



PUBLIC POLICY COMMITTEE

Virtual Meeting
Monday, August 3, 2020

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

**Agenda + Meeting Packet will be available on the
Commission's website at website at:**

<http://hiv.lacounty.gov/Public-Policy-Committee>

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PUBLIC COMMENTS

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

PUBLIC POLICY COMMITTEE

Monday, August 3, 2020 | 1:00 PM – 3:00 PM

Public Policy Committee Members:			
Katja Nelson, MPP <i>Co-Chair</i>	Lee Kochems, MA <i>Co-Chair</i>	Pamela Coffey* <i>(Alasdair Burton, Alternate)</i>	Aaron Fox, MPM
Jerry D. Gates, PhD	Eduardo Martinez	Nestor Rogel	Ricky Rosales
Martin Sattah, MD	Tony Spears (Alternate)		
QUORUM: 6	*Leave of Absence (LoA)		

**Due to COVID-19, quorum requirements suspended for teleconference meetings per Governor Newsom's Executive Order N-25-20*

AGENDA POSTED: July 30, 2020

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.

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

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

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 an 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, 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 – 1:25 PM
6. Co-Chair Report 1:25 PM – 1:45 PM
 - a. PPC Co-Chairs' Efforts to Build Alliance with Black African American Community Task Force (BAAC/TF)

V. DISCUSSION ITEMS

7. Policy Regarding Systemic Racism 1:45 PM – 2:10 PM
 - a. Los Angeles County Anti-Racist Policy Agenda
8. State Policy & Budget Update 2:10 PM – 2:15 PM
 - a. 2020-2021 Legislative Docket Update
9. Federal Policy Update 2:15 PM – 2:30 PM
 - a. Proposed Housing and Urban Development (HUD) Rule to Deny Transgender People Access to Single-Sex Shelters
10. County Policy Update 2:30 PM – 2:50 PM
 - a. Local Response to the STD Epidemic
 - b. NASTAD STD and HIV Federal Funding Chart

VI. NEXT STEPS

2:50 PM – 2:55 PM

11. Task/Assignments Recap

- 12. Agenda development for the next meeting

VII. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT

3:00 PM

- 14. Adjournment for the meeting of August 3, 2020

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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HIVCOMM@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.

Draft

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

July 6, 2020

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

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Lee Kochems, MA, <i>Co-Chair</i>	Pamela Coffey (<i>LOA, Full to Burton</i>)	Kevin Donnelly	Cheryl Barrit, MPIA
Katja Nelson, MPP, <i>Co-Chair</i>	Eduardo Martinez (<i>Alt.</i>)	Robert Gamboa	Carolyn Echols-Watson, MPA
Alasdair Burton (<i>Alt. to Coffey</i>)	Nestor Rogel (<i>Alt.</i>)	Peter Soto	Jane Nachazel
Aaron Fox, MPM	Craig Scott	Tom	
Jerry D. Gates, PhD	Tony Spears (<i>Alt.</i>)		DPH/DHSP STAFF
Ricky Rosales			None
Martin Sattah, MD			

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

CONTENTS OF COMMITTEE PACKET

- 1) **Cover Page:** Public Policy Committee Virtual Meeting, 7/6/2020
- 2) **Agenda:** Public Policy Committee Agenda, 7/6/2020
- 3) **Minutes:** Public Policy Committee Meeting Minutes, 6/1/2020
- 4) **Statement:** To End HIV, We Must End Racism, 2020
- 5) **Table:** 2020-2021 Legislative Docket, *Committee Approved 06/01/2020 - Updated 7/1/2020*
- 6) **Fact Sheet:** Assembly Bill 3216: as amended, Kalra. Job Protections for Working Families Impacted by COVID-19, 6/4/2020
- 7) **Motion:** Maintain LGBTQ+ Health Protections in the Affordable Care Act, 6/23/2020
- 8) **Memorandum:** Washington, D.C. Update - Passage of the Fourth COVID-19 Bill (H.R. 266) and the Proclamation to Suspend Immigration, 4/30/2020
- 9) **Flyer:** Advocate For Yourself/Abogar Por Usted, *Updated 6/26/2020*
- 10) **Flyer:** California Immigrants & COVID-19/Inmigrantes De California Y COVID-19, *Updated 6/26/2020*
- 11) **Flyer:** The Healthcare System & COVID-19 For California Immigrants/El Sistema De Salud Y COVID-19 Para Inmigrantes De California, *Updated 6/26/2020*
- 12) **Flyer:** The Healthcare System & COVID-19 For California Immigrants, *Updated 5/11/2020*
- 13) **Flyer:** Food Resources For California Immigrants/Recursos De Alimentacion Para Inmigrantes De California, *Updated 6/26/2020*
- 14) **Newsletter:** Protecting Immigrant Families, DACA Decision & New COVID-19 Resources, *June 2020*
- 15) **Newsletter:** Protecting Immigrant Families, TAKE ACTION! 3 Ways to Support Immigrant Families in July, *July 2020*
- 16) **Memorandum:** DRAI Funds - Final Funds, 7/6/2020
- 17) **PowerPoint:** Welcome, Public Charge & COVID-19, Moving Forward Together, 5/29/2020
- 18) **Memorandum:** Sacramento Update - Fiscal Year 2020-21 State Budget Agreement, 6/23/2020

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS:

- Ms. Nelson welcomed all and called the meeting to order at 1:10 pm.
- Ms. Barrit noted the Brown Act does not require quorum for virtual meetings, but the Commission takes roll call consistent with best practices to inform both Members and the public. Quorum is required to pass motions. Ms. Barrit took the roll.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 6/1/2020 Public Policy Committee Meeting Minutes, as presented (***Passed by Consensus***).

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. AIDS Drug Assistance Program (ADAP)/Medications Update

- Ms. Barrit reported back on questions from the 6/1/2020 meeting starting with one on recertification. Automatic recertification for ADAP has been extended through the end of August 2020.
- A second question was on possible delays in filling prescriptions either under ADAP or Medi-Cal. Ms. Barrit said neither Karl Halfman, MS, Chief, HIV Care Branch, nor Sandra Robinson, MBA, Chief, ADAP Branch, Office of AIDS (OA) have heard reports of delays from providers or consumers, but they will continue to monitor the situation.
- ➡ Commission staff will continue to check back to ensure delays in filling prescriptions are not developing. Providers or individuals aware of anecdotal instances may report them to staff for trouble-shooting.

b. Virtual Lunch and Learn Series Update

- The last virtual Lunch and Learn series segment featured Cajetan Luna, MA, Executive Director, Center for Health Justice (CHJ) addressing policy, programs, and Transitional Case Management for PLWH and the post-incarcerated.
- ➡ Policy recommendations from the CHJ Lunch and Learn focused on shifting the justice system away from incarceration and barriers to post-incarceration employment, e.g., application check boxes to identify a history of incarceration.

c. Los Angeles Homeless Services Administration (LAHSA) Presentation Update

- Ms. Barrit reported LAHSA will present at the 9/10/2020 Commission on HIV Meeting on the 2020 Greater Los Angeles Homeless Count, next steps for Project Room Key, and services for PLWH at risk for or experiencing homelessness.
- In addition to informing policy matters, the presentation will also help inform the Planning, Priorities and Allocations (PP&A) Committee as it begins its annual Priority Setting and Resource Allocation (PSRA) process.
- ➡ Forward any questions for consideration in the LAHSA presentation to Ms. Barrit or Ms. Echols-Watson.

6. CO-CHAIR REPORT

a. Solidarity Statement: Ms. Nelson read the Statement into the record. It was also included in the packet.

b. Policy Directives Regarding Systemic Racism

- Ms. Nelson felt the Public Policy Committee could take advantage of opportunities to review new Los Angeles County (LAC) documents to ensure they utilize a racial justice lens and provide pertinent comments to Health Deputies.
- Mr. Rosales said the Solidarity Statement was great, but expressed concern that initiatives via smaller groups like Task Forces will lack the effectiveness of full Commission efforts. Ms. Nelson suggested each Committee report out at each Commission Meeting on its own implementation efforts for the activities on which it has chosen to focus.

- Mr. Kochems reflected the Committee has often struggled with implementation for its policy statements. He suggested each statement should have an associated implementation plan with steps to achieve it.
- Ms. Barrit clarified that, while Greg Wilson resigned from the Commission, he had remained in his position as Co-Chair for the Black African American Community (BAAC) Task Force.
- ➡ Co-Chairs Kochems and Nelson will coordinate with Danielle Campbell, MPH, and Greg Wilson, Co-Chairs, BAAC Task Force to inform development of a Policy Priority pertaining to systemic racism for the 2020 Policy Priorities for review at the 8/3/2020 Public Policy Committee Meeting and, subsequently, at the Executive Committee.
- ➡ Ms. Nelson will email related materials for Committee review prior to August, e.g., the LAC report on COVID-19 related disparities, the City of Los Angeles report on adjustments to its budget, a national racial justice framework for PLWH, and the existing BAAC Task Force recommendations.
- ➡ Agendize discussion on implementation plan with measurable objectives and responsible parties for Policy Priorities.
- i. **Employment Opportunities for the Formally Incarcerated:** Ms. Barrit suggested adding this item to provide a space to address CHJ Lunch and Learn recommendations. There was no additional discussion.

