LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
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Public Policy Committee Regular Meeting

Monday, December 4, 2023
1:30pm-3:30pm (PST)

510 S. Vermont Ave, Terrace Conference Room TK 11
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, LA 90020

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

For those attending in person, as a building security protocol, attendees entering from the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9th floor) where our meetings are held.

NOTICE OF TELECONFERENCING SITES:
Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/rd5266c656c19435a8967e9f6f561faaa
To Join by Telephone: 1-213-306-3065
Password: POLICY Access Code: 2538 501 5505

Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. **If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

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LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

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

MONDAY, DECEMBER 4, 2023 | 1:30 PM – 3:30 PM

510 S. Vermont Ave
Terrace Level Conference Room TK11
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

For those attending in person, as a building security protocol, attendees entering form the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting in order to access the Terrace Conference Room (9th floor) where our meetings are held.

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Password: POLICY Access Code: 2538 501 5505

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton	Sandra Cuevas
Mary Cummings	Pearl Doan	Felipe Findley, PA-C, MPAS, AAHIVS	Paul Nash, PhD, CPsychol, AFBPsS, FHEA
Ricky Rosales	Ronnie Osorio (alternate)		
QUORUM: 6			

AGENDA POSTED: November 29, 2023.

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: http://hiv.lacounty.gov or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. ***Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.***

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

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

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

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

I. ADMINISTRATIVE MATTERS

1. Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2. Introductions, Roll Call, & Conflict of Interest Statements		1:03 PM – 1:05 PM
3. Approval of Agenda	**MOTION #1**	1:05 PM – 1:07 PM
4. Approval of Meeting Minutes	**MOTION #2**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT 1:10 PM – 1:15 PM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

7. Executive Director/Staff Report 1:15 PM – 1:30 PM
    a. By-Laws Review Task Force—Updates
    b. Commission Training Calendar—Reminders
    c. Commission Annual Conference—Recap

8. Co-Chair Report 1:30 PM – 2:00 PM
    a. 2023 Reflections
    b. Draft 2024 Workplan and Meeting Schedule
    c. Co-Chair Nominations
    d. ANAM Platform-- Updates

V. DISCUSSION ITEMS

10. 2023-2024 Legislative Docket—Updates 2:00 PM – 2:20 PM
11. 2023-2024 Policies Priority 2:20 PM – 2:25 PM
12. State Policy & Budget-- Updates 2:25 PM – 2:35 PM
13. Federal Policy-- Updates 2:35 PM – 2:40 PM
14. County Policy-- Updates 2:40 PM – 2:50 PM
    a. DPH Memo in response to STD Board of Supervisors (BOS) motion
    b. 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings

VI. NEXT STEPS 2:50 PM – 2:55 PM

13. Task/Assignments Recap
14. Agenda development for the next meeting

VII. ANNOUNCEMENTS 2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT 3:00 PM

16. Adjournment for the meeting of December 4, 2023.

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

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 6.12.23)

☐ This meeting is a **Brown-Act meeting** and is being recorded.

- The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

☐ The **meeting packet** can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Public comment is limited to 2 minutes per person. Please note that all attendees are muted unless otherwise unmuted by staff.*

☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances**" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

LOS ANGELES COUNTY
COMMISSION ON HIV

Approved by COH 6/8/23

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

Presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.
Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

PUBLIC POLICY COMMITTEE MEETING MINUTES

October 2, 2023

Draft

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Felipe Findley, PA-C, MPAS, AAHIVS	P
Lee Kochems, MA, Co-Chair	P	Leon Maultsby	EA
Alasdair Burton (Alternate)	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	A
Mary Cummings	EA	Ricky Rosales	P
Pearl Doan	A	Ronnie Osorio	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez, and Jose Rangel-Garibay			

*Some participants may not have been captured. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting and agenda materials can be found on the Commission's website at https://hiv.lacounty.gov/public-policy-committee/

I. ADMINISTRATIVE MATTERS

1. **CALL TO ORDER & MEETING GUIDELINES/REMINDERS**
   Lee Kochems called the meeting to order at 1:10pm.
2. **INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**
   L. Kochems led introductions and asked attendees to state their conflicts of interest.
3. **APPROVAL OF AGENDA**
   MOTION #1: Approve the Agenda Order as presented or revised. ✓***Passed by Consensus***
4. **APPROVAL OF MEETING MINUTES**
   MOTION #2: Approve the September 11, 2023 Public Policy Committee minutes, as presented or revised. ✓***Passed by Consensus***

II. PUBLIC COMMENT

5. **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMITTEE ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMITTEE. FOR THOSE WHO**

WISH TO PROVIDE PUBLIC COMMENT MAY DO SO IN PERSON, ELECTRONICALLY BY CLICKING HERE, OR BY EMAILING HIVCOMM@LACHIV.ORG.

Felipe Findley, Committee member, made a comment regarding Ivan Mora and the intersection between the harm reduction movement and abolition in terms of divestment of systems of incarceration to systems of care.

III. COMMITTEE NEW BUSINESS ITEMS

6. 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.

Alasdair Burton, Committee member, suggested that the Committee consider having attendees participating in PPC meetings virtually via WebEx be moved to Panelists when the Committee meetings are small. F. Findley asked if an issue has arisen that would prompt this request. Ricky Rosales, Committee member, added that attendees and members of the public should be encouraged and invited to join meetings in person. L. Kochems note that the Committee co-chairs will meet with COH staff to determine next steps and report back to the Committee in November.

L. Kochems recommended that the Committee meetings start at 1:30pm for the next couple months to allow more flexibility for co-chairs to attend the meetings on time. The Committee agreed to the temporary shift in meeting scheduled for the coming months.

IV. REPORTS

7. EXECUTIVE DIRECTOR/STAFF REPORT

- Cheryl Barrit, Executive Director, shared that the By-Law Review Taskforce (BRT) continues to review the By-Laws document and prioritizing the recommendations from the Health Resource and Services Administration (HRSA) recommendations. The BRT is looking for a second co-chair and is considering expanding its membership to allow more Commissioners have the opportunity to partake in the decision-making process. The BRT will meet on October 24, 2023.
- C. Barrit noted that the "Health Literacy and Self-Advocacy" training has been rescheduled to October 24, 2023. She added that the "Co-Chair Roles and Responsibilities" training has been rescheduled to February 2024.
- C. Barrit shared updates for the Commission's Annual Conference taking place on November 9, 2023 at the Vermont Corridor. She added that the majority of the speakers have been confirmed; COH staff are waiting to hear back from Dr. Va Lecia Adams

Kellum, CEO of the Los Angeles Homeless Services Authority (LAHSA) for a lunch time conversation on housing and people living with HIV. A more detailed update will be made at the October 12, 2023 Commission meeting. F. Findley asked if there are any incentives for patients to attend. C. Barrit noted that there will be food and raffles throughout the event and encourage attendees to invite their patients and any other HIV care/prevention stakeholders to the COH Annual Conference. Lambert Talley, member of the public, asked if the COH had someone attending LAHSA meetings. He noted that he attends the meetings on a regular basis and will coordinate with COH staff for future meetings.

8. CO-CHAIR REPORT

a. 2023 Workplan Development and Meeting Calendar Review

There were no updates.

b. Act Now Against Meth (ANAM) Platform Update

There were no updates. There will be an update at the Annual Conference.

c. Ryan White Care Act (RWCA) Modernization Project

L. Kochems led a discussion on the next steps for the RWCA modernization project. He noted that given the discussions at the BRT regarding HRSA regulations on term limits, how can this item be addressed in the RWCA legislation. He stressed the importance of this conversation in the context of continuity and preservation of institutional knowledge while considering community representation on the Planning Body/Council. He added that Planning Bodies/Councils should not be focus groups for HRSA and that there should be more flexibility for determining the structure and functions of Planning Bodies/Councils in addressing an evolving HIV epidemic. Additionally, he noted that the COH is an integrated planning body charged with planning both care and prevention efforts for the County; a model that is not addressing the evolving needs of clients. Comorbidities and other social determinants of health should be considered in the next iteration of the RWCA.

