invested in PrEP directly but watching this space
Gates Foundation	<ul style="list-style-type: none"> ■ Co-funded HPTN 084 ■ Considering implementation science projects in Kenya and South Africa ■ Possible additional investments in research on dosing regimen; volume purchases; generic manufacturing
Global Fund to Fight AIDS, TB and Malaria	<ul style="list-style-type: none"> ■ Potential integration into new NFM4 ■ Created new Advisor position to focus on HIV Prevention Product Introduction and support Country Teams in four TBD countries to “implement objective of scaling up evidence-based and innovative HIV prevention interventions (products and service delivery innovations) as part of comprehensive HIV prevention and SRH packages for people at high risk of HIV infection”
Kenyan NASCOP	<ul style="list-style-type: none"> ■ Early oral PrEP adopter and actively updating national guidelines to incorporate CAB (and dapivirine vaginal ring (DVR))
MedAccess	<ul style="list-style-type: none"> ■ Social finance company that looks at market shaping and innovative financing to accelerate product access ■ Could include advanced purchase commitments, manufacturing support, etc.
Medicines Patent Pool	<ul style="list-style-type: none"> ■ Manage licensing and IP to engage generic manufactures ■ In May, launched the Coalition for Preparing for Access to CAB-LA Together via Voluntary Licensing (PrEP-ACT VL Coalition), but specific terms of reference, roles and responsibilities are not yet clear.
NIAID, NIH	<ul style="list-style-type: none"> ■ Co-funded both HPTN 083 and 084, sub-studies and OLEs ■ Possible support to SEARCH study to integrate CAB into ongoing intervention
OGAC/PEPFAR	<ul style="list-style-type: none"> ■ Integrated CAB and DVR into COP 2022
South African National Dept of Health	<ul style="list-style-type: none"> ■ Early oral PrEP adopter and actively updating national guidelines to incorporate CAB (and DVR)

Organization	Opportunities for Injectable PrEP
UNAIDS	<ul style="list-style-type: none"> ■ Considering new campaigns on HIV prevention and PrEP
UNITAID	<ul style="list-style-type: none"> ■ Added CAB into three existing PrEP programs – two in Brazil; one in South Africa (which also includes DVR)
USAID	<ul style="list-style-type: none"> ■ Research division supporting MOSAIC and the CATALYST implementation science study that includes CAB and DVR in five countries – Kenya, Lesotho, South Africa, Uganda, Zimbabwe ■ Program division looking at potential integration of CAB into current PEPFAR-supported PrEP programs
WHO	<ul style="list-style-type: none"> ■ Guidelines Development Group met in March; guidelines expected mid-2022 ■ Support national governments with adaptations and training ■ Pre-Qualification (PQ) to support with guidance for BE requirements

Mechanism/Project	Plans or Possibilities for Injectable PrEP
African Women Community Prevention Accountability Board	<ul style="list-style-type: none"> ■ Serve as an ongoing, independent mechanism for stakeholder engagement, consisting of key national and regional advocates and civil society representatives to provide input into CAB planning and implementation
AfroCAB	<ul style="list-style-type: none"> ■ Mobilize advocates to engage in planning for CAB planning ■ Establishing two working groups to focus on demand generation and engaging policymakers, stakeholders and technical experts
Biomedical Prevention Implementation Collaborative (BioPIC)	<ul style="list-style-type: none"> ■ Gates-funded, AVAC-led product introduction clearinghouse and coordination mechanism ■ Published both CAB introduction strategy and adaptable framework for future product introduction ■ Tracking global implementation science projects ■ With WHO, convene think tanks on critical introduction issues – design of implementation projects; testing and resistance; marketing prevention and choice
Coalition to Accelerate and Support Prevention Research (CASPR)	<ul style="list-style-type: none"> ■ USAID-funded prevention research advocacy project ■ Linking civil society partners to introduction project planning ■ Support to ongoing and independent CS advisory groups on CAB for PrEP providing input into ongoing research and introduction. ■ Developing materials related to CAB, testing and product introduction to support civil society advocates. ■ Engagement with journalists and media to translate key messages
Key Population Advisory Group	<ul style="list-style-type: none"> ■ Following initial engagement with ViiV in 2020, developing terms of reference and links to the African Women Prevention Accountability Community Board, and collaborating with Global Black Gay Men Connect (GBGMC)