V. DISCUSSION ITEMS

7. STATE POLICY AND BUDGET UPDATE

- Ms. Nelson reported Governor Gavin Newsom signed the budget one day before the 6/30/2020 deadline. Due to COVID-19, the tax deadline was postponed to 7/15/2020. Consequently, revisions to reflect income were expected in August 2020.
 - The budget included \$5 million in ongoing funding each for HIV, STDs, and Hepatitis C services. \$100 million was borrowed from the ADAP Rebate Fund to address the budget deficit, but trailer bill language protects access to medications and services. The California Syringe Exchange Supply Clearinghouse did not receive more funds, but advocacy continues. Trailer bill language allows the California Pre-Exposure Prophylaxis-Assistance Program (PrEP-AP) to fund an initial 30 day supply of PrEP or PEP regardless of the individual's eligibility for the program.
 - An updated list of ballot measures for the November 2020 election was now available on the state website. Proposition 21, funded by AIDS Healthcare Foundation, would lift California restrictions on rent control from cities and counties.
 - The Legislative Black Caucus put forward Assembly Constitutional Amendment (ACA) 5 to overturn a ban on affirmative action in California. ACA 6 would add California to other states expanding voting rights to formerly incarcerated citizens.
 - The Master Plan for Aging Stakeholder Advisory Committee released its spring progress report. Public comment is ongoing.
 - The application window closed at the end of June 2020 for California's one-time lifeline COVID-19 assistance fund for undocumented persons. There were some administrative delays in dispersing funds, but most has now been dispersed. Organizations working with the state on the program have a waiting list of applicants to ensure all funds are expended.
 - ➡ Agendize review of ballot measures for future meeting.
 - ➡ Ms. Nelson will report on the next date for the Equity Work Group, Master Plan for Aging Stakeholder Advisory Committee.
- a. **Legislative Docket**
- Ms. Nelson noted the updated Docket in the packet. The last day for the Legislature to pass bills will be 8/31/2020. The last day for Governor Newsom to sign bills will be 9/30/2020. A fact sheet was also in the packet for informational purposes on AB 3216: Job Protections for Working Families Impacted by COVID-19.
 - ➡ Continue Docket review.

8. FEDERAL POLICY UPDATE

- Ms. Nelson noted there will be a Federal update at the 7/9/2020 Commission Meeting to include: Ryan White and Housing Opportunities for Person With AIDS (HOPWA) allocations; an update on H.R. 6800, the proposed Health and Economics Recovery Omnibus Emergency Solutions (HEROES) Act, recently passed by the House of Representatives; and, the 4/30/2020 Washington, DC Update in the packet on the fourth COVID-19 Bill, H.R.266, and suspension of immigration.
- An update was expected on a Trump administration proposed roll back of nondiscrimination protections on the basis of sexual orientation and gender identity in Section 1557 of the Affordable Care Act. Several organizations including Lambda Legal filed a lawsuit, Whitman-Walker Clinic v. HHS, against it and a Board of Supervisors Motion generated a five-signature letter to Health and Human Services (HHS) Secretary Alex M. Azar II and public comments in opposition to the rule changes. The California Departments of Insurance, Managed Health Care, and Public Health will continue current protections.
- In recent Supreme Court rulings the Civil Rights Act of 1964 prohibition of sex discrimination was found to apply to sexual orientation and gender identify; and the Deferred Action for Childhood Arrivals (DACA) program was upheld.

- Housing and Urban Development (HUD) announced plans 7/6/2020 to release proposed changes to the Equal Access rule that weaken protections for transgender individuals experiencing homelessness. A public comment period was expected.
- Mr. Kochems, Ms. Nelson, Ms. Barrit, and Ms. Echols-Watson will draft a letter on behalf of the Commission that both appeals to the Board of Supervisors to add opposition to the HUD rule change weakening protections for transgender individuals to their letter to Secretary Azar and serves as both Affordable Care Act and HUD rule change public comments.

9. COUNTY POLICY UPDATE

a. **Maintaining LGBTQ+ Health Protections in the Affordable Care Act (ACA):** There was no additional discussion.

b. County and Municipal Funding Plans

- Similar to the state budget, LAC was facing a budget shortfall and waiting to evaluate: actual tax revenue; additional state or federal income, e.g., from stimulus funds; and cost-saving agreements with LAC unions that preserve jobs.
- The LAC budget does reject a proposed \$8.2 million cut to Martin Luther King, Jr., Community Hospital.
- Mr. Rosales reported the City of Los Angeles shortfall was estimated at \$50 to \$800 million. Review will be continuous as revenue is received. The last quarter was slightly better than anticipated. A cut of \$150 million from the Los Angeles Police Department, most from its overtime account, was earmarked for community programs, especially programs servicing People Of Color (POC). That funding will be allocated across the year based on need.
- He noted federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funds cannot be used for items budgeted prior to the pandemic. It is specifically restricted to funding something created as part of the COVID-19 response.
- Regarding housing, Measure H budget proposals were opened for comment until 7/26/2020. Recommendations were relatively high level pertaining to the 22 strategies. Meanwhile, the state Project Room Key program was being converted to Project Home Key to divert those experiencing homelessness who were housed under the original program from returning to homelessness. It was not yet known how much funding LAC will receive under that effort.
- Ms. Nelson will forward the link to Measure H budget proposals for review and potential submission of comments.
- Explore opportunities for HOPWA, DHSP, and specifically Housing For Health, to collaborate with Project Home Key.

VI. NEXT STEPS

10. **TASK/ASSIGNMENTS RECAP:** There was no additional discussion.

11. **AGENDA DEVELOPMENT FOR NEXT MEETING:** There was no additional discussion.

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- The 2020 International AIDS Society Conference was in progress. It did require pre-registration and a fee, but parts of the conference offers free material and opportunities for engagement at AIDS2020.org.
- The HIV 2020 Conference, previously scheduled both in San Francisco and Mexico City, has also moved online. It will present a series of sessions between now and October 2020. Registration remained open.
- The United States Conference on HIV and AIDS, originally scheduled for October 2020 in San Juan, has also moved online and would be free for the first 4,000 people who register.

VIII. ADJOURNMENT

13. **ADJOURNMENT:** The meeting adjourned at 2:16 pm.



**(REVISED) Black/African American Community (BAAC) Task Force
Recommendations**

October 10, 2019

Introduction

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

Healthcare Disparities in the Black/AA Community

The United States Census Bureau estimates Black/AA living in Los Angeles County (LAC) at 9% or approximately 909,500 as of 2018.⁽¹⁾ In 2017, there were 51,438 persons living with diagnosed HIV (PLWH) in LAC. **Twenty percent (20%) were Black/AA.**⁽²⁾

In 2016, **the highest overall rate of HIV diagnoses was among African Americans (56 per 100,000)**, followed by Latinos (19 per 100,000), whites (12 per 100,000), and Asians (6 per 100,000). These differences in rates were also observed by sex, most notably among **African American females (17 per 100,000) where the rate of HIV diagnoses** was 8 times higher than that of white females (2 per 100,000) and 5 times higher than the rate for Latinas (3 per 100,000). Among **males**, the rate of HIV diagnoses among **African Americans (101 per 100,000)** was 5 times higher than among whites (22 per 100,000) and 3 times higher than the rate for Latinos (34 per 100,000).⁽²⁾

The highest rate of stage 3 diagnoses (Acquired Immunodeficiency Syndrome) (AIDS) was among African Americans (18 per 100,000). The rate of stage 3 diagnoses for **African American females (6 per 100,000)** was 9 times higher than the rate for white females (<1 per 100,000) and 3 times higher than the rate for Latinas (2 per 100,000). Among **males**, the rate of stage 3 diagnoses for **African Americans (32 per 100,000)** was 4 times higher than the rate for whites (9 per 100,000) and 3 times higher than the rate for Latinos (13 per 100,000).⁽²⁾



Black/AA Care Continuum as of 2016⁽³⁾

Demographic Characteristics	Diagnosed/Living with HIV	Linked to Care ≤30 days	Engaged in Care	Retained in Care	New Unmet Need (Not Retained)	Virally Suppressed
Race/Ethnicity						
African American	9,962	54.2%	65.9%	49.7%	50.3%	53.0%
Latino	21,095	65.4%	68.3%	55.7%	44.3%	59.7%
Asian/Pacific Islander	1,710	80.5%	74.6%	60.5%	39.5%	68.5%
American Indian/Alaskan Native	294	75.0%	70.1%	54.10%	45.9%	52.4%
White	14,778	75.2%	71.6%	54.5%	45.5%	64.9%

The Ryan White (RW) program in LAC served 15,747 individuals between March 1, 2018 and February 28, 2019. Three-thousand three-hundred sixty (3,360) were Black/AA during the same period. ⁽⁴⁾

Objectives:

- **Identify** strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- **Identify** HIV prevention, care and treatment best practices in the Black/AA community
- **Identify** specific strategies to reduce HIV stigma in the Black/AA community

General/Overall Recommendations:

1. Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. *Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.*
2. Revise messaging County-wide around HIV to be more inclusive, i.e., “If you engage in sexual activity . . . you’re at risk of HIV” in an effort to reduce stigma.
3. Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community in an effort to reduce stigma and increase awareness.
4. Provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant.