L. Kochems advised against moving forward with proposing changes to the RWCA legislation given that the upcoming year is an election year, and the current political climate may not provide a favorable result. K. Nelson agreed and shared that the co-chairs will reconvene with COH staff to determine a new strategy.

R. Rosales shared that he would be interested in seeing what other jurisdictions have put together in terms of the issues the PPC has discussed. C. Barrit shared that COH staff have been researching any RWCA reauthorization movements and noted that there does not appear to be a national move towards reauthorization. She added that the majority of conversations regarding RWCA are related to implementing a status neutral

approach. R. Rosales agreed and added that there is no national appetite for this discourse.

L. Kochems suggested to consider talking with other Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) in California and the western states to see if the are holding similar conversations.

A. Burton noted that the issues of Commissioner term limits may not be as dire as initially presumed.

K. Nelson stated that the PPC co-chairs and COH staff will meet and report back in November.

V. DISCUSSION ITEMS

9. 2023-2024 LEGISLATIVE DOCKET – DEVELOPMENT

K. Nelson provided an overview of the docket. The deadline for the Governor to sign or veto a bill is on October 14, 2023. See the meeting packet for a copy of the docket.

10. 2023-2024 POLICIES PRIORITY

K. Nelson noted that the Committee will revise this item in February 2024.

11. STATE POLICY & BUDGET UPDATE

K. Nelson noted that on October 1, 2023, Laphonza Butler was appointed as Senator for California. She also shared that the Ending the Epidemics coalition will potentially hold their annual budget request priorities meeting on 11/6/24.

12. FEDERAL POLICY UPDATE

K. Nelson reported that Congress passed a continuing resolution which averted a government shutdown. The resolution will extend funding through November 17, 2023.

13. COUNTY POLICY UPDATE

- **DPH Memo in Response to STD Board of Supervisors (BOS) Motions**

  K. Nelson reported that Supervisors Horvath and Barger introduced a BOS motion calling on Dr. Ferrer to make a presentation to the BOS on 10/17/23 laying out the current strategies and current resources for addressing the STD crisis in Los Angeles County. K. Nelson shared that she is unaware of the genesis of the motion; she stressed the importance of having Commissioners and HIV stakeholders provide public comment at the 10/17/23 meeting. Committee members discussed that public comments and requests to the BOS and the Department of Public Health should be more than funding expansions and report backs. F. Findley recommended that DPH consider a broad marketing campaign for Doxy PEP which could potentially be funded using Ending the HIV Epidemic (EHE) funds. R. Rosales added that the target audience should be clinicians; educating them to reduce provider resistance to prescribing the medication. C. Barrit reiterated the importance for Commissioners to prove public comment on STD/HIV related items at BOS meetings. K. Nelson and L. Kochems will make an announcement at the 10/12/23 COH meeting.

C. Barrit added that the BOS meetings usually start at 9:30am which means that the STD item may be on the agenda around 10:30am however the accurate timing of the item will depend on the other items on the agenda. There is no way of telling what time the item will be brought up. She encouraged Commissioners to provide written public comments which they can submit online. She will work with the PPC co-chairs to draft talking points Commissioners can refer to when providing public comments.

- **2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings**
  - C. Barrit has sent reminders to the PPC members that signed up to provide public comment. In the reminder, she includes the agenda for the BOS and Health Deputies meetings and a confirmation that the meeting is taking place.

VI. NEXT STEPS

14. TASK/ASSIGNMENTS RECAP

➲ COH staff and PPC co-chairs will develop talking points and have them ready by 10/5/23 for Committee members and Commissioners to provide public comment at BOS meetings regarding HIV/STD motions.

➲ COH staff and the PPC co-chairs will meet to discuss next steps regarding the Ryan White Reauthorization project.

➲ The Committee decided to change the meeting time to 1:30pm-3:30pm for the next couple months.

➲ The Committee decided to keep the December 4, 2023 meeting.

➲ The Committee decided to move the January meeting to 1/8/2024.

15. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- The committee will continue discussions on Ryan White Act Modernization and share updates on the public comment schedule for health deputy and BOS meetings.

VII. ANNOUNCEMENTS

16. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS

There were no announcements.

VIII. ADJOURNMENT

17. ADJOURNMENT FOR THE MEETING OF SEPTEMBER 11, 2023.

The October 2, 2023 meeting was adjourned at 2:49 PM.

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 11/20/23

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL *	**Danielle**	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ish**	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MILLS	**Anthony**	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SOLIS *	**Juan**	UCLA Labor Center	See attached subcontractor's list
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

REVISED 2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our website for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
General Orientation and Commission on HIV Overview *	March 29 3:00 - 4:30 PM
Priority Setting and Resource Allocation Process & Service Standards Development *	April 12 3:00 - 4:30 PM
Tips for Making Effective Written and Oral Public Comments	May 24 3:00 - 4:00 PM
Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *	July 19 3:00 - 4:30 PM
Public Health 101	August 16 3:00 - 4:30 PM
Sexual Health and Wellness	September 20 3:00 - 5:00 PM
Health Literacy and Self-Advocacy **Changed from Oct. 18 to 24th**	October ~~18~~ 24 3:00 - 4:30 PM
Policy Priorities and Legislative Docket Development Process *	November 15 3:00 - 4:30 PM
Co-Chair Roles and Responsibilities **Changed from Dec. 6 to Feb. 13, 2024**	FEB. 13, 2024 ~~December 6~~ 4:00 - 5:00 PM

*Mandatory core trainings for all commissioners.

2023 WORK PLAN – PUBLIC POLICY—ONGOING

Committee Name: **PUBLIC POLICY COMMITTEE (PPC)**

Co-Chairs: Katja Nelson, Lee Kochems | Committee Adoption Date: TBD

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2023

#	TASK/ACTIVITY	DESCRIPTION	TARGET DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2023 workplan	COH staff to review and update 2023 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/23/23, 2/23/23, 3/29/23, 8/3/23, 9/6/23, 9/29/23, 11/29/23
2	Provide feedback on and monitor implementation of the Comprehensive HIV Plan (CHP)	Collaborate with the PP&A Committee to support the implementation of the CHP	Ongoing, as needed	
3	Develop 2023-2024 Legislative Docket	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses, and workgroups to develop the Commission docket, and discuss legislative position for each bill.	May 2023 **COMPLETED**	The Committee will begin legislative bill review in 4/2023. Commission approved the legislative docket on 06/08/23. The document was forwarded to the Commission's County partners at the Office of Legislative Affairs and Intergovernmental Relations. Commission staff have update the status of bills.
4	Continue to advocate for an effective County-wide response to the STD crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of sexual health and HIV services. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STD crisis in Los Angeles County. On 2/7/23, the Department of Public Health (DPH) submitted a response to the Board motions made on 8/2/22 and 11/1/2022. The report includes a chart listing funding needs to response to the County's STD crisis by tiers. DPH submitted a quarterly memo on 05/03/23. Supervisors Horvath and Barger introduced a motion to the BOS agenda for October 3 calling on DPH Director Dr. Ferrer to provide a public update on the County's response to the STI crisis on October 17. Commissioners are encouraged to provide public comments at BOS meetings.

