



LOS ANGELES COUNTY
COMMISSION ON HIV



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Public Policy Committee Virtual Meeting

JUNE 1, 2020

2:30PM-4:30PM

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VIRTUAL MEETING

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AGENDA FOR THE

PUBLIC POLICY COMMITTEE

MAIN (213) 738-2816 / FAX (213) 637-4748

EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

PLEASE NOTE TIME CHANGE

Monday, June 1, 2020 | 2:30 PM – 4:30 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	Craig Scott	Tony Spears (Alternate)	
QUORUM: 6	*Leave of Absence (LoA)		

AGENDA POSTED: May 27, 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 2:30 PM – 2:35 PM

I. ADMINISTRATIVE MATTERS 2:35 PM – 2:38 PM

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 2:38 PM – 2:40 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 2:40 PM – 2:45 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 2:45 PM – 3:00 PM

6. Co-Chair Report 3:00 PM – 3:05 PM

a. Consumer Empowerment & Engagement

b. Upcoming Meeting Schedule

V. DISCUSSION ITEMS

7. State Policy & Budget Update 3:20 PM – 3:50 PM

a. Legislative Docket **MOTION #3**

- 8. Federal Policy Update 3:50 PM – 4:00 PM

- 9. County Policy Update 4:00 PM – 4:20 PM
 - a. Housing
 - b. Sexually Transmitted Diseases (STDs)

VI. NEXT STEPS

4:20 PM – 4:25 PM

- 10. Task/Assignments Recap

- 11. Agenda development for the next meeting

VII. ANNOUNCEMENTS

4:25 PM – 4:30 PM

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

VIII. ADJOURNMENT

4:30 PM

- 13. Adjournment for the meeting of June 1, 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.
MOTION #3	Approve the Legislative Docket, as presented or revised.



LOS ANGELES COUNTY
COMMISSION ON HIV



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

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

March 2, 2020

Draft

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

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

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Public Policy Committee Agenda, 3/2/2020
- 2) **Minutes:** Public Policy Committee Meeting Minutes, 2/3/2020
- 3) **Table:** 2020 Work Plan - Public Policy, Updated 2/6/2020
- 4) **Table:** Ending the HIV Epidemic (EtHE): A Plan for America - Funding and Resources, 3/2/2020
- 5) **Priorities:** 2020 Policy Priorities, 3/2/2020
- 6) **Table:** 2020-2021 Legislative Docket, Draft 3/2/2020
- 7) **Legislation:** Assembly Bill No. 683: as amended, Carrillo. Medi-Cal: eligibility, 4/9/2019
- 8) **Legislation:** Assembly Bill No. 732: as amended, Bonta. County jails: prisons: incarcerated pregnant persons, 3/21/2019
- 9) **Legislation:** Assembly Bill No. 890: as amended, Wood. Nurse practitioners: scope of practice: practice without standardized procedures, 4/3/2019
- 10) **Legislation:** Assembly Bill No. 2007: as introduced, Salas. Medi-Cal: federally qualified health center: rural health clinic: telehealth, 1/28/2020
- 11) **Legislation:** Assembly Bill No. 2204: as introduced, Arambula. Health care coverage: sexually transmitted diseases, 2/12/2020
- 12) **Legislation:** Assembly Bill No. 2218: as introduced, Santiago. Transgender Wellness and Equity Fund, 2/12/2020
- 13) **Legislation:** Assembly Bill No. 2258: as introduced, Carrillo. Medi-Cal: eligibility, 4/9/2019
- 14) **Legislation:** Assembly Bill No. 2405: as introduced, Burke. Housing: children and families, 2/18/2020
- 15) **Legislation:** Senate Bill No. 132: as amended, Wiener. Corrections, 3/14/2019
- 16) **Legislation:** Senate Bill No. 175: as amended, Pan. Health care coverage, 4/3/2019
- 17) **Legislation:** Senate Bill No. 406: as amended, Pan. Health care coverage, 1/6/2020
- 18) **Legislation:** Senate Bill No. 859: as introduced, Wiener. Master Plan for HIV, HCV, and STDs, 1/16/2020
- 19) **Legislation:** Senate Bill No. 932: as introduced, Wiener. HIV counselors, 2/5/2020
- 20) **Legislation:** Senate Bill No. 961: as introduced, Lena Gonzalez. Underwriting of AIDS risks, 2/10/2020
- 21) **Legislation:** H. R. 5806: Lewis-Lee-Wilson: HIV Epidemic Loan-Repayment Program Act of 2020 (HELP Act of 2020), 2/7/2020

- 22) **Fact Sheet:** SB 159 (Wiener): Prepping for PrEP and PEP
 - 23) **Fact Sheet:** Public Charge, *February 2020*
 - 24) **Memorandum:** Addressing Gaps and Disparities to Help Reduce STD Rates in Los Angeles County, *5/24/2019*
 - 25) **Memorandum:** Addressing Gaps and Disparities to Help Reduce STD Rates in Los Angeles County, *8/21/2019*
-

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Ms. Nelson called the meeting to order at 10:30 am.