5. Support young people's right to the provision of confidential sexual health care services.
6. Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach - specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.
7. Initiate or partner in culturally informed research that aims to address the needs of the Black/AA communities. Researchers, whenever possible, must mirror the affected community it purports to study. Community reflectiveness in academic and CBO partnerships should include training in instrument development, data interpretation, presentations and publications.
8. Increase use of local statistics regarding new infections and disparities to educate and plan for the community; request Department of Public Health data be organized by Health Districts and zip codes to better target and identify communities in need.
9. Provide technical assistance to aid Black/AA agencies in obtaining funds for culturally sensitive services.
10. Proactively reach out to engage CBOs that are connected to the local Black/AA community.
11. End the practice of releasing Request for Proposals (RFPs) that have narrowly defined "Proposer's Minimum Mandatory Requirements." *This discriminatory practice purposely disqualifies existing relevant CBOs and other agencies that provide intersection health and human services.* When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.
12. Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset populations of the Black/AA community (i.e. Trans men/women, women & girls, MSM) to address barriers and social determinates of health.
13. Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach mini-grant process that will target all various subset populations of the Black/AA community, i.e. Trans community, women & girls, MSM.



14. Increase mobilization of community efforts to include:

- a. Increase community awareness fairs and social media campaigns intended to promote health and wellness in the Black/AA community, with concentration in high incidence areas;
- b. Condom distribution in spaces where adults congregate;
- c. HIV education and access to prevention tools in schools, spiritual communities, social clubs, neighborhood associations, etc.;
- d. Fund one social marketing campaign that addresses stigma and internalized homophobia as it relates to health and wellness around HIV;
- e. Support efforts that will ensure additional research and evaluation support be made available to agencies that provide services to the Black/AA community and to increase their capacity to link and collaborate with research institutions; and
- f. Provide training and incentives for CBOs within high incidence areas to prescribe PrEP and nPep.

Population-Specific Recommendations:

Black/African American Trans Men:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.⁽⁴⁾

1. Conduct a Countywide needs assessment of the Trans masculine community that focuses on sexual risk behaviors.
2. Use Williams Institutes' research/data using Sexual Orientation Gender identity (SOGI) (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans male-specific programming.
3. Include Trans men in program decision making.
4. Develop a Trans masculine-specific PrEP campaign which will resonate with and reach Trans men in such a way that the message is not convoluted and therefore lost within the overall PrEP messaging. Messaging should include language around safety and gender affirmation - a campaign that says "Trans masculine individuals . . . this is for YOU." Perhaps include a myth buster around the notion that all Trans men are straight and only date and are sexually involved with cis men; a message that says we know sexual appetites are fluid for Trans men and that is why PrEP is important.
5. Educate/train medical and mental health providers to be more inclusive of Trans masculine bodies and its many different nuances.



6. Create a pilot/demonstration project using the information obtained from the various data sources listed above.

Black/African American Trans Women:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.⁽⁴⁾

1. Conduct a Countywide needs assessment of the Trans women community to address barriers and social determinants of health to better provide more targeted programming.
2. Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming.
3. Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.
4. Include and prioritize Trans women in program decision making.
5. Address stigma and the increasing violence against Trans women.

Black/African American Women and Girls: *(DHSP defined Black/AA women and girls as either childbearing women between the ages of 15-44 and those 50 Years and Older)*

The Ryan White (RW) program in LAC served 501 Black/AA women during the period of March 1, 2018 to February 28, 2019. This is approximately 31.82% of those receiving RW services.⁽⁴⁾

1. Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.
2. Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.
3. Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health.
4. Obtain data for all populations of women, especially those who are pregnant or such age groups affected by the high rates of STIs; include women-specific data in summits, reports, and community forums.



5. Reorganize and adopt educational approaches to care and prevention that incorporate information and knowledge on how preventative methods can benefit the woman within the context of her life. Such approaches include but should not be limited to:
 - a. Integrate train-the-trainer models for community health outreach workers and testing staff that use motivational and empowerment strategies as a tool for risk reduction. Generating collective approaches and solutions that promote honesty and integrity within self and relationships with others is paramount. Hold agencies accountable to host honest adult conversations and have the courage to meet people where they are and build on what they know.
 - b. Generate collective approaches and solutions that promote honesty and integrity of self and relationships with others is paramount; and
 - c. Train community health outreach workers in all HIV Testing Sites to have conversations that validate the experience and power dynamics women confront within their relationships. Most often partners are missing from engagement, enrollment, and retention strategies. Include sexual and social networks in education, outreach, testing and other interventions that support family sustainability as a method of retention.

6. Allocate money to partner with institutions to support three demonstration projects at \$250,000 each led and facilitated by and for Black women:
 - a. Ensure agencies have tools available to demonstrate accountability and cultural competence. Staff should be linguistically and culturally representatives of the community and any intervention include a navigation component to address barriers to recruitment, uptake and retention of prevention and care based programming.
 - b. All protocols should explicitly embrace the experience of women who have sex with men of known or unknown status as well as those diagnosed with HIV/AIDS. Further, qualitative interviews or Audio Computer-Assisted Self-Interview (ACASI) instruments should include an assessment of historical care and prevention participation as well as barriers to continuous engagement and participation.

7. Strategically reflect the needs of women in the jurisdictional stigma reduction efforts by funding projects that reduce stigma and increase access to female controlled HIV preventive tools such as Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and the Female Condom 2 (FC2). Support agencies to integrate comprehensive opportunities for education, research and a complement to other strategies that give women the power to take control of their lives and situations in which have historically had little to no influence.



8. Expand the availability of community-based mental health services as a part of a continuous effort to treat women holistically: HIV and mental health education and awareness should accompany a range of holistic services that recognize that a woman may have multiple traumas that inform her choices. Increased collaborations between community and the private sector which is necessary to build awareness and reduce cultural and social based stigmas associated with mental health care. Increased education and training of non-HIV/AIDS service providers in hopes of offering a full circle of multidisciplinary services to those in need.
9. Develop a standard requiring all contracted organizations offer living wages as an incentive to hiring persons with lived experience. Initiating programming for Black women enables organizations to invest in their peers. Further, increased access to professional development opportunities and resources (ex. Income) enables them to self-sustain and decrease the impact that social correlates of health such as poverty have on informed sexual decision making.

Black/African American Men Who Have Sex with Men (MSM):

The Ryan White (RW) program in LAC served 2,093 Black/AA MSM during the period of March 1, 2018 to February 28, 2019. This was approximately 13.3% of those receiving RW services. (4)

1. Continue to increase the investment in innovative layered interventions that target young MSM and address barriers and social determinates of health like the Vulnerable Populations Grant.
2. Develop and release of Request for Application/Request for Proposal (RFA/RFP) that focuses on HIV positive MSM of all ages who are sexually active and at risk of co-infections.
3. Increase funding and resources in treatment as prevention, social support efforts, housing and mental health services.
4. Address Chemsex within the Black/AA MSM community through CBO led group sessions, evidence-based medicine directed intervention and medication assisted treatment.



Conclusion

Only by genuinely addressing the recommendations as provided above can the Los Angeles County HIV/AIDS Strategy (LACHAS) goals be met. Many of the recommendations provided are in alignment with the LACHAS and the County's Comprehensive HIV Plan (CHP), however, there must be very intentional and targeted efforts made to address social determinants, primarily stigma and racism, in the Black/AA communities. It is not enough to implore the same strategies of old; we must modernize methodologies in our marketing strategies to reach subpopulations within the Black/AA communities who do not identify according to current messaging. Messaging must be *truly* inclusive – "if you are sexually active, you are at risk".

The adage is true – "to reach them, you have to meet them where they are" - HIV and sexual health education along with HIV prevention interventions must be accessible in schools, jails, churches, barber/beauty shops, and social venues where Black/AA communities gather; while providers must be trained and educated to understand the various cultural nuances that can either stigmatize and subsequently discourage or create a culturally welcoming environment for Black/AA communities to access HIV prevention, care and treatment services.

On behalf of the BAAC Task Force, we thank the Executive Committee for its consideration of the above recommendations and look forward to its plan of action in response.

Special thanks to the following BAAC Task Force members and community stakeholders who volunteered their time and contributed to the development of recommendations: Greg Wilson (COH), Traci Bivens-Davis (COH), Bridget Gordon (COH), Dr. LaShonda Spencer (COH), Danielle Campbell (COH), Yolanda Sumpter (COH), Dr. William King (COH), Cynthia Davis (AHF), Luckie Fuller (COH), Jeffrey King (ITMT), Louis Smith III, Stevie Cole, Ivan Daniel III, Carl Highshaw (AMAAD Institute), Charles McWells (LACADA), Dr. Derrick Butler (THE Clinic), David Lee (CDU), Rev Russell Thornhill (MAPP), Terry Smith (APLA), Doris Reed (COH), Carolyn Echols-Watson (COH) and Dawn Mc Clendon (COH).



Endnotes

1. [Census.gov/quickfacts/fact/table/losangelescountycalifornia; RH1225218](https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia;RH1225218)
 2. 2017 Annual HIV Surveillance Report; Ryan White program Clients Living with HIV YR 28 (03/01/2018 – 02/28/19)ⁱ
 3. Los Angeles County HIV/AIDS Strategy (LACHAS) – P26; Table 5
 4. Ryan White Program Clients YR 28 (3/1/18-2/28/19) Los Angeles County; Utilization by Service Category among Ryan White Priority Populations in Year 28
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MOTION BY SUPERVISOR MARK RIDLEY-THOMAS

JULY 21, 2020

Establishing an Antiracist Los Angeles County Policy Agenda

To engage in a serious discussion of race in America, we must begin not with the problems of [B]lack people but with the flaws of American society – flaws rooted in historic inequalities and longstanding cultural stereotypes. How we set up the terms for discussing racial issues shapes our perception and response to these issues. Professor Cornel West, Race Matters (1993)

The United States has never fully addressed one of the original sins of its colonizers – the institution and practice of 250 years of chattel slavery. The ideology that established and maintained the institution of slavery has left an indelible stain on the fabric of this nation and is embedded in virtually every facet of American culture and civil society.