2023 WORK PLAN – PUBLIC POLICY—UNDER REVIEW

5	Continue to advocate for an effective County-wide response to the meth crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of items on the ANAM platform.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the ANAM platform. Commission staff will coordinate a meeting with staff at the substance Abuse Prevention and Control (SAPC) Program to discuss policy and service coordination efforts at an upcoming full Commission meeting.
6	Update the 2022-2023 Policy Priorities document and Action Plan document.	The Committee will revise the Policy Priorities document to include the alignment of priorities from Commission stakeholder groups	April 2023 **COMPLETED**	The Committee and will finalize and approve changes for the 2023 Policy Priorities document. Commission approved the Policy Priorities document on 06/08/23. The document was forwarded to the Commission's County partners at the Office of Legislative Affairs and Intergovernmental Relations.
7	Efforts to Modernize the Ryan White Care Act (RWCA)	The Committee facilitated a discussion for the interest in modernizing the RWCA at the Commission's 2022 Annual meeting in November. "Dreaming Big: Community Wish List for a Better and Modernized Ryan White Care System & Ryan White CARE Act Legislation Overview"	~~Late 2023~~ Postponed	Determine strategy for developing white paper on RWCA modernization to set foundation for future discourse around reauthorization. Issues discussed at Nov 2022 Commission Annual meeting: • Status neutral approach • Opportunity to expand service categories and allow more flexibility • Reduce administrative burden on the client and agencies to prove the Payor of Last Resort provision Committee members reviewed the issues document and identified their top 3.
8	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	TBD	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.

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PUBLIC POLICY COMMITTEE 2023 MEETING CALENDAR

(updated 11.29.23)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
January 24 1pm to 3pm *(Virtual)*	Elect Co-Chairs for 2023
February 6 1pm to 3pm *(Virtual)*	PACHA Resolution on MSM Blood Donation Deferral Policy 2023 Legislative Docket Development 2023 Policy Priorities Action Plan Development
March 6 1pm to 3pm *(In-person)*	**MEETING CANCELLED**
April 3 1pm to 3pm *(In-person)*	Adopt 2023 PPC Workplan Finalize and approve changes to 2023 Policy Priorities Document Discuss state bills for 2023-2024 Legislative Docket Approve Legislative Docket—PPC and Executive
May 1 1pm to 3pm *(In-person)*	Approve Legislative Docket – COH Submit Legislative Docket to BOS Discuss federal bills for 2023-2024 Legislative Docket Discuss DPH Memo on STD crisis to Board of Supervisors (BOS)
June 5 1pm to 3pm *(In-person)*	Discuss public comment schedule for Health Deputy/BOS meetings
July 10 1pm to 3pm *(In-person)*	Determine strategy for Ryan White Care Act (RWCA) Modernization Outline presentation schedule for RWCA modernization
August 7 1pm to 3pm *(In-person)*	Discuss the RWCA Modernization Project and determine next steps
September 11 1pm to 3pm *(In-person)*	Meeting rescheduled from 9/4/23 due to Labor Day Holiday Identify top issues/recommendations to include in the "RWCA modernization" policy brief
October 2 1pm to 3pm *(In-person)*	Review updates to the Legislative Docket Continue: Outline the framework for "RWCA Modernization" policy brief
November 6 1pm to 3pm *(In-person)*	**MEETING CANCELLED**
December 4 1:30pm to 3:30pm *(In-person)*	Co-chair nominations Reflect on 2023 accomplishments Draft 2024 Committee Workplan and Meeting Calendar
January 8, 2024 1:30pm to 3:30pm *(In-person)*	Elect co-chairs for 2024 Review and approve 2024 Committee Workplan and Meeting Calendar

2023-2024 Legislative Docket | Approval Date: Approved by COH 6/8/23. Updated 10/26/23.