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 2/3/2020 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. Ending the HIV Epidemic (EtHE) Update

- Ms. Barrit called attention to the EtHE Funding and Resources table in the packet. The summary was requested by the Committee last month and prepared by Ms. Tolentino. The second page also includes helpful HIV and STD service links.
- CDR Michelle Sandoval-Rosario, DrPH, MPH, Director, Prevention through Active Community Engagement (PACE) Program, Region 9, Los Angeles, has been asked to present at the March Commission Meeting to provide an overview of the PACE Program. She was also asked to highlight federal work to increase PrEP for women.
- Regarding Health Resources and Services Administration (HRSA) grants, HRSA-20-078 for the Ryan White HIV/AIDS Program (RWHAP) provides more flexible funding. The local jurisdiction need not follow RWHAP service categories and the only client requirement is diagnosis with HIV. The range of potential funding was \$3 to \$9 million per year for five years. DHSP received its award of \$3 million per year late last week and was revising its work plan accordingly.
- The 15 Federally Qualified Health Centers (FQHCs) identified in Los Angeles County (LAC) also received their funding about the same time. Base funding for FQHCs was \$250,000 and most received more. This funding is focused on prevention, e.g., scaling up PrEP, doing more HIV testing, and linking people into care and treatment.
- DHSP and the California Department of Public Health (CDPH) Office of AIDS (OA) received one-year Centers for Disease Control and Prevention (CDC) planning grants. Draft EtHE plans were submitted to the CDC in December 2019 and final plans are due by 9/30/2020. DHSP was also writing the five-year implementation grant proposal due 3/25/2020. It requires health departments to contract out 25% of their funding to Community-Based Organizations (CBOs). DHSP will only apply to Component A as others are restricted to capacity building for certain states and southern jurisdictions.
- National Institutes of Mental Health (NIHM) grants to the University of California, Los Angeles (UCLA) include focus areas of regional coordination, digital PrEP, and long acting injectable Antiretroviral Treatment (ART). Ms. Barrit noted the Commission will invite our UCLA partners to present on their projects once they are more developed.
- Mr. Rosales noted UCLA is hosting focus groups for the long acting injectable ART study. He attended one with medical providers focused on implementation and encouraging enrollment. It is not a simple study and requires two injections.
- Separately, the University of California, San Diego (UCSD) received a grant for regional HIV molecular surveillance pertaining to transmission clusters comprising transgender women in LAC. Commissioners and, in particular, the Transgender Caucus have discussed this study addressing issues such as bodily autonomy and use of data.
- ➡ Ms. Tolentino will add a date to the table to facilitate identifying the most current updates.

6. CO-CHAIR REPORT

- Ms. Nelson noted Mr. Kochems was working the election. She will check with him prior to the next meeting regarding addition of a standing consumer item to the agenda as agreed at the last meeting.

V. DISCUSSION ITEMS

7. REVIEW 2020 POLICY PRIORITIES

- Ms. Nelson reviewed the changes from the last meeting that were now incorporated as highlighted in the document.
- Discussion on adding an item on the aging population elicited the information that LAC uses 50 as the demarcation line.
- Regarding a question on use of "STD" versus "STI," Ms. Barrit noted there was discussion and Michael Green, PhD, MHSA explained that "STI" is broader while DHSP focuses on the narrower "STD" range of Chlamydia, gonorrhea, and syphilis.
- Original language ending the last item was "...until HIV transmissions are stopped and all PLWHA are cured." Concerns were noted that using "until" implied cessation of all HIV work at a point in time which could impact underserved populations.
- Add new Item 11, as noted, and shift other items down one: "Support proposals that seek to create and expand medical and supportive services for PLWHA ages 50 and over."
- For the last item, the Oxford comma was added after "regulation," and replacement language crafted to end the item was, "...with the goal of ending all HIV transmissions and curing all PLWHA."

MOTION #3: Approve the 2020 Policy Priorities to send to Executive Committee, as revised (***Passed by Consensus***).