Sadly, when slavery ended, a new era of repression emerged and became the common thread in the lives of African Americans. The legacy of the intentional structuring of opportunity, implementation of policies and practices, and assignment of value based solely on skin color and other physical characteristics, has created and continues to mete out unfair disadvantages to African Americans. These circumstances have prevented entire communities from achieving their full potential due to the implementation of Black codes and Jim Crow laws, the widespread and condoned practices of lynching and

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sexually assaulting African American men and women, voter suppression of African Americans, the myth of separate-but-equal schools, state-sanctioned housing discrimination in the form of red-lining and enforcement of racially restrictive covenants, disparate access to and substandard treatment within the health care system, police brutality in Black communities, and mass incarceration.

As a result of these conditions, African Americans have systematically experienced unequal access to the foundational aspects of this nation that are universally envisioned as essential to building strong individuals, families, and communities. These disparities in access are quite evident in Los Angeles County (County) where African Americans consistently lag behind other racial and ethnic groups across several indices of social and economic well-being. While comprising only 9 percent of a regional population of 10.7 million (U.S. Census estimate 2019), the disproportionately high representation of Black people on the low end of these indices is well documented. Black people represent:

- 11 percent of COVID-19 related fatalities; (County Department of Public Health, July 2020)
- 27 percent of the people shot or seriously injured by law enforcement in the County in 2017; (California Department of Justice, 2018)
- Nearly 30 percent of the overall population in County jails; (Measure of America: Portrait of LA County, 2018) and
- 34 percent of the population experiencing homelessness. (Los Angeles Homeless Services Authority Homeless Count, 2019)

Further, an analysis of unemployment in California during the COVID-19 crisis found that as many as 22% of Black workers were jobless (University of California, Los Angeles Center for Neighborhood Knowledge, May 2020).

The killing of George Floyd on May 25, 2020, by a white police officer sparked global protests and has inspired a multitude of interventions and advocacy to address not only the issue of racialized violence at the hands of law enforcement, but systemic inequities and racist structures that have plagued this nation for centuries. In this collective awakening, universities have changed the names of campus buildings in

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acknowledgment of the namesake's ignorance and racism. Corporations have donated funds, created diversity pipeline initiatives, and phased out offensive product images and advertising. Additionally, federal, state, and local budgets are being reimagined for greater investments in community-based solutions.

While the current groundswell of recognition and support is inspiring, the County's agenda for racial equity must go further to address generational inequality and systemic anti-Black racism. This agenda must focus on the actions and outcomes that will produce real systemic change: improved educational outcomes, better physical and mental health care and outcomes, increased housing and housing stability, meaningful employment opportunities, and an equitable and fair criminal justice system.

No child is born with racist worldviews. These are learned attitudes that lead to behaviors that have been woven into every aspect of the culture of this nation, its society, and the foundations of its institutions. Just as racism can be learned, it can be unlearned and replaced with antiracism, the adoption of beliefs, actions, movements, and policies to oppose racism. An antiracist policy is any measure that produces or sustains racial equity between racial groups ([How to Be an Antiracist](#), Ibram X. Kendi, 2019).

The United States has reached an inflection point and it is time for every jurisdiction in the nation to collectively and publicly confront this country's history, beginning with the acknowledgement of its actions and inactions toward African Americans over the last four hundred years. The County has the third largest African American population (906,300) in the U.S. and the largest in California (U.S Census, 2010) and can do its part by building antiracism into its structures, processes, operations, and services. To do so, the County will need partnering institutions to embrace transformation in sectors ranging from education to health care to employment, housing and beyond. The County's departmental leaders have already taken the initiative to commit to this work by pledging to stand against racism in any form and use their positions to advance racial and social equity, diversity, and fairness. The County has made great strides toward addressing and eliminating implicit bias but it is time to advance to the next level. It is no longer sufficient to support diversity and inclusion initiatives. The County must move to identify and

confront explicit institutional racism to set the national standard and become a leader of antiracist policy making and program implementation.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

- 1) Recognize, affirm, and declare that racism is a matter of public health in Los Angeles County (County) and that racism against Black people has reached crisis proportions that result in large disparities in family stability, health and mental wellness, education, employment, economic development, public safety, criminal justice and housing.
- 2) Direct the Chief Executive Officer (CEO) to establish an eighth Board-directed priority to address the elimination of racism and bias in the County and:
 - (a) develop a strategic plan and underlying policy platform articulating the goals, actions, and deliverables;
 - (b) establish an organizational unit within the CEO that is dedicated to implementing the plan; and
 - (c) report back to the Board on the strategic plan and policy platform, in writing, within 60 days.
- 3) Direct the CEO and other departments to evaluate existing County policies, practices, operations, and programs through a lens of racial equity in order to more effectively promote and support policies that prioritize physical and mental health, housing, employment, public safety, and justice in an equitable way for African Americans.
- 4) Direct the CEO, in collaboration with the Director of Personnel and department directors, to assess existing policies, processes, and practices that may prevent African Americans from advancing within County departmental career ladders and develop procedures that best advance and sustain Countywide and departmental equity commitments.

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- 5) Support the Los Angeles Homeless Services Authority in its work to execute a workplan, in collaboration with the County and the City of Los Angeles, to prioritize and advance the overarching strategies and 67 recommendations put forward by the Ad Hoc Committee for Black People Experiencing Homelessness. The workplan would establish baseline data to track and evaluate implementation of the recommendations.
- 6) Direct the Executive Director of the Human Relations Commission (HRC) and the CEO to:
 - (a) Commission an annual report (Report) by an academic institution and/or research institute that outlines and provides a regular update on the State of Black Los Angeles County with a focus on outcomes for African Americans in the areas of physical and mental health, education, employment, law enforcement, justice, housing, and homelessness including updates from the implementation of recommendations made by the Ad Hoc Committee on Black People Experiencing Homelessness;
 - (b) Include within the Report an annual assessment of outcomes and progress with defined benchmarks and objectives; and
 - (c) Present the findings of the Report to the Board of Supervisors (Board) each year during a Board meeting in the month of June.
- 7) Direct the CEO to work with the Executive Director of the HRC to execute data usage agreements for relevant County departments as necessary and develop a funding plan in consultation with philanthropy and academia to identify the requisite funding to produce the Report each year.
- 8) Direct the CEO to ensure that all County department directors identify at least one Management Appraisal and Performance Plan (MAPP) goal each year that strengthens organizational capacity for cultural competency and vigilance to reduce racial stigma, inequality, and implicit bias within their respective departments.

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- 9) Direct the CEO to recommend and advocate for relevant legislative policies that improve outcomes and reduce racial disparities and support local, regional, state, and federal initiatives that advance efforts to dismantle systemic racism.

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2020-2021 Legislative Docket

Commission Approved 06/11/2020 – Updated 08/03/2020

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 362 (Eggman)	Controlled substances: overdose prevention program	This bill would, until January 1, 2026, authorize the City and County of San Francisco <i>and the City of Oakland</i> to approve entities to operate overdose prevention programs for persons 18 years of age or older that satisfy specified requirements. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB362	Support	<i>08/01/20 Set For Hearing Committee on Health</i>
AB 683 (Carrillo)	Medi-Cal: eligibility	This bill would update the assets limits for programs serving seniors to \$10,000 for an individual and an additional \$5,000 for each additional household member, with annual indexing; expand and simplify the list of items to be excluded from the assets test for those Medi-Cal programs still subject to the assets test; and eliminate the assets test entirely for the Medicare Savings Programs, programs where Medi-Cal pays for an individual's Medicare premiums and co-payments. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB683	Support 2019 Docket: Support	6/23/20 Referred to Committee on Health
AB 732 (Bonta)	County jails: prisons: incarcerated pregnant persons	This bill would improve the quality of reproductive health care for pregnant people in county jails and state prisons: require an incarcerated person in a county jail or the state prison who is identified as possibly pregnant or capable of becoming pregnant to be offered a pregnancy test upon intake or request, and in the case of a county jail, within 72 hours of arrival at the jail, require an incarcerated person who is confirmed to be pregnant to be scheduled for pregnancy examination with a physician, nurse practitioner, certified nurse midwife, or physician assistant within 7 days, require incarcerated pregnant persons to be scheduled for prenatal care visits, provided specified prenatal services and a referral to a social worker, given access to community-based programs serving pregnant, birthing, or lactating inmates, have a support person present during childbirth, and more. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB732 <i>Committee questions:</i> (Received email response from bill sponsor ACLU on 4/3/20) - <i>Can community-based organizations appeal if they are denied access to support a client or potential client?</i> Grievances may be filed; grievance process depends on whether the grievance is considered a healthcare grievance or non-health related grievance.	Support	<i>07/27/20 From committee chair, with author's amendments: Amend, and re- refer to committee. Read second time, amended, and re-referred to Committee on Public Safety</i>