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
ACA 5 (Low)	Marriage Equality	ACA= Assembly Constitutional Amendment This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5	Support	20-JUL-23 Chaptered by Secretary of State- Res. Chapter 125, Statutes of 2023.
ACA 8 (Wilson)	Slavery	Removes language in the state Constitution that allows involuntary servitude as punishment to a crime. Major Provisions 1. Amends the California Constitution by prohibiting the use of involuntary servitude as punishment for a crime. 2. States that slavery includes forced labor compelled by the use of threat of physical or legal coercion. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8 **Follow-up questions regarding the phrasing of the ACA:** The ACA removed "Involuntary servitude is prohibited except to punish a crime" from phrasing and added "Slavery in any form."	Support with follow-up questions	13-SEP-23 In Senate. Read first time. To Com. on RLS. for assignment.
AB 4 (Arambula)	Covered California: Expansion	Requires Covered California, in consultation with stakeholders and the Legislature, to develop options for expanding access to affordable health care coverage to Californians regardless of immigration status and report these options to the Governor and Legislature. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4 **Follow-up questions regarding the phrasing of the AB:** Starting January 2024, undocumented Californians 26-49 years of age will be eligible for full scope Medi-Cal coverage; however, undocumented Californians who earn too much money to qualify for Medi-Cal are excluded form being able to purchase coverage through Covered California since the federal Affordable Care Act (ACA) did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services (CMS) would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants.	Support with follow-up questions	13-JUL-23 In Senate. Read second time and amended. Re-referred to Com. on APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 5 (Zbur)	The Safe and Supportive Schools Program	Requires the California Department of Education (CDE) to complete the development of an online training curriculum and online delivery platform by July 1, 2025, and requires local educational agencies (LEAs) to provide and require at least one hour of training annually to all certificated staff, beginning with the 1025-26 school year through the 2029-30 school year, on cultural competency in supporting lesbian, gay, bisexual, transgender, queer, and questioning students. Requires the LEA to maintain documentation on the completion oof the training by each employee, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&search_keywords=transgender	Support	23-SEP-23 Approved by the Governor. Chaptered by Secretary of State- Chapter 220, Statutes of 2023.
AB 223 (Ward)	Change of gender and sex identifier	This bill enhances protections for minors seeking changes of name or gender by making the proceedings presumptively confidential. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&search_keywords=transgender	Support	23-SEP-23 Approved by the Governor. Chaptered by Secretary of State- Chapter 221, Statutes of 2023.
AB 254 (Bauer-Kahan)	Confidentiality of Medical Information Act: reproductive or sexual health application information	This bill would revise the Confidentiality of Medical Information (CMIA) to include reproductive or sexual health application information into the definition of medical information. Defines reproductive or sexual health application information to mean information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, miscarriage, pregnancy termination, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital services, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identify. Defines reproductive or sexual health digital health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumers. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&search_keywords=sexual+health	Support	27-SEP-23 Approved by the Governor. Chaptered by Secretary of State- Chapter 2254, Statutes of 2023.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 352 (Bauer-Kahan)	Health Information	This bill limits the sharing of information related to sensitive services in electronic health records without specific authorization from the patient. This bill also requires a specified stakeholder advisory group to include providers of sensitive services and to identify policies and procedures to prevent electronic health information related to sensitive services form automatically being shared with individuals and entities in another state. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&search_keywords=sexual+health **Follow-up questions regarding phrasing of AB:** "Sensitive services" means all health care services related to mental or behavioral health, sexual and reproductive health, substance use disorder, gender affirming care, and intimate partner violence.	Support with follow-up questions	27-SEP-23 Approved by the Governor. Chaptered by Secretary of State-Chapter 255, Statutes of 2023.
AB 367 (Maienschein)	Controlled Substances: Enhancements	This bill, until January 1, 2029, applies the "great bodily injury" enhancement to any person who sells, furnishes, administers, or gives away fentanyl or an analog of fentanyl when the person to whom the fentanyl was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance. https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367 **"Watch" position selected due to follow-up questions regarding the AB:** The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders.	Watch	27-APR-23 In committee: Set, final hearing. Failed passaged. Reconsideration granted.
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	This bill updates continuing medical education (CME) standards to further promote cultural and linguistic competency and enhance the quality of physician-patient communication. Requires the updated standards for cultural and linguistic competency priorities languages in proportion to primary languages spoken by at least 10% of the state population, meet the needs of California's changing demographics, and address language disparities as they emerge. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470	Support	*07-OCT-23* *Approved by Governor. Chaptered by Secretary of State-Chapter 330, Statues of 2023.*
AB 598 (Wicks)	Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Health Kids Survey	This bill would revise the information included in this instruction related to local resources and abortion, as specified, and would require that pupils received a physical or digital resource detailing local resources upon completion of the applicable instruction. This bill would require the State Department of Education to ensure the California Health Kids Survey includes questions about sexual and reproductive care as a core survey module for pupils in grades 7,9 and 11. The bill would require each school district serving pupils in any grades 5,7,9 or 11 to administer the California Health Kids Survey to pupils in the applicable grades, as provided. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&search_keywords=HIV	Support	05-JUL-23 In Senate. Referred to Com. on ED. Set, second hearing. Hearing canceled at the request of author.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 719 (Boerner Horvath)	Medi-Cal benefits	Requires Medi-Cal managed care plans to contract with and reimburse public paratransit service operators for nonemergency medical transportation and nonmedical transportation services. *Governor's Veto Message:* *This bill would require Medi-Cal managed care plans that provide nonemergency or nonmedical transportation to contract with public paratransit service operators for the purpose of establishing reimbursement rates if federal approvals are obtained. I support efforts to encourage more public paratransit service operators to enroll as nonmedical transportation providers in Medi-Cal, which is permitted under existing law. It would be beneficial to have more options for nonmedical transportation in the Medi-Cal system. This bill takes a different approach, however, requiring the Department of Health Care Services (DHCS) to pursue a series of federal approvals that are not currently allowable under federal guidance. It would not be prudent to use state resources for this purpose. For these reasons, I cannot sign this bill.* https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&search_keywords=HIV	Support	*07-OCT-23* *Vetoed by Governor.*
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&search_keywords=gender **Support with Amendments: Require the bill to apply to the UC system as well.** Because of the constitutional autonomy of the UC system, the Donahue Higher Education Act, which governs postsecondary education in the State of California, does not apply to the UC system. As a result, a bill must request the UC Regents to make education code provisions applicable to the UC system.	Support with Amendments	23-SEP-23 Approved by the Governor. Chaptered by Secretary of State- Chapter 222, Statutes of 2023.
AB 793 (Bonta)	Privacy: reverse demands	The bill bans reverse-location searches, which allow law enforcement agencies to obtain cell phone data about unspecified individuals near a certain location, and reverse-keyword searches, which allow law enforcement agencies to obtain data about unspecified individuals who used certain search terms on an internet website. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793	Support with Amendments	30-JUN-23 In Senate. In Com. on JUD. Set, first hearing. Hearing canceled at the request of author.
AB 920 (Bryan)	Discrimination: housing status	This bill would also prohibit discrimination based upon housing status, as defined. "Housing status" refers to the status of experiencing homelessness, as defined in paragraph (2) of subdivision (a) of Section 50675.15 of the Health and Safety Code. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920	Support	*18-MAY-23* In committee: Held under submission.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 957 (Wilson)	Family law: gender identity	This bill would require the court to strongly consider that affirming the minor's identity is in the best interest of the child if a nonconsenting parent objects to a name change to conform to the minor's gender identity. This bill would require a court, when determining the best interests of a child, to also consider a parent's affirmation of the childe's gender identity. Governor's Veto Message: This legislation would require a court, when determining the best interests of a child in a child custody or visitation proceeding, to consider, among other comprehensive factors, a parent's affirmation of the child's gender identity or gender expression. I appreciate the passion and values that led the author to introduce this bill. I share a deep commitment to advancing the rights of transgender Californians, an effort that has guided my decisions through many decades in public office. That said, I urge caution when the Executive and Legislative branches of state government attempt to dictate - in prescriptive terms that single out one characteristic - legal standards for the Judicial branch to apply. Other-minded elected officials, in California and other states, could very well use this strategy to diminish the civil rights of vulnerable communities. Moreover, a court, under existing law, is required to consider a child's health, safety, and welfare when determining the best interests of a child in these proceedings, including the parent's affirmation of the child's gender identity. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957	Support	22-SEP-23 Vetoed by the Governor.
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&search_keywords=HIV	Support	02-MAR-23 Referred to Com. on HEALTH.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1060 (Ortega)	*Health care coverage: naloxone hydrochloride*	*Requires coverage of prescription or nonprescription naloxone hydrochloride (NH) and all other drugs or products under a health plan contract, health insurance policy, and the Medi-Cal program, if that medication is approved, for prescription or nonprescription use, respectively, by the United States Food and Drug Administration (FDA) for the complete or partial reversal of an opioid overdose. Prohibits a health plan contract or health insurance policy from imposing any cost-sharing requirements exceeding $10 per package of naloxone hydrochloride or another drug approved by the FDA for the complete or partial reversal of an opioid overdose.* *Governor's Veto Message:* *This bill would require health plans to cover prescription and over the counter naloxone and all other U.S. Food and Drug Administration (FDA) approved drugs for opioid overdose reversal, with a maximum of $10 cost sharing.* *Combating the opioid crisis is one of my top priorities. I appreciate the author's shared commitment to this critical public health and public safety imperative. Together with the Legislature, we have invested more than $1 billion to combat overdoses, support those with opioid use disorder, raise awareness, and crack down on trafficking. Further, the 2023 Budget Act included $30 million for the CalRx Naloxone Access Initiative, to support partners in developing, manufacturing, procuring, and distributing a low-cost naloxone nasal product.* *While I support providing access to opioid antagonists to individuals with opioid use disorder or other risk factors, this bill would exceed the state's set of essential health benefits, which are established by the state's benchmark plan under the provisions of the federal Affordable Care Act (ACA). As such, this bill's mandate would require the state to defray the costs of coverage in Covered California. This would not only increase ongoing state General Fund costs, but it would set a new precedent by adding requirements that exceed the benchmark plan. A pattern of new coverage mandate bills like this could open the state to millions to billions of dollars in new costs to cover services relating to other health conditions. This creates uncertainty for our healthcare system's affordability. For these reasons, I cannot sign this bill.*	Support	*10-OCT-23* *Vetoed by Governor.*
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	Makes various changes to the adoption of instructional materials for use in schools, including a provision that would prohibit a governing board form disallowing the use of an existing textbook, other instructional material, or curriculum that contains inclusive and diverse perspectives, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&search_keywords=transgender	Support	25-SEP-23 Approved by the Governor. Chaptered by Secretary of State- Chapter 229, Statutes of 2023.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1163 (Luz Rivas)	Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act	This bill expands the data collection requirements in the Lesbian, Gay, Bisexual, and Transgender (LGBT) Disparities Reduction Act, to additionally apply to the State Department of State Hospitals (DSH), the Department of Rehabilitation (DOR), the State Department of Developmental Services (DDS), and the Department of Community Services and Development (CSD). https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&search_keywords=transgender	Support	*13-OCT-23* *Approved by the Governor. Chaptered by Secretary of State—Chapter 832, Statues of 2023.*
AB 1314 (Essayli and Gallagher)	*Gender identity: parental notification*	This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child's sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child's sex on their birth certificate, other official records, or sex assigned at birth. The bill would state legislative intent related to these provisions. By imposing additional duties on public school officials, the bill would impose a state-mandated local program. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314*	Oppose	24-AUG-23 Referred to Com. on ED.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1431 (Zbur)	Housing: the California Housing Security Act	This bill would, upon appropriation of the Legislature, establish the California Housing Security Program to provide a housing subsidy to eligible persons, as specified, to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person's rent to prevent homelessness but shall not exceed $2,000 per month. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy. The bill would require the department to submit a report on the program to the Legislature, as described. "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, one of the following: (5) A chronic illness, including, but not limited to, HIV. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&search_keywords=HIV	Support	26-APR-23 In Committee: Set, first hearing. Hearing canceled at the request of author.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1432 (Carrillo)	Health insurance: policy	This bill subjects an out-of-state policy, or certificate of group health insurance that is marketed, issued, or delivered to a Californian resident to specified provisions of the Insurance Core requiring coverage of abortion, abortion-related services and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder. *Governor's Veto Message:* *This bill would require any out-of-state health insurance plan regulated by the California Department of Insurance (CDI) that is marketed, issued, or delivered to a California resident to provide coverage for abortion, abortion-related services, and gender-affirming care.* *I commend the author for working to provide additional assurances that California residents can access abortion services and gender affirming care. It is a priority of my Administration to ensure that abortion and gender-affirming care are safe, legal, and accessible. However, it is not evident that out-of-state health insurance plans serving Californians do not already cover this care.* *Further, though well intentioned, this bill could invite litigation where an adverse ruling would outweigh a potential benefit. For these reasons, I cannot sign this bill.* https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432	Support	*07-OCT-23* *Vetoed by Governor.*
AB 1487 (Santiago)	Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund	Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experiences carceral systems. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1487		*13-OCT-23* *Approved by the Governor. Chaptered by Secretary of State—Chapter 845, Statues of 2023.*
AB 1549 (Wendy Carrillo)	Medi-Cal: federally qualified health centers and rural health clinics	This bill revises the prospective payment system (PPS) per-visit rate calculation to account for staffing and care delivery models for Medi-Cal services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) (collectively, health centers). This bill also revises the definition of change in scope of service to include visit duration, intensity, and amount of activities provided, among other provisions. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&search_keywords=HIV	Support	18-MAY-23 In Committee. Held under submission.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1645 (Zbur)	Health care coverage: cost sharing	Prohibits a large group health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, or an individual or small group contract or policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement for office visits of specified preventive care services and screenings and for items or services that are integral to their provision. Prohibits health plan contracts and insurance policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to a STI screening, as specified. Requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening, specified rates (unless otherwise agreed to by a nonparticipating essential community provider (ECP) and the health plan or insurer, the greater of its average contracted rate or 125% of the amount Medicare reimburses on a fee-for-service basis for the same or similar items or services in the general geographic region in which the items or services were rendered) for screening tests and integral items and services rendered, and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for a STI screening from an enrollee or insured. *Governor's Veto Message:* *This bill would prohibit health plans from imposing cost sharing for specified preventive or screening services and associated office visits and would require plans to directly reimburse nonparticipating essential community providers for sexually transmitted infections (STI) screenings and services.* *I appreciate the author's efforts to increase access to preventive health care, including human immunodeficiency virus (HIV) and STI testing, colorectal screening, and other services. However, components of this proposal depart from structures in federal and state law, such as the existing policies for reimbursement to non-contracted providers. Further, because this bill exceeds the cost-sharing provisions under the Affordable Care Act, it would result in increased costs to health plans passed on to consumers through premiums. The State must weigh the potential benefits of all new mandates with the comprehensive costs to the entire delivery system. For these reasons, I cannot sign this bill.* https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&search_keywords=sexual+health	Support	*07-OCT-23* *Vetoed by Governor.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 36 (Skinner)	Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care	This bill would prohibit the issuance of warrants for persons who have violated the laws of another state relating to abortion, contraception, reproductive care, and gender-affirming care, that are legally protected in California. The bill would also prohibit apprehending, detaining, or arresting a bail fugitive based on such offenses, and impose criminal and civil liability for doing so. In addition, the bill would restrict the sharing of information by law enforcement related to such protected activity and provide that convictions in other states would not result in ineligibility for state benefits. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&search_keywords=gender	Support	18-MAY-23 May 18 hearing. Held in committee and under submission.
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	This bill would, upon appropriation of funding by the Legislature, require the Department of Housing and Community Development (HCD) to develop and administer the Older Adults and Adults with Disabilities Housing Stability (OAADHS) Program to award competitive grants to eligible entities. Grant funds would provide housing subsidies to older adults and adults with disabilities whose households are experiencing homelessness or at risk of homelessness, as specified. a) "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, the following: a. A "physical disability," as defined in subdivision (m) of Section 12926 of the Government Code. b. A "mental disability," as defined in subdivision (j) of Section 12926 of the Government Code, except it shall also include a substance use condition. c. A "medical condition," as defined in subdivision (i) of Section 12926 of the Government Code. d. A "developmental disability," as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code. e. A chronic illness, including, but not limited to, HIV. f. A traumatic brain injury. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&search_keywords=HIV	Support	18-MAY-23 May 18 hearing. Held in committee and under submission.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 339 (Wiener)	HIV preexposure prophylaxis and postexposure prophylaxis	This bill requires a health plan and health insurer to cover preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including the pharmacist's services and related testing ordered by the pharmacist, and to pay or reimburse pharmacist services at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health plan or insurer has an out-of-network pharmacy benefit. Precludes a health plan or insurer from covering all of the therapeutically equivalent alternative versions without prior authorization or step therapy, if at least one therapeutically equivalent alternative version is covered without prior authorization or step therapy and if the United States Food and Drug Administration (FDA) has approved one or more therapeutic equivalents alternatives of a drug, device, or product for the prevention of AIDS/HIV. Excludes Medi-Cal managed care plans contracting with the Department of Health Care Services (DHCS), as specified, from the coverage provisions of this bill. Includes PrEP furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Authorizes a pharmacist to furnish up to a 90-day course of PrEP, or beyond a 90-day course (existing law allows for a 60-day supply),if specified conditions are met. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&search_keywords=HIV	Support	11-SEP-23 Ordered to inactive file on request of Assembly Member Bryan.
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	This bill requires a board within the Department of Consumer Affairs (DCA) to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&search_keywords=gender	Support	23-SEP-23 Approved by the Governor. Chaptered by Secretary of State- Chapter 225, Statutes of 2023.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	Prohibits a non-grandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, drug devices, or drug products (ARVs) that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS). Prohibits a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention HIV/AIDS, to prior authorization or step therapy, but authorizes prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. Does not require coverage by an out-of-network pharmacy, unless in the case of an emergency or if there is an out-of-network benefit. Delays implementation of this bill for an individual and small group health plan contract or insurance policy until January 1, 2025 https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&search_keywords=HIV	Watch	14-SEP-23 Ordered to inactive file on request of Assembly Member Bryan.
SB 524 (Caballero)	Pharmacists: furnishing prescription medications	This bill authorizes a pharmacist to furnish medications to treat various diseases and conditions based on the results of a federal Food and Drug Administration (FDA) test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits, as specified https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&search_keywords=HIV	Support	18-MAY-23 May 18 hearing: Held in committee and under submission.
SB 525 (Durazo)	Minimum wages: health care workers	This bill (1) enacts a phased in multi-tiered statewide minimum wage schedule for health care workers employed by covered healthcare facilities, as defined; (2) requires, following the phased-in wage increases, the minimum wage for health care workers employed by covered healthcare facilities to be adjusted, as SB 525; (3) provides a temporary waiver of wage increases under specified circumstances; (4) and establishes a 10-year moratorium on wage ordinances, regulations, or administrative actions for covered health care facility employees, as specified. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&search_keywords=%22health+care%22	Support with Amendments	*13-OCT-23* *Approved by the Governor. Chaptered by Secretary of State. Chapter 890, Statutes of 2023.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	This bill requires all public high schools to make condoms available to students by the start of the 2024-25 school year and requires schools to provide information to students on the availability of condoms, as well as other sexual health information. Prohibits public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Prohibits retailers from restricting sales of nonprescription contraception on the basis of age. *Governor's Veto Message:* *This bill requires all public high schools to make free condoms available to students and would prohibit retailers from refusing to sell condoms to youth.* *While evidence-based strategies, like increasing access to condoms, are important to supporting improved adolescent sexual health, this bill would create an unfunded mandate to public schools that should be considered in the annual budget process.* *In partnership with the Legislature, we enacted a budget that closed a shortfall of more than $30 billion through balanced solutions that avoided deep program cuts and protected education, health care, climate, public safety, and social service programs that are relied on by millions of Californians. This year, however, the Legislature sent me bills outside of this budget process that, if all enacted, would add nearly $19 billion of unaccounted costs in the budget, of which $11 billion would be ongoing.* *With our state facing continuing economic risk and revenue uncertainty, it is important to remain disciplined when considering bills with significant fiscal implications, such as this measure. For this reason, I cannot sign this bill.* https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&search_keywords=HIV	Support	*08-OCT-23* *Vetoed by Governor. In Senate. Consideration of Governor's veto pending.*