8. STATE POLICY AND BUDGET UPDATE

- Ms. Nelson reported ongoing Ending The Epidemics (ETE) community advocacy at the state level. The Board of Supervisors (Board) were all in Sacramento the prior week for their annual advocacy tour including on behalf of ETE.
- The County Health Executives Association of California (CHEAC) is also preparing an STD ask. The fact sheet is not yet ready.

a. Legislative Docket

- Ms. Nelson noted this meeting will initiate review of the Docket. It is expected more bills will be added later.
- Beyond bills in the packet, she noted a California Pharmacists Association fact sheet on SB 159. The bill expands access to PrEP and PEP by allowing pharmacists to initiate and furnish the medications when specified requirements are met. The bill went into effect 1/1/2020, but California has until 7/1/2020 to finalize training.
- Docket determinations and additional actions where desired were as follows:
 - ✍ AB 683 (Carrillo) Medi-Cal: eligibility: Support (continue from 2019).
 - ✍ AB 732 (Bonta) County jails: prisons: incarcerated pregnant persons: Support (to improve quality of reproductive health care for pregnant people in county jails and state prisons; **What is appeal process if Community-Based Organization (CBO) is denied access per page 4, item j2?**)
 - ✍ AB 890 (Wood) Nurse practitioners: scope of practice: practice without standardized procedures: Support (continue from 2019; to address personnel shortages).
 - ✍ AB 2007 (Salas) Medi-Cal: federally qualified health center: rural health clinic: telehealth: Support (to address personnel shortages).
 - ✍ AB 2204 (Arambula) Health care coverage: sexually transmitted diseases: Watch (to cover out-of-network STD testing, treatment, and referral; **Request clarification of process, i.e., how would health facilities bill insurer if no contract is in effect?**)
 - ✍ AB 2218 (Santiago) Transgender Wellness and Equity Fund: Support (\$15 million from General Fund for services).
 - ✍ AB 2258 (Reyes) Doula care: Medi-Cal pilot program: Support (targets Black/African American [B/AA] maternal mortality; strongly supported by South Los Angeles B/AA maternal and infant health group: consistent with B/AA Community [BAAC] Task Force).
 - ✍ AB 2405 (Burke) Housing: children and families: Watch (requires jurisdictions submit actionable housing plan; **Request (1) definition of "family," and, (2) whether youth are included?**)
 - ✍ SB 132 (Wiener) The Transgender Respect, Agency, and Dignity Act: Support (continue from 2019).
 - ✍ SB 175 (Pan) Health care coverage: Support (continue from 2019; LAC position Watch).
 - ✍ SB 406 (Pan) Health care coverage: Support (bans health insurers from imposing coverage limits and extends preventive care coverage without cost-sharing; **Determine if LAC position is Watch, as with SB 175, or another**).
 - ✍ SB 859 (Weiner) Master Plan for HIV, HCV, and STDs: Support (APLA and San Francisco AIDS Foundation are co-sponsors for this effort to align work with the ETE budget ask).

- ↵ SB 932 (Weiner) HIV counselors: Support (allows HIV counselors to perform rapid STI or combination HIV/HCV/HIV tests; and, allows HIV counseling training via Office of AIDS certified course to increase number of counselors).
- ↵ SB 961 (Gonzalez) Underwriting of AIDS risks: Support (protects Californians from insurer rejection of life and disability income insurance coverage solely due to HIV status).
- ↵ HR 5806 (Lewis) HIV Epidemic Loan-Repayment Program (HELP) Act: Support (incentivizes increase of HIV healthcare professionals in specified service areas via federal loan repayment program for maximum \$250,000 at \$50,000 per year of obligated service).
- ➡ Add AB 1965 (Aguilar) and SB 885 (Pan) which are consistent with general package of health bills.
- ➡ Additional bills can be added until the anticipated vote on the final Docket next month.

9. FEDERAL POLICY UPDATE

- The United States Supreme Court announced it will make its decision on the Affordable Care Act (ACA) after the election.
- Advocacy was ongoing for the Community Health Centers (CHCs) Continuing Resolution (CR) coming up in May 2020.
- a. **Public Charge**
 - Ms. Nelson reported Public Charge went into effect on 2/24/2020. Providers are doing their best to disseminate fact sheets such as the one in the packet. RWHP, Housing Opportunities for People With AIDS (HOPWA), and AIDS Drugs Assistance Program (ADAP) are among a number of benefits that do not count towards Public Charge.