Commission Approved 06/11/2020 – Update 08/03/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>AB 890 (Wood)</p>	<p>Nurse practitioners: scope of practice: practice without standardized procedures</p>	<p>Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform in collaboration with a physician and surgeon. A violation of the act is a misdemeanor. This bill, <i>until January 1, 2026</i>, would establish the <i>Advanced Practice Registered Nursing Board which would consist of 9 members. Nurse Practitioner Advisory Committee to advise and give recommendations to the board on matters relating to nurse practitioners.</i> The bill would require the board to define minimum standards for a nurse practitioner to transition to practice without the routine presence of a physician and surgeon.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890</p>	<p>Support</p> <p>2019 Docket: Support</p>	<p>7/23/20 From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Committee on Business, Profession & Education</p>
<p>AB 1938 (Weiner)</p>	<p>Prescription drugs: 340B discount drug purchasing program.</p>	<p><i>This bill would define a "designated entity" as a nonprofit organization. The bill would prohibit a designated entity from using any revenue from a contract with the department, a contract with the federal Centers for Medicare and Medicaid Services, and from the 340B program on specified activity, such as funding litigation under the California Environmental Quality Act. The bill would require a designated entity, and any subsidiary of that entity, to annually report on its internet website specified information, including the amount of gross revenue generated from a contract with the department, a contract with the federal Centers for Medicare and Medicaid Services, and from the 340B program for the previous year, and would condition the implementation of these provisions to the extent that federal financial participation is available and federal approvals are obtained.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1938</p>	<p>Watch</p>	<p>05/19/20 From committee: Do pass and re-refer to Committee on Appropriations</p>
<p>AB 1965 (Aguiar-Curry)</p>	<p>Family Planning, Access, Care, and Treatment (Family PACT) Program</p>	<p>Existing law establishes the Family PACT Program under Medi-Cal, under which comprehensive clinical family planning services are provided to a person who is eligible and has a family income at or below 200% of the federal poverty level. Existing law provides that comprehensive clinical family planning services under the program includes preconception counseling, maternal and fetal health counseling, and general reproductive health care, among other things. This bill would expand comprehensive clinical family planning services under the program to include the human papillomavirus (HPV) vaccine for persons of reproductive age.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1965</p>	<p>Support</p>	<p>3/17/20 In Committee: Set, first hearing. Hearing canceled at the request of author.</p>

Commission Approved 06/11/2020 – Update 08/03/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2007 (Salas)	Medi-Cal: federally qualified health center: rural health clinic: telehealth	<p>FQHC and RHC services are reimbursed to providers on a per-visit basis, and a “visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers. The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2007</p>	Support	3/17/20 In Committee: Hearing postponed by committee.
AB 2077 (Ting)	Hypodermic needles and syringes	<p>Existing law, until January 1, 2021 authorizes a physician or pharmacist to, without a prescription or permit, to furnish hypodermic needles and syringes for human use to a person 18 years of age or older, and authorizes a person 18 years of age or older to, without a prescription or license, obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist, as a public health measure, as specified.</p> <p>This bill would extend this authority until January 1, 2026 and would make other conforming changes.</p> <p>http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2077</p>	Support	08/01/20 Set FOR Hearing Committee on Health
AB 2204 (Arambula)	Health care coverage: sexually transmitted diseases	<p>This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for sexually transmitted disease testing, treatment, and referral at a contracting or noncontracting health facility at the same cost-sharing rate an enrollee or insured would pay for the same services received from a contracting health facility. The bill would require a plan or insurer to reimburse a noncontracting health facility providing sexually transmitted disease testing, treatment, and referral at the same rate at which it reimburses a contracting health facility for those covered services.</p> <p>http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2204</p> <p><i>Committee questions:</i></p> <ul style="list-style-type: none"> - <i>What is the billing process? How will organizations and clinics bill insurance?</i> 	Watch *Need more info	3/02/20 Re-referred to Committee on Health.
AB 2218 (Santiago)	Transgender Wellness and Equity Fund	<p>This bill would establish the Transgender Wellness and Equity Fund, for grants the purpose of funding grants, upon appropriation by the legislature, to transgender-led (Trans-led) organizations and hospitals, health care clinics, and other medical providers that provide gender-conforming health care services and have an established partnership with a Trans-led organization, to create, or fund existing, programs focused on coordinating trans-inclusive health care, as defined for people that identify as transgender, gender nonconforming, or intersex. The bill would appropriate \$15,000,000 from the General Fund to the Transgender Wellness and Equity Fund.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2218</p>	Support	07/01/20 referred to Committee on Health

Commission Approved 06/11/2020 – Update 08/03/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2258 (Reyes)	Doula care: Medi-Cal pilot program	<p>A new bill targeting the maternal mortality crisis seeks to address pregnancy care inequities by requiring Medi-Cal to cover doulas. This bill would require the department to establish, commencing July 1, 2021, a full-spectrum doula care pilot program to operate for 3 years for pregnant and postpartum Medi-Cal beneficiaries residing in 14 counties that experience the highest burden of birth disparities in the state, and would provide that any Medi-Cal beneficiary who is pregnant is entitled to doula care.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2258</p>	Support	2/20/20 Referred to Committee on Health.
AB 2275 (Nazarian)	State armories: homeless shelters: security	<p>This bill would require, prior to shelter services commencing, that the county or city notify local law enforcement officers and request that officers make periodic visits to the armory on each night of operation.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2275</p> <p>Note: The County is in support of this bill.</p>	Support	06/23/20 Referred to Com. on Governance and Finance
AB 2329 (Chiu)	Homelessness: statewide needs and gaps analysis	<p>This bill, upon appropriation by the Legislature, would require the council to conduct, or contract with an entity to conduct, a statewide needs and gaps analysis, to among other things, identify state programs that provide housing or services to persons experiencing homelessness and create a financial model that will assess certain investment needs for the purpose of moving persons experiencing homelessness into permanent housing.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2329</p>	Support	06/03/20 In Committee Held under submission.
AB 2389 (Garcia)	Adult performers: employment rights	<p>This bill would, on and after July 1, 2022, require adult entertainers and performers to complete a specified biennial training program regarding employee safety and working rights for adult entertainer workers to work in an adult entertainment video. The bill would, by January 1, 2022, require the Department of Industrial Relations to create the training program and to convene an advisory group, composed of specified representatives of the adult performance industry, to provide recommendations for the creation and dissemination of the training.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2389</p>	Watch	03/02/20 Re-referred to Committee on Labor & Employment

Commission Approved 06/11/2020 – Update 08/03/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2405 (Burke)	Housing: children and families	<p>This bill would declare that it is the policy of the state that every child and family individual has the right to safe, decent, and affordable housing, and would require the policy to consider homelessness prevention, emergency accommodations, and permanent housing.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2405</p> <p>Committee questions: (Call w/Burke's office on 3/12)</p> <ul style="list-style-type: none"> - How does the bill define family? Not defined at this time, anticipate it will broaden - Does the bill include youth experiencing homelessness? Not at this time, anticipate it will broaden. Already received requites to expand beyond children & families. - How is this plan different from existing plans? Could potentially be the same plan as long as the plan is measurable/includes metrics. 	Watch/Support	<p>07/27/20 From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Committee on Housing.</p>
SB 132 (Wiener)	(Corrections) The Transgender Respect, Agency, and Dignity Act	<p>This bill <i>commencing January 1, 2021</i>, require the Department of Corrections and Rehabilitation to, during initial intake and classification, ask each individual entering into the custody of the department to specify the individual's gender identity and sex assigned at birth, and, if the individual's gender identity is different from their sex assigned at birth, their gender pronoun and honorific.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB132</p>	Support 2019 Docket: Support	<p>06/18/20 Notice of intention to remove from inactive file given by Assembly Member Mark Stone.</p>
SB 175 (Pan)	Health Care Coverage	<p>This bill would delete the requirement that a plan comply with the prohibition on lifetime or annual limits to the extent required by federal law, and would instead prohibit an individual or group health care service plan contract from establishing lifetime or annual limits on the dollar value of benefits for an enrollee, thereby indefinitely extending the prohibitions on lifetime or annual limits, except as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>This bill would ban health insurers from imposing annual or lifetime limits on coverage and indefinitely extend the requirement for insurers to cover preventive care without patient cost sharing.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB175</p> <p>Similar to SB 406 which repeals and adds to 1367.002 of the Health and Safety Code</p>	Support 2019 Docket: Support, County position: Watch	<p>06/18/20 Referred to Committee on Health.</p>

Commission Approved 06/11/2020 – Update 08/03/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 406 (Pan)	Health care coverage: Omnibus bill	<p>This bill would delete the requirement that a plan <i>or a health insurer</i> comply with the requirement to cover preventive health services without cost sharing to the extent required by federal law, and would instead require a group or individual health care service plan contract <i>or health insurer</i> to, at a minimum, provide coverage for specified preventive services without any cost-sharing requirements for those preventive services, thereby indefinitely extending those requirements. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>This bill would ban health insurers from imposing annual or lifetime limits on coverage and indefinitely extend the requirement for insurers to cover preventive care without patient cost sharing.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB406</p> <p>Similar to SB 175 which repeals and adds to 1367.001 of the Health and Safety Code</p>	Support	<p>07/27/20 From committee with author's amendments. Read second time and amended. Re-referred to Committee on Health</p>
SB 854 (Beall/ Wiener)	Health care coverage: Substance use disorders	<p>This bill will prohibit insurers from requiring authorization before coverage for FDA-approved prescriptions, like Medication Assisted Treatment (MAT). It will also place FDA-approved medications for treatment of substance use disorders on the lowest cost-sharing tier.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB854</p>	Support	<p>04/24/20 From committee with author's amendments. Read second time and amended. Re-referred to Committee on HEALTH.</p>
SB 859 (Wiener)	Master Plan for HIV, HCV, and STDs	<p>This bill would require the Secretary of California Health and Human Services and the Chief of the Office of Aids to develop and implement a master plan on HIV, HCV, and STDs, for the purpose of improving the health of people living with, and vulnerable to, those conditions, reducing new transmissions, and ending these epidemics. The bill would require the secretary and chief to create a Master Plan on HIV, HCV, and STDs Stakeholder Advisory Committee and work with that advisory committee and relevant state agencies to identify recommended programs, policies, strategies, and funding necessary to implement the master plan.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB859</p>	Support	<p>03/17/20 March 25 hearing postponed by committee.</p>