FEDERAL BILLS				
BILL	**TITLE**	**DESCRIPTION / COMMENTS**	**RECOMMENDED POSITION**	**STATUS**
H.R. 62 (Jackson Lee)	SHIELD Act	SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress This bill established a framework to limit interference with persons seeking to provide or access reproductive health services at the state level. The bill reduces the allocation of funds under certain law enforcement grant programs for a state that has in effect a law authorizing state or local officers or employees to interfere with persons seeking to provide or access reproductive health services. The bill authorizes civil remedies for a violation, including damages and injunctive relief. Additionally, it authorizes criminal penalties for a violation involving the use of deadly or dangerous weapon or the infliction of bodily injury. https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&r=5&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	09-Jan-23 Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	This bill prohibits federal funding of the Reproductive Healthcare Access Task Force. The Department of Health and Human Services launched the task force on January 21, 2022, to identify and coordinate departmental activities related to accessing sexual and reproductive health care. https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=7	OPPOSE	09-JAN-23 Introduced in House. Referred to Committee on Energy and Commerce.
H. Res. 185 (Hayes)	Declaring racism a public health crisis	Resolved, That the House of Representatives— (1) supports the resolutions drafted, introduced, and adopted by cities and localities across the Nation declaring racism a public health crisis; (2) declares racism a public health crisis in the United States; (3) commits to— (A) establishing a nationwide strategy to address health disparities and inequity across all sectors in the United States; (B) dismantling systemic practices and policies that perpetuate racism in the United States; (C) advancing reforms to address years of neglectful and apathetic policies that have led to poor health outcomes for communities of color in the United States; and (D) promoting efforts to address the social determinants of health—especially for Black, Latino, and Native-American people, and other people of color in the United States; and (4) charges the Nation with moving forward with urgency to ensure that the United States stands firmly in honoring its moral purpose of advancing the self-evident	SUPPORT	28-FEB-23 Introduced in House. Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary.