Mechanism/Project	Plans or Possibilities for Injectable PrEP
<p>Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC)</p>	<ul style="list-style-type: none"> ■ USAID-funded product introduction and implementation science project focused in East and Southern Africa, focused on AGYW ■ Applying a user-centered approach to product introduction with meaningful youth engagement and gender integration ■ Conducting product introduction research, including 5-country CATALYST study to introduce both DVR and CAB ■ Facilitating integration of new products into national policies and programs, including demand generation, provider training, monitoring and evaluation ■ Supporting research utilization and rapid knowledge exchange ■ Strengthening local partner capacity in product introduction

6. Advocacy Priorities

- **Talk to your community.** Understanding specific questions and concerns will help frame advocacy priorities. Help communities understand the results of HPTN 083 and 084, the potential role of injectable PrEP that is delivered every eight weeks, the regulatory process and the importance of scaling up oral PrEP and the dapivirine vaginal ring in the meantime.
- **Demand funding, targets and innovation to support prevention programs that translate options into real choices.** This includes designing programs with the communities that need prevention most and gathering robust data on user preferences. It also includes advocacy for investments in large, well-designed, and coordinated implementation studies to begin immediately to answer critical questions about how CAB-LA performs outside the clinic setting and across populations.
- **Advocate for investments that will lead to impact.** Donors, national ministries of health, and ViiV need to urgently negotiate a price/volume guarantee that ensures a sustainable supply within high-quality programs for the initial introduction period until generics are registered and readily available, given the 4-5 year timeline for generic licensing agreements and manufacturing upgrades.
- **Call for program innovation and equitable access to the proven options that exist today.** The best understood, already proven strategy, oral PrEP, is still not available to all who need it. Multi-month prescriptions, self-testing and user-centered services are essential.
- **Hold decision-makers on CAB for PrEP – and on prevention generally – accountable.** Is there clarity about next steps? Are there targets and milestones in place? Is there adequate funding to support rollout? How might decisions be made about who would get the product first, if it's licensed and introduced through phased rollout?
- **Work locally with research sites.** Bring your advocacy know-how to sites where clinical and implementation research is planned or ongoing to ensure that communication, access and continued work reflect your needs and priorities. And ensure that research continues on next-generation prevention options, as no one option will be the right choice for every person or for any one person and different times in their lives.

7. Recent Resources and Statements

Resources

- [Injectable CAB for PrEP Introduction Project Planning Clearinghouse](#), April 2022
- [Modelling Impact of Injectable Cabotegravir for PrEP on Drug Resistance](#), April 2022
- [Vaccine equity: The rollout that needs a booster shot](#), April 2022
- Px Pulse Podcast: [Getting Rollout Right for Ring and Injectable PrEP](#), March 2022
- [Advocates' Primer on Injectable Cabotegravir for PrEP: Trials, Approvals, Rollout and More](#), AVAC, May 2021; updated February 2022
- [Product Introduction Project Planning for Next-Generation PrEP Think Tank Report](#), CASPR/AVAC/WHO, Sept 2021
- [Getting Rollout Right: Lessons from Oral PrEP Programs and their Implications for Next Generation Prevention](#), AVAC/PrEP Watch, October 2021
- [Implementation Research Questions for CAB for PrEP](#), BioPIC/AVAC, Dec 2021
- [HIV Testing and Injectable Cabotegravir for PrEP Think Tank Report](#), BioPIC/AVAC/WHO, Dec 2021

Statements

- [Communities demand ViiV/GSK accelerate access to CAB-LA in LMICs](#) AfroCAB, 1 March 2022
- [Statement by Southern African Women Advocates in Advance of ViiV Convening](#), Advocates at ViiV meeting South Africa, 9 March 2022
- [ViiV continues to not meet our demands to ensure CAB-LA is accessible for our communities](#), AfroCAB, 17 March 2022
- [ViiV Healthcare is working with Medicines Patent Pool to progress voluntary licensing for cabotegravir long-acting for PrEP](#), ViiV, 4 April 2022
- [ViiV Healthcare commits to grant voluntary license for patents relating to cabotegravir long-acting for PrEP to Medicines Patent Pool](#), ViiV, 27 May 2022

8. AVAC'S Role





AVAC was founded in 1995 to advocate for the ethical development and global delivery of HIV vaccines. A decade later, AVAC was still committed to that cause, but in our first PrEP report in March 2005 ([Will a Pill a Day Prevent HIV?](#)), we wrote: “We are also not blind to the fact that other new prevention technologies are likely to arrive sooner than a vaccine. And we think many of the issues we work on – accelerated research, community involvement and education, research ethics, global access, and policy analysis – are highly relevant with PrEP. In the coming years, AVAC will continue to work in partnership with other advocates to advance ethical prevention research and ensure that the benefits are shared globally.”