Commission Approved 06/11/2020 – Update 08/03/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 885 (Pan)	Sexually transmitted diseases	<p>This bill would specify that family planning services for which a Medi-Cal managed care plan may not restrict a beneficiary's choice of a qualified provider for STD testing and treatment. The bill would authorize an office visit to a Family PACT provider or Medi-Cal provider for specified STD-related services for uninsured, income-eligible patients, or patients with health care coverage who have confidentiality concerns, who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services, to be reimbursed at the same rate as comprehensive clinical family planning services.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB885</p>	Support	05/12/20 Referral to Committees on Health, and Judiciary. rescinded due to the shortened 2020 Legislative Calendar.
SB 888 (Wiener)	Substance use disorder services: contingency management services	<p>This bill would, to the extent funds are made available in the annual Budget Act, expand substance use disorder services to include contingency management services, a preventative measure to ensure continuity of access to Medi-Cal healthcare services for beneficiaries and payments to providers in the event of a disruption. The bill would require the department to issue guidance and training to providers on their use of contingency management services for Medi-Cal beneficiaries who access substance use disorder services under any Medi-Cal delivery system, including the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB888</p>	Support	03/11/20 Re-referred to Committee on Health.
SB 932 (Wiener)	Communicable Diseases: COVID-19 Data Collection	<p>This bill would require any electronic communicable disease reporting tool used tool used by local health officers for the purpose of reporting cases of communicable diseases to by the State Department of Public Health, and each local health officer department, as specified, to include the capacity to collect and report data relating to the sexual orientation and gender identity .of individuals who are diagnosed with coronavirus disease 2019 (COVID-19). The bill would also require a health care provider that knows of, or is in attendance on, a case or a suspected case of COVID-19 that knows of or is attendance on a case or suspected case of any specified communicable disease to report to the local health officer for the jurisdiction in which the patient resides, the patient's sexual orientation and gender identity, if known because the patient self-reports this information. By imposing new duties on local health officers, this bill would impose a state-mandated local program.</p> <p>This bill would declare that it is to take effect immediately as an urgency statute.</p> <p>https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201920200SB932</p> <p>Previously HIV Counselor training bill. Language amended 5/5/2020 to current bill. Committee supported previous bill.</p>	Support	<p><i>Set for Hearing 08/03/20</i></p> <p><i>07/27/20 From with author's amendments. Read 2nd amended. Referred to Committee on Health</i></p>
SB 961 (Gonzalez)	<i>The Equal Insurance HIV Act.</i>	<p>The Equal Insurance HIV Act will stop insurance companies from rejecting Californians from life and disability income insurance coverage based solely on their HIV status.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB961</p>	Support	Hearing set for 5/14/20 Postponed by Committee on Insurance.

Commission Approved 06/11/2020 – Update 08/03/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 1255	Committee on Insurance	<p>This bill, on and after January 1, 2023, would prohibit an insurer from declining an application or enrollment request for coverage under a policy or certificate for life insurance or disability income insurance based solely on the results of a positive HIV test, regardless of when or at whose direction the test was performed. However, the bill would not prevent or restrict an insurer from refusing to insure an applicant that is HIV positive, limiting the amount, extent, or kind of coverage for an applicant that is HIV positive, or charging a different rate to an applicant that is HIV positive, if the refusal, limitation, or charge is based on sound actuarial principals and actual or reasonably anticipated experience.</p> <p>Note: This bill is related to SB 961</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB1255</p>	Watch	<p><i>Set for Hearing on 08/04/20 Committee on Health</i></p>
FEDERAL				
H.R. 266 (McCollum /Betty)	Paycheck Protection Program and Health Care Enhancement Act	<p>This is the fourth legislative measure Congress has enacted in response to the Coronavirus pandemic. It provides additional funding for hospitals and COVID-19 testing, as well as additional funding to replenish Small Business Administration (SBA) programs.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/266?</p> <p> 4-30-20 WASHINGTON D.C. I</p>	Support	4/24/20 signed into law
H.R. 748 (Courtney/ Joe)	Coronavirus Aid Relief and Economic Security (CARES) Act	<p>The third measure enacted to address the impacts of the Coronavirus pandemic on state and local governments, health care workers, law enforcement and first responders, small businesses and individual Americans.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/748?q</p> <p> 4-7-20 Washington, D.C. Update - The Pz</p>	Support	3/27/20 signed into law

Commission Approved 06/11/2020 – Update 08/03/2020

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 5806 (Lewis)	HIV Epidemic Loan-Repayment Program (HELP) Act of 2020	<p>The HIV Epidemic Loan-Repayment Program (HELP) Act responds to the increasing shortage of qualified healthcare professionals needed to provide care for people living with HIV by creating a new loan repayment program to help replenish the field of professionals. H.R. 5806 authorizes up to \$250,000 over five years in loan repayment to physicians, nurse practitioners, physician assistants, and dentists, who provide HIV treatment in health professional shortage areas or at Ryan White funded clinical sites.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/5806?s=1&r=15</p>	Support	02/07/20 Referred to the House Committee on Energy and Commerce.
H.R. 6074 (Lowey/ Nita)	Coronavirus Preparedness & Response Supplemental Appropriations Act of 2020	<p>This bill provides \$8.3 billion in emergency funding for federal agencies to respond to the coronavirus outbreak.</p> <p>https://www.congress.gov/bill/116th-congress/house-bill/6074</p>	Support	03/06/20 signed into law

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National Coalition of STD Directors

	Final FY19 Funding	Final FY20 Funding	FY21 House Committee	President's FY21 Budget Proposal
CDC – National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections (STIs), and Tuberculosis Prevention	\$1.132 b	\$1.274 b	\$1.288 b	\$1.553 b
CDC – Division of STD Prevention (DSTDP)	\$157.3 m	\$160.8 m	\$162.8 m	\$160.8 m
CDC – Domestic of HIV/AIDS Prevention (DHAP)	\$755.6 m	\$755.6 m	\$755.6 m	\$755.6 m
CDC – Division of Adolescent and Sexual Health (DASH)	\$33.1 m	\$33.1 m	\$35.1 m	\$33.1 m
CDC – Division of Viral Hepatitis	\$39 m	\$39 m	\$39 m	\$39 m
CDC – Division of Tuberculosis Elimination	\$142.3 m	\$135 m	\$135 m	\$135 m
CDC – Infectious Diseases and Opioid Epidemic	\$5 m	\$10 m	\$10 m	\$58 m
CDC – Ending the HIV Epidemic	-	\$140 m	\$150 m	\$371 m
HRSA – Ryan White – Total	\$2.319 b	\$2.389 b	\$2.414 b	\$2.483 b
HRSA – Ryan White – Ending the HIV Epidemic	-	\$70 m	\$95 m	\$165 m
HRSA – Community Health Centers	\$5.5 b	\$5.6 b	\$5.7 b	\$5.7 b
HRSA – Community Health Centers – Ending the HIV Epidemic	-	\$50 m	\$65 m	\$137 m
HRSA – Title X Family Planning Program	\$286.5 m	\$286.5 m	\$286.5 m	\$286.5 m



National Coalition of STD Directors

Teen Pregnancy Prevention Program (TPP)	\$101 m	\$101 m	\$101 m		\$0
ACF – “Sexual Risk Avoidance” – Abstinence-Only Program	\$35 m	\$35 m	\$0 m		\$0 m
Secretary’s Minority AIDS Initiative (MIA)	\$53.9	\$53.9 m	\$57 m		\$53.9 m
Housing for People Living with AIDS (HOPWA)	\$393 m	\$410 m	\$430 m		\$330 m
NIH – Office of AIDS Research	\$3.045 b	\$3.076 b	\$3.107 b		\$2.812 b



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March 12, 2020

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director
Los Angeles County
Department of Public Health (DPH)
313 N. Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Dr. Ferrer:

Los Angeles County is in the midst of an STD crisis. The Commission on HIV (Commission) is the federally mandated integrated HIV and sexually transmitted diseases (STD) prevention and care planning council for the County. We have a 30-year history of collaborating with the County and a broad set of stakeholders in elevating the needs of people living with HIV (PLWH), lesbian, gay, bisexual, transgender and queer (LGBTQ), communities, women, youth, and communities of color to advance equity and justice and shape local programs, services and policies. We are especially concerned about the STD crisis because it is disproportionately impacting the communities we seek to serve, including men who have sex with men (MSM), transgender individuals, women of color, and youth.