		truths that all people are created equal, that they are endowed with certain unalienable rights, and that among these are life, liberty, and the pursuit of happiness. https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&r=15&q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D		
H.R. 407 (Clyde)	Protect the UNBORN Act	UNOBORN: Undo the Negligent Biden Orders Right Now This bill prohibits federal implementation of and funding for specified executive orders that address access to reproductive care services, including services related to pregnancy or the termination of a pregnancy. https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=6	OPPOSE	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.
H.R. 445 (Williams)	HHS Reproductive and Sexual health Ombuds Act of 2023	This bill creates a position within the Department of Health and Human Services to support access to reproductive and sexual health services (including services relating to pregnancy and the termination of a pregnancy) that are evidence-based and medically accurate. Functions of the position include (1) educating the public about medication abortions and other sexual and reproductive health services, (2) collecting and analyzing data about consumer access to and health insurance coverage for those services, and (3) coordinating with the Federal Trade Commission on issues related to consumer protection and data privacy for those services. https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D	SUPPORT	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	SAFER: Secure Access For Essential Reproductive Health This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act. https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&r=8&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&r=9&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	09-FEB-23 Introduced in Senate. Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
H.R. 517 (Mace)	Standing with Moms Act	This bill requires the Department of Health and Human Services (HHS) to disseminate information about pregnancy-related resources. Specifically, HHS must maintain a public website (life.gov) that lists such resources that are available through federal, state, and local governments and private entities.	OPPOSE	25-JAN-23 Introduced in House. Referred to the House Committee on

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
		The bill excludes form life.gov, the portal and the hotline resources provided by entities (1) perform, induce, refer for, or counsel in favor of abortions; or (2) financially support such entities. The bill also requires HHS to report on traffic to life.gov and the portal, gaps in services available to pregnant and postpartum individuals, and related matters. https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=19		Energy and Commerce.
H.R. 561 (Lee)	EACH Act of 2023	This bill requires federal health care programs to provide coverage for abortion services and requires federal facilities to provide access to those services. The bill also permits qualified health plans to use funds attributable to premium tax credits and reduced cost sharing assistance to pay for abortion services. https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&s=8&r=8	SUPPORT	21-FEB-23 Introduced in House. Referred to the Subcommittee on Indian and Insular Affairs
H.R. 1224 (Trahan)	INFO for Reproductive Care ACT OF 2023	*INFO= Informing New Factors and Options* This bill requires the Department of Health and Human Services to carry out a campaign to educate health care professionals (and health care professions students) about assisting patients to navigate legal issues related to abortions and other reproductive health care services. https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=4	SUPPORT	27-FEB-23 Introduced in House. Referred to the House Committee on Energy and Commerce.
S. 701 (Baldwin)	Women's Health Protection Act of 2023	To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services. https://www.congress.gov/bill/118th-congress/senate-bill/701/text?s=8&r=14&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	08-MAR-23 Introduced in Senate. Placed on Senate Legislative Calendar under General Orders.

* The bill was not approved by the Commission on HIV
** Commission on HIV recommended bill for the Legislative docket

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

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

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September 26, 2023

TO: Each Supervisor

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

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

This quarterly memorandum provides updates tied to our efforts to reduce the rates of Sexually Transmitted Diseases (STD) in Los Angeles County (LAC), including those tied to legislation, resource allocation, engagement of external partners, expansion of screening and treatment capacity, and consumer and community awareness, among other critical areas. The updates described below cover the period May 2023 through June 2023, unless otherwise noted.

Since the last quarterly memorandum to your Board, your Board and the Chief Executive Office approved an additional $10 million investment in STD control efforts beginning Fiscal Year (FY) 23-24 and through the end of FY24-25. The Department of Public Health (Public Health) is finalizing the details of the investment plan tied to these new resources and will inform your Board of the plan in the coming weeks.

STD Surveillance and Mpox Update

The Department of Public Health (Public Health) continues to closely monitor STD-related morbidity (syphilis, congenital syphilis, gonorrhea, and chlamydia). High levels of reported STDs persist. For more information on STD trends, please visit the LAC HIV and STD Surveillance Dashboards at http://publichealth.lacounty.gov/dhsp/dashboard.htm.

Preliminary 2023 HIV and STD data reveal significant disparities in disease impact, as Latinx individuals account for a substantial portion of cases, while Black/African Americans bear the heaviest burden. Notably, despite comprising only 8% of Los Angeles County's population, Black/African American individuals face a disproportionate impact from these diseases. Specifically, in the first half of 2023, the highest percentage of syphilis cases was in Latinx individuals (51%), followed by Black/African Americans (18%) and Whites (17%). Among the 65 reported cases of congenital syphilis, a significant majority (68%) affected Latinx mothers, with Black/African and White mothers representing 15% and 9%, respectively. Furthermore, nearly one-third of gonorrhea cases (31%) were diagnosed in Latinx individuals, followed by Whites (18%), Black/African Americans (17%), and cases with missing race/ethnicity data (22%). Unfortunately, comprehensive data on the race/ethnicity of chlamydia cases are not

available, California discontinued the requirement for healthcare providers to report chlamydia cases in October 2019. Even though laboratories continue reporting these cases, this has resulted in incomplete race/ethnicity information for chlamydia cases.