10. COUNTY POLICY UPDATE

a. Housing

- The 4th Annual Homeless Initiative Conference will be 8:30 am to 5:00 pm on 3/5/2020 at the Biltmore Hotel. The event is comprehensive with multiple tracks including data, programs, successes and challenges. It is now at capacity.
- The Los Angeles Homeless Services Authority (LAHSA) small group on housing services for PLWHA will meet on 3/4/2020. The group includes community, DHSP, and Department of Health Services (DHS) representatives.
- The Housing + Community Investment Department of Los Angeles (HCIDLA) was gathering consumer and provider HOPWA Program feedback to inform their Request For Proposals (RFP) for the five-year contract which goes out to bid in the Fall. Ms. Nelson has attended sessions and heard valuable input on streamlining the Program.
- The California HIV/AIDS Research Program (CHRP) developed a survey distributed by the Commission. Maribel Ulloa, Commissioner on the HOPWA seat, also presented with her consultants at the Consumer Caucus for input.
- ➡ Ms. Nelson will attend the Homeless Initiative Conference and report back.

b. Sexually Transmitted Diseases (STD) Funding

- Ms. Nelson recalled Al Ballesteros, MBA, Commission Co-Chair, discussed at a recent Executive Committee the Department of Public Health (DPH) announcement that it would no longer fund Public Health Laboratory (PHL) STD testing costs, advocacy on the issue, and the ensuing meeting of providers for the new STD contracts with Barbara Ferrer, PhD, MPH, MEd, Director, DPH. The meeting was helpful in some respects, but lack of clarity remained.
- Dr. Ferrer's office plans to convene a work group of program level STD providers to address ongoing laboratory funding, billing, reimbursement, and alternate sources to cover costs.
- Mr. Rosales commented it was deliberately decided to include STDs when the Commission and Prevention Planning Committee were integrated. The first focus was on launching care and treatment aspects of the work. Conversation then circled back to the STD issue culminating in a 2018 memorandum to the Board of Supervisors (Board). It requested \$30 million to start seriously addressing STDs based on DHSP data and in awareness of the 2009 funding cut to services.
- Ms. Nelson noted the Commission's 2018 memorandum to the Board broke down the annual \$30 million request as follows: \$2.25 million, surveillance; \$2.5 million, disease investigation and intervention; \$21 million, STD recommended screening, diagnosis, and treatment; \$2 million, promotion of STD prevention and policy; and, \$2 million, data analysis.
- The Board responded in 2019 with \$5 million in tobacco settlement funds, part of which expire on December 31st. Funds first augmented existing STD contracts and then funded the recent STD RFP and contracts starting 1/1/2020. The decision not to cover laboratory costs was announced as contracts were being rolled out to agencies, equaling a cut.
- He attended the provider meeting and heard no explanation for the decision - just blame on unnamed people.
- Ms. Nelson reviewed STD-related Board memorandums since 2016. Jeffrey Gunzenhauser, MD, MPH, then Interim Director, DPH, submitted a long memorandum on the spike in STD rates and the need for resources.
- Dr. Ferrer became Director, DPH, in 2017 and launched the Center for Health Equity with five goals including addressing STIs. There were various listening sessions for input and a plan in 2018, but no apparent updates.

- In 2018, the Commission made its ask in conjunction with a request by Supervisor Mark Ridley-Thomas and a request for quarterly updates. The Public Policy Committee was involved in this process and aware of the existence of a 2018 DPH plan, but DPH had not been ready to present on it formally and only provided quarterly updates to the Board.
- DPH did identify priority populations of MSM, transgender people, Black women, and youth. Regarding the latter, DPH has launched five of the planned 50 Wellbeing Centers co-located in LAC high schools.
- Mr. Gamboa said Dr. Ferrer acknowledged DPH made a mistake in abruptly withdrawing PHL support and said, "We'll fix it for this year." These are, however, multiyear contracts and DPH intent is "payer of last resort" after the first year.
- He expressed concern that the plan has no metrics, no performance outcomes, and no mechanism to reach any of the poorly defined targets other than the Wellbeing Centers in schools. He felt the working group should essentially write the plan using the expertise of the group. He felt the Board would support that.
- Ms. Nelson added a couple of providers felt data indicated a crisis, but were not hearing that level of concern. Unanswered questions appear to be: "Why? What point do we need to reach before LAC enters that crisis mode? If DPH lacks the funds, what other resources are available? How are key populations being addressed?"
- Mr. Gamboa felt the Hepatitis A model was effective in removing all the barriers to ensure everyone was treated.
- Mr. Rosales and Ms. Barrit reported the consumer voice was not at the meeting with Dr. Ferrer for providers, but it is important to represent the community fully. Ms. Barrit added the last piece of the 2018 Board Motion was for DPH to work with community stakeholders to develop a long-term sustainable funding plan. That has yet to occur.
- Mr. Fox thought we could not simply accept that the Wellbeing Centers address STDs when they touch only a small slice of key populations. Budgets are value-based documents so the sole focus on youth is indicative.
- ➡ Ms. Nelson will open this at the afternoon's Executive Committee for input and draft a letter by end of week. It will refer to the 2018 Board Motion direction for DPH to work with stakeholders. Messrs. Burton and Fox offered to assist.
- ➡ Anyone may submit public comment at the Tuesday Board meetings. Comments are at the end of meetings which start at 9:30 am, but may end anytime from 1:00 to 5:00 pm. Due to the election the Board will meet Wednesday this week.
- ➡ Public comment is also welcome at Wednesday Health Deputies meetings. Those meetings start at 10:00 am and generally run about an hour.
- ➡ Add Sexually Transmitted Diseases (STD) Funding as a standing item on the agenda.