We write to you today because Los Angeles County is facing an STD crisis, which mirrors the significant rise of sexually transmitted diseases (STDs) across the country. According to the California Department of Public Health, from 2014-2018, Los Angeles County experienced some of the highest incident rates of STDs in California. Over the five-year period syphilis incidence rates have increased by 98%, gonorrhea by 80.63%, and chlamydia by 25%. Most concerning, in 2018 the County reported 54 cases of congenital syphilis, reflecting an increase of 23% from 2017, and 800% since 2012¹.

¹ http://publichealth.lacounty.gov/dhsp/Providers/CS_EliminationPlan_January2020.pdf

Despite these alarming trends and data, the overall response from the County and DPH falls short of what is needed to contain the STD epidemic. In November 2018, the Commission recommended a motion to the Board of Supervisors (BOS) to allocate \$30 million in ongoing funding to expand resources and access for STD prevention, testing, and treatment (See attachment). The National Coalition of STD Directors (NCSN) estimates that federal STD funding has seen a 40% decrease in purchasing power since 2003 and that an additional \$70 million annually is needed to kickstart an effective response. State funding is also insufficient to support a truly impactful response to the County's STD crisis. A \$30 million investment would rebuild the County's foundational infrastructure to conduct STD prevention, testing and treatment services. As a result of the advocacy work of the Commission and the community, the Board allocated \$5 million to support STD programs. While the Commission thanks the BOS for allocating \$5 million to support STD services, we remain steadfast in our belief that the funding request of \$30 million is warranted and necessary to effectively control and treat STDs in Los Angeles County.

STDs and HIV are inextricably linked. The incidence of HIV infection in the United States is higher among persons with STDs, and the incidence of STDs is increased among persons with HIV infection. Because STDs increase the risk for HIV acquisition and transmission, successfully preventing and treating STDs helps reduce the spread of HIV among persons at high risk.² Ensuring service integration and coordination is an essential strategy to reduce the incidence of STDs and HIV.

The rise in STDs is also influenced by many of the same social determinants of health that drive HIV transmissions. These include drivers of health inequities such as poverty, homelessness, stigma, discrimination, health literacy, and access to culturally appropriate sex-positive health services. In addition, methamphetamine use, which is associated with behaviors that increase risk for HIV/STDs, may also play a role in the County's HIV/STD epidemic.

DHSP, with support from the Commission, has developed and implemented responsive and innovative programs to curb the HIV epidemic, and in 2017 launched the Los Angeles County HIV/AIDS Strategy (LACHAS). These efforts are supported with federal, state, and local resources proportional to the magnitude of the HIV epidemic in Los Angeles. However, the County lacks a comparable, robust infrastructure to address the STD crisis. Our policies and resource allocations reflect our values and priorities; with the continued support and revitalized commitment to ending HIV, we must respond with similar urgency and resources to curb the STD epidemic and be successful in ending HIV.

² [MMWR Morb Mortal Wkly Rep.](#) 2017 Apr 7; 66(13): 355–358. Published online 2017 Apr 7. doi: [10.15585/mmwr.mm6613a2](https://doi.org/10.15585/mmwr.mm6613a2)

Given the current STD resource and policy landscape in Los Angeles County, the Commission asks you to address the following concerns and questions:

November 2018 Board of Supervisors Motion

1. What have been DPH's activities related to item number 3 of the November 20, 2018 Board motion to sustain and expand the publicly supported STD service delivery system? Specifically, what has been done to increase STD testing and treatment, which includes reducing barriers and increasing utilization of no/low cost testing and treatment options? What is DPH's progress in developing a mechanism to leverage public and private healthcare funding for the provision of STD screening and treatment services delivered at public health STD clinics?
2. What is the status of item number 4 to partner with local stakeholders in the development of a robust and proactive advocacy strategy designed to increase sustained funding for local STD efforts from the State and Federal governments? In the absence of new funding from these sources, how will the County identify the funding necessary to address the magnitude of the STD crisis?

Center for Sexually Transmitted Diseases Prevention and Control

3. With regard to a memo transmitted to the BOS on January 22, 2020 describing the formation of the Center for Sexually Transmitted Diseases Prevention and Control (Center for STDs), we are deeply concerned about the added layer of organizational structure described in the memo and the lack of transparency in communicating these significant changes with the Commission, stakeholders, and the community. Listed below are our concerns and questions regarding this memo:
 - a. **Center for STDs:** The creation of the Center for STD Prevention and Control within DHSP is concerning given that that the national trend for health departments has been moving towards integration of STDs and HIV to better serve communities most impacted by these syndemic diseases. The Commission supports the integration of HIV and STD and changed our bylaws to encompass comprehensive HIV and STD prevention and care in our planning efforts. There was no community consultation regarding this organizational change within DPH with the Commission or any other HIV/STD community stakeholder group.

Moreover, the reassignment of existing DHSP staff for the Center appears to take away much needed human resources, expertise, and capacity from DHSP's current infrastructure. We would like to hear the justification and expected outcomes for this organizational change and reassignment of staff. The approach seems like an effort to add another unnecessary layer of bureaucracy and departs from a coordinated and integrated HIV/STD response.

- b. **STD Management Council:** What is the necessity for forming such a council and how will DPH align the various existing plans and initiatives mentioned in the memo? How will DPH engage the community in shaping the draft STD Action Plan? With several disparate plans listed, why is there no mention or recognition of the Los Angeles County HIV/AIDS Strategy (LACHAS)? LACHAS is the local blueprint for ending the HIV epidemic and acknowledges the importance of decreasing the burden of STDs among groups at high risk for HIV.
- c. **STD Prevention and Control Workgroup:** We are deeply concerned about the formation of a separate planning body for STDs without a conversation with the Commission or other HIV stakeholder groups. The Commission serves as the local integrated HIV/STD prevention and care planning body for Los Angeles County. Specifically, an excerpt from Section 3.29.090 (Duties) of the County ordinance, states one of the responsibilities of the Commission:

“E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; deploy those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;”

Why does the memo specifically exclude HIV and the Commission on HIV from the STD Prevention and Control Workgroup? Again, this appears contradictory to the principles of collaboration, transparency, and shared accountability and responsibility for addressing HIV and STDs in the County. The Commission, along with countless stakeholders and consumers, has worked very hard for nearly three decades to bring attention to our STD crisis and simultaneously address HIV, and build trust and a collaborative relationship with the County. It would be unfortunate to disregard the work of so many allies and community members at a time when, more than ever, we need to work together to address the County's HIV/STD syndemic.

- d. **STD Action Plan:** The memo states that “the Center for STDs will review existing STD plans.” There appears to be multiple plans within DPH. How are these plans different from the workplan described in a memo to the BOS dated May 24, 2019?

What steps has DPH taken to collect community input in the development of these plans? What are the metrics for the goals in the workplan and how is DPH reporting progress and challenges to the community at large? How do these plans coordinate with the Center for Health Equity STD objectives, the Alliance for Health Integration (AHI) priority, and LACHAS? The AHI priorities and strategies only contain a metric for reducing chlamydia rates at Student Wellbeing Centers (SWC) which still leaves a gap for addressing comprehensive sexual health services for adolescents ages 18 to 22, those who are out of school, or attending alternative educational settings.

Center for Health Equity

4. The 2017 Center for Health Equity Action Plan calls for a “movement that requires partnerships among County and community stakeholders across sectors, sustained effort over time. This will require shared commitment, bold action and accountability from all of us.” What is the status of DPH’s progress on the STD objectives and metrics within this plan? At the February 13, 2020 Commission meeting, we heard public comments that called for DPH leadership to act with urgency and identify resources to enhance services, not cut funding and reduce support for agencies to provide life-saving STD testing and treatment services. The public also asked the Commission to hold true to its responsibility to elevate their concerns to you and the Board. We are honoring that commitment by writing this letter and making this communication public. We ask, where is the commitment and accountability for DPH to work with stakeholders across sectors?

We therefore request a meeting with you within the next 30 days (or at DPH leadership’s earliest possible opportunity given the need to respond to the COVID-19 situation) to discuss the questions and concerns outlined in this letter. Community engagement and collaboration are critical components of a healthy and well-functioning public health system. We urge DPH to be more transparent in its communication process with the community and work with Commissioners and other key stakeholders to identify solutions to our common concerns around STDs and HIV. With the scientific advances in HIV and STD treatment, we truly have a chance at ending HIV and curbing the STD epidemic.

DPH and the Board of Supervisors have the opportunity to demonstrate leadership and a public commitment to ending the *decades long* crisis of the (HIV/STD epidemics) that *severely traumatize our communities* and impact the health and well-being of tens of thousands of Angelenos and *their families*. Let us not waste the opportunity of a lifetime with actions that diminish community voices and strengths and focus instead on transparency, investment and authentic collaboration. We have directed Cheryl Barrit, Executive Director, to work with your office to coordinate a meeting and ensure an immediate response to our concerns. Thank you.