The general oversight and management of local mpox control efforts transitioned from Public Health's Division of Acute Communicable Disease Control (ACDC) to Public Health's Division of HIV and STD Programs (DHSP) in May 2023. Coinciding with the start of the 2023 LGBTQ+ Pride season, Public Health rolled out enhanced mpox education and vaccination efforts in May 2023. These efforts have continued through the summer. A modest resurgence of mpox cases in LAC has been noticed this summer with 56 cases reported with episode dates in June through August 2023. The majority of mpox cases continue to be reported among men who have sex with men (MSM). Additionally, of the 56 new mpox cases, over half (57%) were unvaccinated, 29% fully vaccinated and 14% partially vaccinated, and only 1 case was hospitalized.

Public Health continues to work closely with the Centers for Disease Control and Prevention (CDC) to investigate the vaccination status and the severity of mpox disease among new mpox cases.

Improving Early Identification of STD Cases

Public Health continues working to improve screening rates and build screening capacity across several healthcare delivery systems as the impact of the COVID-19 pandemic subsides. Below are updates that occurred since the last reporting period.

Community-Based Provider Contract Update

On November 23, 2022, Public Health's STD Screening, Diagnosis, and Treatment Services (STD-SDTS) and STD Sexual Health Express (STD-SHEX) contractors were informed that Public Health will exercise the delegated authority approved by your Board (on November 24, 2020) to extend these contracts for an additional two years, through December 31, 2024, with no change to the current maximum funding obligation.

Contractors continue to be responsible for screening and billing third-party payers for STD screening and treatment services. Laboratory specimen processing costs will be covered by Public Health only if not covered by third party payors. Public Health leadership met with STD-SDTS contractors and community members to discuss the impact of incorporating benefits screening into their programs. A majority of providers have been screening and billing for STD services and report minimal impact on service delivery. Some clinics under certain circumstances (e.g., clinics catering to walk-in clients and providing express services) report some impact on duration of client visits. In addition, providers shared that youth may be disproportionately affected by this policy change. As Public Health assesses the impact on youth, Public Health is covering the specimen processing costs for one youth-serving provider.

In previous memos, Public Health reported that Community Health Alliance of Pasadena (CHAP) suspended its services due to the necessity of securing additional funding from a federal grant. This funding was required by CHAP to enable them to implement their STD testing contract with Public Health. Subsequently, CHAP secured a federal Health Resources and Services Administration (HRSA) grant that will enable CHAP to hire a dedicated full-time

Program Manager, facilitating the implementation of the Public Health-funded program for STD screening, diagnosis, and treatment services. In June 2023, CHAP successfully recruited and onboarded a Program Manager who is currently undergoing orientation and training. Additionally, the organization is in the process of finalizing the clinic program's policies and procedures.

As a result of these efforts, CHAP is on track to initiate screening and treatment services during October 2023.

STD Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers
Confidential STD screening, diagnosis, treatment, and counseling services have resumed at ten Public Health Sexual Health Clinics, and mobile sexual health services are now also available through Simms-Mann Health Center. Services include STD testing, HIV Pre-Exposure Prophylaxis (PrEP), HIV Post-Exposure Prophylaxis (PEP), family planning, and mpox testing and treatment. Evening clinic hours are available at all sites and the schedule at North Hollywood Health Center was recently revamped to allow for expanded evening hours.

In May 2023, Public Health launched an HIV tele-PrEP program, which offers medications and counseling over the phone and video chat to Public Health Sexual Health Clinic patients who are at higher risk for HIV infection. Participants will continue to receive laboratory and diagnostic services, as needed, at Public Health's Sexual Health Clinics.

Several Public Health clinics are undergoing necessary deferred maintenance; services are being offered in on-site custom medical trailers while the deferred maintenance projects are completed.

While clinic volume has not yet reached pre-pandemic levels, sexual health encounters in Public Health's Sexual Health Clinics have increased substantially in the last year, with 12,701 encounters in 2022, compared to 8,912 encounters in 2020. Clinic volume in 2023 is on track to surpass 2022 volume, with 8,737 encounters delivered between January 1, 2023, and June 30, 2023.

Billing by Public Health of Third-Party Payors for STD Services
STD-related provider, laboratory, and diagnostic services are offered at Public Health's Sexual Health Clinics at no charge and regardless of insurance status. Along with the STD-STDS contractors, Public Health continues to screen clients for third-party payors and bill Medi-Cal, Medicare, and health plans, and other payors for services that are provided to insured individuals.

As shared in the last memo, Public Health submitted *Family PACT* reapplications for eight of its higher volume clinics that provide eligible STD and family planning services.

- Five clinics were approved for participation, have completed the required training, and have started providing covered services covered by this payor.
- Since the last report, an additional clinic (totaling two clinics, to date) was approved and services at these sites will begin after staff have completed the required training.
- Approval for the remaining clinic is pending.

Public Health submitted applications to the California Department of Public Health, Office of AIDS to become a PrEP Assistance Program (PrEP-AP) enrollment site and is in the process of completing required virtual site visits. If approved, PrEP-AP will provide an additional funding source for patients who are uninsured or in need of services.

Public Health recently extended a contract with a vendor that is providing revenue enhancement and billing consultation services for clinical, pharmacy, and laboratory services, including STD and Family Planning services. Public Health will continue working closely with this vendor to implement a revenue enhancement plan.

Collaboration with Federally Qualified Health Centers (FQHCs) and Health Plans
Public Health secured two sites from John Wesley Community Health (JWCH) via Public Health's Leavey Central Satellite Clinic for Tuberculosis (TB) to provide STD screening services at the Central Satellite Clinic for TB and the Downtown Women's Center.

DHSP met with Community Clinic Association of Los Angeles County (CCLAC) to review opportunities for STD and HIV service delivery expansion as well as training and technical assistance needs of local FQHC partners. A follow-up meeting with a subset of clinic partners is in development.

Expanded Syphilis Screening Efforts
Expanding syphilis screening opportunities is critical to identifying undiagnosed, infectious syphilis cases, treating those cases, and identifying contacts to prevent the forward transmission of this bacterial STD. Since the last memorandum to your Board:

- Public Health conducted HIV/STI outreach and testing services to vulnerable sub-populations, including unhoused individuals and sex workers.
- Public Health launched a second POWER (Prevention and Outreach for Women at Elevated Risk for HIV and Syphilis) pilot site at Venice Family Clinic's Common Ground Engagement and Overdose Prevention Hub to expand syphilis testing among women.
- Public Health entered into a memorandum of understanding (MOU) with Healthcare in Action, a street medicine team serving SPA 4 and SPA 8, to begin offering incentivized syphilis and HIV screening to their clients, who are often people experiencing homelessness and managing acute mental health issues.
- The Department of Health Services (DHS) has made significant progress in developing syphilis screening protocols for implementation in Emergency Departments (ED). These protocols have been successfully finalized, and the next step involves modifying the electronic medical record (EMR) system to incorporate the necessary screening components. DHS is actively working on integrating syphilis screening into the EMR, with the objective of launching the program in EDs by the end of 2024.

<u>Interrupt Disease Transmission through the Treatment of Cases and Their Partners</u>

Patient Delivered Partner Therapy (PDPT)
Public Health continues to partner with Essential Access Health (EAH) to promote the availability and use of Expedited Partner Therapy (EPT), particularly for young persons

diagnosed with gonorrhea and chlamydia. Between May 2023 and June 2023, a total of 530 EPT doses of antibiotics were distributed through EAH's EPT Program Portal. EAH staff presented information about the EAH EPT distribution program to attendees at the LA Trust for Children's Health - Wellness Network Learning Collaborative on June 1, 2023, attended by representatives from 17 School Wellbeing Centers.

Bicillin Delivery Program and Bicillin Shortage Update
Public Health's Bicillin Delivery Program continues to improve access to syphilis treatment for hundreds of residents diagnosed with syphilis facing barriers to treatment, served by clinicians who do not stock this critical antibiotic or served by street medicine teams.