VI. NEXT STEPS

11. **TASK/ASSIGNMENTS RECAP:** There was no additional discussion.
12. **AGENDA DEVELOPMENT FOR NEXT MEETING:** Mr. Burton suggested adding a Coronavirus update, but Ms. Barrit noted that will be addressed at the full Commission meeting.

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

14. **ADJOURNMENT:** The meeting adjourned at 12:25 pm.



2020-2021 Legislative Docket

Working Draft as of 05/27/2020

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	<i>This bill would, until January 1, 2026, authorize the City and County of San Francisco to approve entities to operate overdose prevention programs for persons 18 years of age or older that satisfy specified requirements.</i> http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB362		<i>06/19/19 In Committee: Set, First hearing. Hearing canceled at request of author.</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	1/30/20 In Senate. Read first time. To Committee on Rules for assignment.
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: (Received email response from bill sponsor ACLU on 4/3/20)</i> - <i>Can community-based organizations appeal if they are denied access to support a client or potential client? Grievances may be filed, grievance process depends on whether the grievance is considered a healthcare grievance or non-health related grievance.</i>	Support	1/28/20 In Senate. Read first time. To Committee on Rules for assignment.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 890 (Wood)	Nurse practitioners: scope of practice: practice without standardized procedures	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, until January 1, 2026, would establish the Advanced Practice Registered Nursing Board which would consist of 9 members. 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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890	Support 2019 Docket: Support	1/28/20 In Senate. Read first time. To Committee on Rules for assignment.
AB 1965 (Aguiar-Curry)	Family Planning, Access, Care, and Treatment (Family PACT) Program	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. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1965		3/17/20 In committee: Set, first hearing. Hearing canceled at the request of author.
AB 2007 (Salas)	Medi-Cal: federally qualified health center: rural health clinic: telehealth	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. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2007	Support	3/17/20 In committee: Hearing postponed by committee.
AB 2077 (Ting)	Hypodermic needles and syringes	<i>Existing law, until January 1, 2021, January 1, 2026 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.</i> <i>This bill would delete the January 1, 2021, termination date, thereby extending extend this authority indefinitely until January 1, 2020 and would make other conforming changes.</i> http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2077		05/20/20 Com. on Appropriations read bill second time and amended

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
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 establishes would establish the Transgender Wellness and Equity Fund, for use by the State Department of Health Care Services, for grants to transgender-led (Trans-led) nonprofit organizations and hospitals, health care clinics, and other medical providers that provide gender-conforming health care services or and have an established partnership with a transgender-led nonprofit Trans-led organization, to create, or fund existing, programs focused on coordinating trans-inclusive medical care, behavioral health care, and social services, including supportive housing 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	5/18/20 Com on Health passed bill and referred to Comm. on Appropriations
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 Com on Health.
AB 2275 (Nazarian)	State armories: homeless shelters: security	<p><i>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.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2275</p> <p>5-6-20 Sacramento – Pursuit of County Advocacy Position on Legislation Related to Homelessness</p>		Hearing set for 5/12/20 Com. On Local Government