Since that first report, AVAC has worked on PrEP advocacy, stakeholder engagement and introduction and access since 2004, when the earliest oral PrEP efficacy studies were being designed – and dogged in controversy. Out of that controversy, AVAC developed with UNAIDS the Good Participatory Practice Guidelines to guide PrEP and other HIV prevention research; and launched the PrEP Watch web clearinghouse, first to track the trials and subsequently to track the rollout, as well serve as an online hub of information. With a range of partners, AVAC has helped link communities with PrEP programs to ensure GPP also guided introduction; push UNAIDS and PEPFAR to develop PrEP targets – and resource the programs to achieve them; reviewed the early oral PrEP demonstration projects to [distill lessons for introduction of next-generation products](#); and established a Production Introduction and Access team to serve as a catalyst for better, faster implementation. AVAC's current activities include a range of efforts to influence and accelerate access to injectable CAB for PrEP, including:



- **Advocacy:** Through the USAID-funded CASPR and Gates-funded COMPASS projects, AVAC and a range of civil society partners have pushed for implementation of the GPP Guidelines throughout the injectable PrEP efficacy trials; developed materials to understand the results and advocate for applying them; pushed PEPFAR, Global Fund and national governments to integrate injectable PrEP into guidelines, targets and programs.
- **Stakeholder Engagement:** CASPR partners engaged directly with the HPTN in trial conduct and results dissemination. More recently, AVAC has worked with these and other partners to ensure civil society is actively engaged with planners and funders of implementation science projects, and provided technical assistance in the creation of the African Women Prevention Accountability Community Board and the Key Population Advisory Group. As a partner in the USAID-funded MOSAIC project, AVAC is working with civil society partners to ensure ongoing stakeholder engagement in the five-country CATALYST study.
- **Production Introduction and Access:** In addition to its role within MOSAIC, AVAC continues to lead the Biomedical Prevention Implementation Collaborative (BioPIC) which serves as a clearinghouse to monitor and track HIV prevention product introduction activities; as a convener of stakeholders brought together as part of ongoing think tanks to address roadblocks to product introduction and scale-up; and as a catalyst for investments towards the HIV prevention product introduction strategy which was developed under a previous project.

Annex 1: Detailed Status and Action Table:

This table provides a more detailed description of Status and Key Questions/Priorities/Next Steps for each issue area:

Issue	Status	Key Questions/Priorities/Next Steps
 <p>Product</p> <p>Safety</p>	Done in clinical trials	Monitor on ongoing basis in robust post-marketing surveillance
 <p>Product</p> <p>Efficacy</p>	Done overall for range of populations	<p>Need to understand additional populations and approaches:</p> <ul style="list-style-type: none"> ■ Populations: adolescents, PBFP, people who inject drugs, trans men ■ Approaches: alternate injection sites, revisions in frequency of injections
 <p>Regulatory Approval & Normative Guidance</p> <p>Regulatory</p>	Approved in US (Dec 2021); applications pending in Australia, Botswana, Brazil, Kenya, Malawi, South Africa, Uganda, Zimbabwe	<ul style="list-style-type: none"> ■ Accelerate actions in countries where applications are pending. ■ ViiV needs to file in at least the other high burden countries (as identified in Global Prevention Coalition roadmap and PEPFAR prioritization) within next six months. ■ Targeted technical assistance to NMRAs to rapidly review CAB and understand the requirements across regulatory authorities to secure efficient reviews of both innovator and generic products.
 <p>Product</p> <p>Product availability and pricing</p>	<p>ViiV announced in March they anticipate that they will be sole supplier of cabotegravir for PrEP “at least during the initial years of introduction”; then in April that they are working with MPP to “progress voluntary licensing”; and then in May that they were “committing to grant voluntary license for patents relating to cabotegravir long-acting for PrEP to MPP”</p> <p>Price not public, and cost of goods analyses present disparate estimates</p>	<ul style="list-style-type: none"> ■ What volume can ViiV supply under current manufacturing and at what price? ■ How much and how fast can this respond to increased demand? Is it only in one production site/line or is there some backup in case of production problems? ■ Identify the price/volume ratio for initial 4-year supply: how low can price go with significant volume (and how quickly), and then secure with donors a volume guarantee – and map this to mfg capacity over time (from both ViiV and from potential generics). ■ ViiV to grant MPP a license to encourage and engage generic manufactures ■ Work with MPP and generics to map out what is possible for generic manufacturing and accelerate voluntary license to MPP ■ Generics explicitly share what they need for capital expenditure needs (e.g. what it will cost to be able to mfg CAB) and how long it will take before a generic is available in the market ■ Identify those funders who work in these kinds of de-risking efforts to provide CapEx grant/loan for generic companies. ■ Ensure appropriate technical support throughout the technology transfer process, product development, and bioequivalence studies.