Sincerely,



Alvaro Ballesteros Co-Chair



Bridget Gordon Co-Chair

Attachments

cc: Board of Supervisors
Health Deputies
Muntu Davis, MD, MPH
Jeffrey Gunzenhauser, MD, MPH
Mario Perez, MPH
Lorayne Lingat

REVISED MOTION BY SUPERVISORS SHEILA KUEHL AND
MARK RIDLEY-THOMAS

November 20, 2018

Increasing County Efforts to Address Rising STD Rates

In response to the rising number of sexually transmitted diseases (STD) cases in Los Angeles County, on May 29, 2018 this Board unanimously adopted a motion, introduced by Supervisors Solis and Kuehl, asking the Department of Public Health (DPH) to report back on efforts designed to increase the resources that the County can leverage to address unmet STD testing and treatment needs. That report, received on September 7, 2018, noted that, although the County receives some funding from the State to support STD control efforts, the funding levels are not at all commensurate with the high level of STD cases that our residents experience. In fact, despite years of requests from the County to the State to increase the State’s funding for local STD control efforts, the State has only provided \$7 million in one-time funding increases for statewide use in the past decade. The report also noted that Federal funding for STD control efforts decreased by \$21 million nationally between 2003 and 2016. This equates to a 40% reduction in STD program purchasing power when adjusted for inflation.

MOTION

Solis	_____
Ridley-Thomas	_____
Hahn	_____
Barger	_____
Kuehl	_____

In the face of inadequate support from the State and Federal governments to support expanded STD control efforts, the County continues to look for additional funding sources to support vital STD services. Over the past several years, the Department of Public Health (Department) has supplemented the limited funding we receive from the State and Federal governments by covering an increasing amount of expenses associated with STD testing. Additionally, in response to the May 29, 2018 motion, the Department has also convened meetings with local health plans to discuss the development of policies that would allow for the reimbursement of STD-related services that are provided by public sector providers. The Department has also begun exploring how it might be able to bill Medi-Cal for STD-related services. While all of these efforts may play an important role in the development of a long-term financing strategy to support local STD control programming, it is clear that there is an acute need for additional services now.

The County must take a more pro-active role in combatting our rising STD rates. This Board can take a step towards demonstrating our continued commitment to addressing this crisis by allocating more County funds to expand STD control programming. These funds should be allocated in a manner that would allow the County to first and foremost maintain existing STD screening and treatment capacity in the publicly-funded service delivery system. Secondly, these funds should be used to expand the current publicly-funded service delivery system so that we can improve access to these vital services throughout the County, particularly for hard to reach, underserved populations.

The County and DPH must also continue to search for additional funding from

those parties that share the responsibility for the health of our residents. Over the past several weeks this Board has heard in a clear and loud voice from the Commission on HIV, concerned stakeholders, other local elected officials, and several contracted providers that they are deeply concerned about the lack of adequate resources for local STD prevention and control programming. This Board shares these same concerns and our County's advocacy efforts to generate increased State and Federal support for STD services will be more effective if we can coordinate our advocacy efforts with our engaged stakeholders. DPH must also continue to explore opportunities to leverage resources from private and public health insurance plans to cover the costs associated with the delivery of STD-related services in the publicly-funded service delivery system.

WE, THEREFORE, MOVE that the Board of Supervisors take the following action:

- 1) Direct the Chief Executive Officer (CEO) to allocate \$5 million from tobacco settlement funds set aside as obligated fund balance to implement items 1A and 1B over a 24-month period and to work with the Director of Public Health (DPH) to submit budget actions to the Board for their consideration that account for the increase in DPH's contractual obligations for these STD services in Fiscal Years (FY) 2018-19 through 2020-21, as needed:
 - a) Instruct the Director of the Department of Public Health to develop and release a solicitation within 45 days to support the delivery of STD screening and treatment services specifically targeting underserved geographic areas and sub-populations of the County. Additionally,

delegate authority to the Director of the Department of Public Health, or her designee, to enter into contracts based upon the results of this solicitation, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution; and

- b) Delegate authority to the Director of the Department of Public Health, or her designee, to ~~amend~~ augment existing STD screening and treatment contracts by ~~up~~ amending the contracts to 400% of current increase the maximum contract amount obligation and/or extend the term as needed to ~~sustain~~ expend the tobacco settlement funds detailed in directive (1) and additional targeted grant funding detailed in directive (2), in order to sustain and expand the reach of existing services ~~that we are not currently funding~~ and to purchase additional STD screening and treatment services, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution.

- 2) Delegate authority to the Director of the Department of Public Health, or her designee, to use up to \$1 million in additional targeted grant funding to execute new or amend any existing STD screening and treatment contracts, to provide these additional services to persons who report alcohol or substance use, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution.

- 2) 3) Instruct the Director of the Department of Public Health to report back to this Board in 90 days on the Department's efforts to sustain and expand the publicly-supported STD service delivery system as outlined in directives 1a and 1b above. This report should also provide an update on the Department's progress in developing a mechanism to leverage Medi-Cal funding for the provision of these services; and
- 3) 4) Instruct the Chief Executive Officer and the Director of the Department of Public Health to partner with local stakeholders in the development of a robust and proactive advocacy strategy designed to increase sustained funding for local STD control efforts from the State and Federal governments, and report back to this Board within 45 days on the proposed advocacy strategy.



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
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January 22, 2020

TO: Each Supervisor

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

SUBJECT: **Center for Sexually Transmitted Diseases (STDs) Prevention and Control**

This memo is to provide information from the Department of Public Health (DPH) on the launch of new efforts to enhance STD control efforts throughout the County through the establishment of the DPH Center for Sexually Transmitted Diseases (STDs) Prevention and Control.

STD rates are increasing across the nation, and Los Angeles County is no exception. Your Board has demonstrated commitment and leadership to advance efforts to curb the growing epidemic, particularly among disproportionately burdened communities, including women of color, youth, as well as gay, bisexual, and transgender individuals. Eliminating the gaps in STD rates requires the prioritization and implementation of strategies that will have a significant positive impact, alignment of current activities and resources, support for innovation when needed, and measurement of progress to address STD rates, the root causes of STD disparities, and the inequities driving them.

Center for STDs Prevention and Control

The Center for STDs Prevention and Control (Center for STDs) will be a small team, primarily consisting of existing DPH staff, focused on three responsibilities, listed below, to augment current efforts to address the rising rates of non-HIV STDs. The team will include staff who are on STD-funded positions and are housed within the DPH Division of HIV and STD Programs (DHSP). The Center for STDs and its staff will be physically located at DHSP and continue to work closely with DHSP and other units across the department to improve our collective impact and work to address STDs. The Center for STDs' day-to-day activities will be overseen by an STD Strategist who will be hired in the next few months. The STD Strategist will report directly to the County Health Officer, Dr. Muntu Davis. Dr. Shobita Rajagopalan, DHSP's STD Clinical Chief/Associate Medical Director and Infectious Disease Specialist, will serve as the interim Director for the Center for STDs.

Responsibilities of the Center for STDs

While the Center for STDs cannot solve all STD-related issues on its own, it will assist existing DHSP efforts identifying key priorities and with planning, collaboration, and communicating progress in partnership with key stakeholders and DPH programs with a role to play in preventing STDs. Initially, the Center for STDs' primary responsibilities will be to 1) establish an internal STD Management Council, 2) develop and staff an STD Prevention and Control Work Group, and 3) review, refine and monitor the implementation and progress of an STD Action Plan.

STD Management Council

The STD Management Council will ensure input and collaboration across various DPH programs. The Council, led by the STD Strategist, will include the directors of DHSP, Substance Abuse Prevention and Control (SAPC), Maternal, Child, and Adolescent Health (MCAH), Clinic Services, and the Regional Health Officers, among others. Much planning and many efforts are already underway to address STDs. This Council will focus on aligning existing plans and initiatives, such as the Center for Health Equity Action Plan, draft STD Action Plan, draft congenital syphilis plan, and African American Infant Mortality Action Plan, and establishing a "winnable" foundation for the work of the Center, prioritizing a handful of areas where internal and external buy-in, best practices, and partnerships can improve STD outcomes.

STD Prevention and Control Work Group

The Center for STDs will bring together stakeholders, including DPH staff and representatives from appropriate entities, such as other County departments, community-based organizations, health care providers, organizations and plans, schools, faith-based organizations, and community leaders, to collaborate and engage in planning, implementation, analysis, and evaluation related to STD prevention and control strategies, not including HIV prevention and care services. (The Los Angeles County Commission on HIV (COH) is the local planning council for the planning, allocation, coordination, and delivery of HIV/AIDS services.) The Work Group will foster transparency and accountability and function as a space to articulate, monitor, and report on shared metrics and outcomes.

STD Action Plan

The Center for STDs will review existing STD plans and refine, oversee, and monitor the implementation and progress of an updated STD Action Plan. Planning efforts will be informed by key county and community partners and will focus on policy, system, and practice changes that are necessary for robust STD prevention and control. A key focus will be on monitoring outcomes through meaningful metrics and an evaluation process that includes soliciting community feedback on plan implementation and recommendations on the realignment of resources and work efforts, as appropriate, based on evaluation and community feedback.

The Center for STDs was designed to augment existing DHSP efforts and support its existing leadership with a focus solely on the above responsibilities. It is not a separation of DPH's public health functions and operations related to HIV and STDs. The existing DHSP

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operations/functions, such as HIV and STD epidemiology, case investigation, contract negotiation, and monitoring, and grant reporting, among others, and its existing structure, which previously combined the HIV Epidemiology Program, the Office of AIDS Programs and Policy, and the Sexually Transmitted Disease Program, remain.

Next Steps

DPH is currently finalizing the proposed staffing structure for the Center for STDs. We anticipate that existing staff will move into their roles by the end of January 2020 and will convene the STD Management Council in February/March 2020. The effectiveness of the Center for STDs will be evaluated along the way and its future reassessed periodically to ensure progress is being made toward eliminating the gaps in STD rates.

Please let me know if you have questions or need additional information.

BF:md

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