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2329 (Chiu)	Homelessness: statewide needs and gaps analysis	This bill, upon appropriation by the Legislature, would require the coordinating council to conduct, or contract with an entity to conduct, a statewide needs and gaps analysis to identify, to among other things, identify state programs that provide housing or services to persons experiencing homelessness and funding required to move create a financial model that will assess certain investment needs for the purpose of moving persons experiencing homelessness into permanent housing. The bill would authorize local governments to collaborate with the coordinating council. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2329		Hearing set for 05/20/20 Com. on Housing & Community Development
AB 2389 (Garcia)	Adult performers: employment rights	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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2389		3/02/20 Re-referred to Com. on Labor & Employment
AB 2405 (Burke)	Housing: children and families	This bill would require local jurisdictions to, on or before January 1, 2022, establish and submit to the Department of Housing and Community Development an actionable plan to house their homeless populations based on their latest point-in-time count. This bill would declare that it is the policy of the state that every child and family has the right to safe, decent, and affordable housing, and would require the policy to consider homelessness prevention, emergency accommodations, and permanent housing. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2405 Committee questions: (Call w/Burke's office on 3/12) - 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	05/20/20 Com. on Housing & Community Development Re-referred to Committee on Appropriations
SB 132 (Wiener)	(Corrections) The Transgender Respect, Agency, and Dignity Act	This bill was introduced last year, and was made a 2-year bill, which means that it was paused last legislative year and is scheduled to resume this year. This bill will allow all transgender people to be housed in accordance with their gender identity or with their own perception of health and safety. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB132	Support 2019 Docket: Support	9/12/19 Ordered to inactive file on request of Assembly Member Calderon.
SB 175 (Pan)	Health care coverage	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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB175 <i>Similar to SB 406 which repeals and adds to 1367.002 of the Health and Safety Code</i>	Support 2019 Docket: Support, County position: Watch	1/27/20 In Assembly. Read first time. Held at Desk.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 406 (Pan)	Health care coverage	<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><i>Similar to SB 175 which repeals and adds to 1367.001 of the Health and Safety Code</i></p>	Support	<p>1/27/20 In Assembly. Read first time. Held at Desk.</p>
SB 854 (Beall/ Wiener)	Health care coverage: Substance use disorders	<p><i>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.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB854</p>		<p>04/24/20 From committee with author's amendments. Read second time and amended. Re-referred to Com. 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>
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>		<p>03/18/20 March 23 hearing postponed by committee.</p>
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>		<p>03/11/20 Re-referred to Com. on Health.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 932 (Wiener)	The Equal Insurance HIV Act.	<p><i>This bill would require any electronic communicable disease reporting tool used by the State Department of Public Health and each local health officer to include the capacity to collect and report data relating to the sexual orientation and gender identity of individuals who are diagnosed with COVID-19, 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 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. By imposing new duties on local health officers, this bill would impose a state-mandated local program.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB961</p> <p><i>Previously HIV Counselor training bill. Language amended 5/5/2020 to current bill. Committee supported previous bill.</i></p>		Hearing set for 6/20/20 Com. on Appropriations
SB 961 (Gonzalez)	Underwriting of AIDS risks	<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 Com on Insurance.
FEDERAL				
H.R. 266 (McCollum /Betty)	Paycheck Protection Program and Health Care Enhancement Act	<p><i>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.</i></p> <p>https://www.congress.gov/bill/116th-congress/house-bill/266?</p> <p>4-30-20 WASHINGTON, D.C. UPDATE – PASSAGE OF THE FOURTH COVID-19 BILL (H.R. 266) AND THE PROCLAMATION TO SUSPEND IMMIGRATION</p>		4/24/20 signed into law
H.R. 748 (Courtney/ Joe)	Coronavirus Aid Relief and Economic Security (CARES) Act	<p><i>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.</i></p> <p>https://www.congress.gov/bill/116th-congress/house-bill/748?q</p> <p>4-7-20 Washington, D.C. Update - The Passage of the Third COVID-19 Bill (H.R. 748)</p>		3/27/20 signed into law
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.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<i>H.R. 6074 (Lowey/ Nita)</i>	<i>Coronavirus Preparedness & Response Supplemental Appropriations Act of 2020</i>	<i>This bill provides \$8.3 billion in emergency funding for federal agencies to respond to the coronavirus outbreak.</i> <i>https://www.congress.gov/bill/116th-congress/house-bill/6074</i>		<i>03/06/20 signed into law</i>

Note; Italicized bill information indicates recent actions.