Issue	Status	Key Questions/Priorities/Next Steps
 <p>Guidelines</p>	<p>WHO committee meeting on 9-10 March; due for release mid-2022</p>	<ul style="list-style-type: none"> ■ Development of practical implementation tools and guidance following the WHO CAB guideline recommendation, and coordination to inform later-stage revisions of normative guidance based on early evidence generation. ■ National Technical Working Groups to begin process of adapting/adopting/nationalizing guidelines over next three months – for intro of both CAB and DVR.
  <p>Implementation science/operational research</p>	<p>Draft agenda created; BioPIC mapping of potential projects to assess initial volumes</p> <p>Unitaid and MOSAIC studies have confirmed funding and protocols in development</p>	<ul style="list-style-type: none"> ■ Need a discrete number of coordinated, implementation science projects to answer specific questions, but not in lieu of planning the scaled programs. These may only begin in 2023/4, but how they are designed, delivered, etc. need to be defined over the next 9 months and informed by IS but not waiting for it. ■ Additional operational research needed across other geographies and priority populations (beyond Unitaid’s operational projects among TG and MSM in Brazil [~1,500 participants] and AGYW in South Africa [~2,600 participants] and USAID-funded MOSAIC project [~4,225 AGYW in five sub-Saharan African countries]) ■ Ongoing coordination between donors, implementers, civil society and governments to ensure highest-priority evidence gaps are addressed. ■ Need clear paths from IS to planning for scale up of programs, clarity about testing algorithm needed that ensures the mitigation of risks related to resistance and initiating people with HIV onto PrEP, but not creating a barrier to program design and operation. Need to think big and beyond implementation science/demo projects – need to get to scale to answer critical questions; drive price down; and deliver impact
 <p>HIV testing – for initiation and ongoing</p>	<p>HPTN 083 provided initial data related to the risk of INSTI resistance; HIV Modeling Consortium conducting modelling the potential effects of CAB introduction on integrase inhibitor drug resistance</p>	<ul style="list-style-type: none"> ■ MUST not let RNA testing issue get in the way of implementation science, implementation proper, and scale-up. ■ Plan for potential breakthrough and/or resistant infections and ensure appropriate treatment options are available. ■ Leverage the most sensitive scalable assay there is available locally – and continue to advocate for advances in sensitive, inexpensive, POC HIV testing.

Issue	Status	Key Questions/Priorities/Next Steps
 <p>Research</p>	<p>Safety and efficacy demonstrated; sub-studies and open-label extensions ongoing</p>	<ul style="list-style-type: none"> ■ Study alternate injection sites and frequency of injections, recognizing that the impact of injectable CAB holds the potential to expand, if the injection schedule could align with injectable contraception (every three-months). ■ Need data for populations that were not part of efficacy trials, especially adolescents, pregnant and breast-feeding people, transgender individuals and people who use drugs. ■ Study interactions between gender-affirming hormones and CAB, and operational research needed on how to integrate CAB with gender-affirming care services.
 <p>Civil society engagement</p>	<p>Ad hoc engagements with ViiV led to establishment of African Women Prevention Accountability Community Board as well as Key Population Advisory Group, and collaborating via CASPR network; AfroCAB actively engaging</p>	<ul style="list-style-type: none"> ■ Ongoing advocacy and community engagement to drive access-focused decision-making from ViiV and inform national product adoption and introduction approaches. ■ Targeted investments to support effective demand generation and develop platforms to facilitate community-led rollout.

About AVAC: Founded in 1995, AVAC is a non-profit organization that uses education, policy analysis, advocacy and a network of global collaborations to accelerate the ethical development and global delivery of HIV prevention options as part of a comprehensive response to the pandemic. Follow AVAC on Twitter [@HIVpxresearch](https://twitter.com/HIVpxresearch) and find more at www.avac.org and www.prepwatch.org.