2020 WORK PLAN – PUBLIC POLICY
Updated 4/6/2020

Committee Name: PUBLIC POLICY COMMITTEE (PPC)	Co-Chairs: Katja Nelson, Lee Kochems
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<p>Committee Responsibilities:</p> <ol style="list-style-type: none"> 1. Advocating public policy issues at every level of government that impact Commission efforts to implement an HIV service delivery plan for Los Angeles County, in accordance with the annual comprehensive care and prevention plans and the Los Angeles County HIV/AIDS Strategy; 2. Initiating policy initiatives in accordance with HIV service and prevention priorities and interests; 3. Providing education and access to public policy arenas for Commission members, consumers, providers, and the public; 4. Facilitating communication between government and legislative officials and the Commission; 5. Recommending policy positions on governmental, administrative and legislative action to the Commission and the Los Angeles County Board of Supervisors; 6. Advocating specific public policy matters to the appropriate County departments, interests and bodies; 7. Researching and implementing public policy activities in accordance with the County’s adopted legislative agendas; 8. Advancing specific Commission initiatives into the public policy arena; and 9. Other duties as assigned by the Commission or the Board of Supervisors
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Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2019
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy; and 3) align with COH staff and member capacities and time commitment

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review 2019 Policy Priorities for 2020	Committee discussion on policy priorities for 2020. Update accordingly.	In Progress	Committee discussed 1/6/20 Executive Committee discussed on 3/2/20, sent back to PPC for additional edits
2	Develop 2020 Legislative Docket	Review legislation aligned with COH Policy Priorities, develop docket, and discuss legislative position for each bill.	In Progress	Aiming for COH approval at April meeting
3	Monitor federal plan, <i>Ending the HIV Epidemic: A Plan for America</i>	Monitor updates, potential funding, and Presidential Advisory Council on HIV/AIDS’ (PACHA) efforts	Ongoing	
4	Track <i>End the Epidemics</i> (Statewide HIV, STD, Hep C initiative)	Track advocacy efforts for End the Epidemics in regard to statewide joint budget asks for HIV, STDs, and Hep C	Ongoing	



2020 WORK PLAN – PUBLIC POLICY
Updated 4/6/2020

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
5	STD Motion Follow Up	Follow up with DHSP on funding allocation and services to be provided	Ongoing	BOS passed motion to allocate \$5M on 11/20/18. Work with Executive Committee and Co-Chairs to monitor how funds are spent.
6	Assessment of State HIV and STD policy and budget direction following election of new California governor	Needed to drive PPC's understanding and potential action on State policy and budget given that there will be a new governor, administration and health leadership, and State OA chief.		
7	Assessment of federal policy and budget landscape following mid-term election	Needed to drive PPC's understanding and potential action on federal policy and budget, including consideration for the future direction of the Ryan White Program.		
8	Align PPC efforts with Black/African American Community (BAAC) Task Force recommendations	Ensure policy efforts prioritize recommendations from the Task Force	Ongoing	Recommendation that PPC members attend next BAAC Task Force meeting on 1/27/20

Ending the HIV Epidemic (EtHE): A Plan for America - Funding and Resources

Updated 3/2/2020

Federal Partners		Grant Funding	Grantee/Recipient	Details
U.S. Department of Health & Human Services (HHS)	Office of the Assistant Secretary for Health (OASH)	N/A	N/A	Coordinating this cross-agency EtHE initiative. Deployed PACE (Prevention through Active Community Engagement) team locally to assist with community engagement. <i>Region IX PACE Team: Cmdr. Michelle Sandoval-Rosario & Lt. Cmdr. Jose Ortiz</i>
	Human Resources & Services Administration (HRSA)	Ryan White HIV/AIDS Program Parts A and B (HRSA-20-078)	LA County Department of Public Health, Division of HIV & STD Programs (DHSP)	5 year grant 3/1/2020 – 2/28/2025 DHSP awarded \$3 million/year for 5 years Purpose: To implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States.
		Primary Care HIV Prevention Supplemental Funding (HRSA-20-091)	Federally Qualified Health Centers (FQHCs)	Application was due 12/16/19, begins April 2020 \$250K base amount + \$0.50 per patient + \$2.00 per patient tested for HIV Purpose: To expand HIV prevention services that decrease the risk of HIV transmission, target geographic locations identified by Ending the HIV Epidemic initiative, focus on supporting access to and use of PrEP List of awardees: https://bphc.hrsa.gov/program-opportunities/primary-care-hiv-prevention
Centers for Disease Control & Prevention (CDC)	ONE YEAR PLANNING GRANT Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States (CDC-PS19-1906)	DHSP	CA Department of Public Health, Office of AIDS (CDPH OA)	For eligible health departments to conduct a rapid planning process that engages the community, HIV planning bodies, HIV prevention and care providers, and other partners to develop local EtHE plans. - Planning grant (Component B) awarded 9/30/19 to DHSP for \$436,180 - Planning grant awarded 9/30/19 to CDPH OA for \$492,368 Draft EtHE plan submitted to CDC 12/2019, final plans due to CDC 9/30/2020
		DHSP		
	IMPLEMENTATION GRANT Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States (CDC-PS20-2010)	CDPH OA	5 year implementation grant, begins 6/1/20 to funds prevention activities described in PS19-1906 plans (see row above). Funding range: \$3,184,165 to \$3,519,340 per year/5 years DHSP will apply for Component A: Focus on 4 pillars of EtHE (diagnose, treat, prevent, respond), 25% must be contracted to CBOs. Application is due 3/25/20. CDPH OA will support implementation of EtHE prevention activities for 6 counties: Alameda, Sacramento, Orange, Riverside, San Bernardino, San Diego. Funding range to be split among 6 counties: \$7,991,950 to \$8,833,208 Plans focus on Statewide initiative of Ending the Epidemics (HIV, STDs, Hep C). Application due 9/30/2020.	
National Institute of Health (NIH)	National Institute of Mental Health (NIMH)	Implementation Science ONE YEAR PLANNING GRANT	UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS)	Received 3 grants to collect pilot data. Focus areas include: 1. Regional Coordination Project 2. Digital PrEP Project 3. Long Acting Injectable Antiretroviral Treatment (LAI ART)
		for Center for AIDS Research (CFAR) & HIV/AIDS Research Centers (ARC) sites	University of California San Diego (UCSD)	DHSP working with Susan Little to determine a partnership on rapid start ART research

Ending the HIV Epidemic (EtHE): A Plan for America - Funding and Resources

Updated 3/2/2020

Ending the HIV Epidemic: A Plan for America is a ten-year initiative launched nationally beginning in FY 2020 to end the HIV epidemic in the United States by reducing new HIV infections by 75% in five years and 90% by 2030.

The U.S. Department of Health and Human Services will work with communities to establish local teams on the ground to implement strategies for **4 Pillars**:

1. **Diagnose** all people with HIV as early as possible
2. **Treat** people with HIV rapidly and effectively to reach sustained viral suppression
3. **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)
4. **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

For the Prevent Pillar, the U.S. Department of Health & Human Services (HHS) launched the **Ready, Set, PrEP** program that makes PrEP medications available at no cost for people who qualify. Learn more at <https://www.getyourprep.com/>.

READY, SET, PrEP
What if there were a pill that could help prevent HIV?

THERE IS.
Pre-exposure prophylaxis (or PrEP) is a way to prevent people who do not have HIV from getting HIV, by taking one pill every day as prescribed.

READY, SET, PrEP IS PART OF ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

The initiative's goal is to reduce the number of new HIV infections in the U.S. by:

75% IN 5 YEARS

90% BY 2030

The Ready, Set, PrEP program makes PrEP medications available at no cost for people who qualify.

HOW CAN I ENROLL IN THE READY, SET, PrEP PROGRAM?

To receive PrEP medication through the Ready, Set, PrEP program, you must:

- ✓ Test negative for HIV
- ✓ Have a valid prescription from your healthcare provider
- ✓ Not have insurance that covers prescription drugs

WHERE CAN I LEARN MORE AND APPLY FOR THE PROGRAM?

Find out if PrEP medication is right for you. Talk to your healthcare professional or find a provider at locator.hiv.gov.

→ Please visit the Ready, Set, PrEP website at GetYourPrEP.com or contact **855.447.8410**.

For more EtHE information visit:

Ending the HIV Epidemic: A Plan for America, U.S. Department of Health & Human Services (HHS)
<https://www.hhs.gov/blog/2019/02/05/ending-the-hiv-epidemic-a-plan-for-america.html>

What is 'Ending the HIV Epidemic: A Plan for America'?
<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

Ending the HIV Epidemic: A Plan for America, Human Resources & Services Administration (HRSA)
https://www.hrsa.gov/ending-hiv-epidemic?utm_campaign=enews20191121&utm_medium=email&utm_source=govdelivery

Ending the HIV Epidemic: A Plan for America (CDC)
<https://www.cdc.gov/endhiv/index.html>

The Denver Principles (1983)

There is no better way to cite the history of the PWA self-empowerment movement than to quote the principles articulated in Denver in 1983. They are as relevant and powerful today as they were then.

THE DENVER PRINCIPLES

(Statement from the advisory committee of the People with AIDS)

We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."

RECOMMENDATIONS FOR ALL PEOPLE

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

RECOMMENDATIONS FOR PEOPLE WITH AIDS

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

RIGHTS OF PEOPLE WITH AIDS

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination of any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die--and to LIVE--in dignity.