On June 2, 2023, healthcare providers received a health alert from Public Health regarding a nationwide shortage of long-acting penicillin G benzathine injectable suspension products (Bicillin). This shortage is critical as Bicillin is the recommended and primary treatment for syphilis, particularly for pregnant individuals and infants affected by the disease. To address this, the California Department of Public Health (CDPH) has issued guidelines to prioritize Bicillin distribution. Priority access is advised for pregnant individuals with syphilis infection or exposure, infants with congenital syphilis infection or exposure, and patients unable to take doxycycline due to contraindications (e.g., anaphylaxis, hemolytic anemia, Stevens-Johnson syndrome).

Public Health is actively communicating with community providers and Public Health Clinics to ensure appropriate measures are taken. This includes potential triaging of providers and patients to ensure access to vital medications and proper treatment for all affected individuals. Efforts are underway to coordinate resources and prioritize Bicillin allocation for those with the greatest need.

Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons
The implementation of universal syphilis screening for women at the Century Regional Detention Facility (CRDF) is slated to restart in the Fall of 2023. The suspension of services was due to a misalignment between the rapid syphilis testing program and the Department of Health Services' (DHS) point-of-care (POC) testing policies and procedures. According to DHS procedures, all POC testing services within DHS must be approved by the POC Testing Committee and integrated into ORCHID, the DHS-managed electronic medical record system. During the formal reprogramming of ORCHID to incorporate POC variables, DPH staff will execute the service and accurately record the corresponding data within designated temporary data fields.

<u>Educate Consumers and Community to Raise Awareness of STDs</u>

STD Awareness and Partnership with Grassroots Community Organizations
Since the last memo, Public Health continued to conduct or support activities to enhance provider, agency staff, and community knowledge and skills:

As part of Public Health's HIV/STD Clinical Series, two virtual seminars were held in May and June 2023 titled *<u>An Update on Preconception Health and Cervical and Anal Cancer Screening</u>* and *<u>Sex, Stigma, and STIs: An Update on Genital Herpes</u>*, respectively.

STD Awareness Among Youth
The *Pocket Guide LA*, a resource tool to help young people locate responsive and affirming sexual and reproductive health services, is being updated and enhanced. Public Health has solicited federal resources as part of the Community Approaches to Reducing Sexually Transmitted Diseases (CARS) funding opportunity to improve PocketGuideLA.org, the online platform associated with *Pocket Guide LA*.

The annual Spring Into Love (SIL) Conference took place in person on May 13, 2023, at APLA's Out Here Sexual Health Center. The SIL Conference, empowers youth aged 14-24 to make informed decisions regarding their sexual and reproductive health while addressing the significant reproductive and sexual health disparities affecting young people of color in South Los Angeles. The conference offered six peer-led workshops over three tracks: 1) Safer Sex and Reproductive Health Communication, 2) Healthy Relationships, and 3) Self-love. The event also included a resource fair with 13 organizations offering valuable information. Eighteen Spring Into Love interns completed their 4-month internship program and were honored at the conference.

The South Los Angeles Community Advisory Coalition's (CAC) initiative titled www.WeCanStopSTDsLA.org facilitated a youth/young-adult working group in May 2023 to debrief and discuss the Spring Into Love Conference and a separate working group in June 2023 to host a LGBTQ+ sensitivity training in honor of Pride month.

STD Awareness Among Faith-Based Communities
The www.WeCanStopSTDsLA.org initiative developed a faith-based STD prevention tool kit with resources to engage and empower communities to improve the response to the high rates of STDs in South Los Angeles. The CAC continues to pilot the Interfaith Toolkit, but many faith leaders have struggled to have congregants physically return to their congregations, hindering the implementation of the curriculum. In June 2023, the CAC's Interfaith Working Group team met with Angela Lee of Harambee Ministries, who agreed to implement the curriculum in January 2024 and expressed support for the concept and utility of the toolkit. The CAC plans to continue outreach to other faith organizations to gauge their interest in the project.

Federal and State Program and Funding Updates

Release of STI Federal Implementation Plan
In June 2023, the federal Department of Health and Human Services released the Sexually Transmitted Infections Federal Implementation Plan, 2021-2025, in conjunction with the Sexually Transmitted Infections National Strategic Plan for the United States: 2021-2025. While these plans outline crucial strategies for addressing STIs, no new federal resources were earmarked to support STD control efforts. In fact, plan implementation will likely encounter challenges resulting from disease intervention-related funding cuts as a result of the debt ceiling negotiations.

Disease Intervention Specialist (DIS) Workforce Development Grant Funding Recission
As shared in recent reports to your Board, Public Health received a CDC DIS Workforce Development Funding grant that was launched on June 20, 2021, as part of the American Rescue Plan Act of 2021. This grant supported 35 staff positions within Public Health, including 18 new Public Health Investigator (PHI) positions. Unfortunately, the CDC recently announced that due

to a compromise to resolve the debt ceiling issue between House Speaker Kevin McCarthy and the White House, the funding for the last two years of the grant ($200 million per year and $400 million total) will no longer be available to support DIS grants to jurisdictions with high levels of COVID, STD, TB, HIV and Hepatitis morbidity. We are appreciative of the Board's advocacy in its June 27, 2023 motion and letter to Health and Human Services Secretary Becerra advocating for sustained public health infrastructure in light of this funding rescission. Public Health is reviewing how best to mitigate the impact of this cut and is exploring alternative funding options to preserve DIS activities. We will keep the Board informed of any further developments tied to this matter.

California Department of Public Health (CDPH) Funding Updates

CDPH STD Control Branch Funding Update
The California Department of Public Health (CDPH), Sexually Transmitted Disease Branch (STDCB), Syphilis Outbreak Strategy (SOS) grant provides $3,957,000 per year to the County of Los Angeles to enhance our syphilis and congenital syphilis outbreak response. The grant supports enhanced activities targeting pregnant women and women of childbearing age at risk of or affected by syphilis, with a focus on timely prevention and treatment. Since the last report, Public Health has begun the expedited hiring process offered through the As-Needed Temporary Personnel (ANTP) process for non-clinical staff and the Clinical Registry for medical personnel. Additionally, Public Health is preparing to solicit contractor services to organize four women-focused health fairs for homeless women and separately, acquire mobile testing units to provide clinical services via street medicine teams.

CDPH Future of Public Health Funding Award
With Future of Public Health Funding, Public Health allocated approximately $997,000 to augment the current Community Embedded Disease Intervention Specialist (CEDIS) program with approximately 10 additional disease intervention specialists. The CEDIS program embeds a Public Health-trained, community-based organization-hired staff person in a clinic with high HIV or STD (primarily syphilis) morbidity to deliver HIV/STD partner services upon diagnosis. The CEDIS program improves Partner Services outcomes by building upon the strong rapport established by a trusted health care provider and offering partner services as close to the point of diagnosis as possible (instead of referring these cases to Public Health). Public Health is currently engaging in discussions with contractors who offer STD service to establish the definitive roster of agencies that will benefit from the augmentation of CEDIS positions. Additionally, DPH is actively in the process of recruiting personnel to establish the necessary infrastructure that will underpin and facilitate this program expansion.

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

BF:RS:MJP

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

AGN. NO.

REVISED MOTION BY SUPERVISORS LINDSEY P. HORVATH AND KATHRYN BARGER — October 3, 2023

Los Angeles County's Response to the Sexually Transmitted Infection (STI) Crisis

Los Angeles County is in the midst of an ongoing STI crisis that has seen case rates skyrocket over the past decade, with the highest ever combined annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. Recent data from the Los Angeles County Department of Public Health (Public Health), Division of HIV and STI Programs (DHSP) showed a 450% increase in syphilis rates among females and a 235% increase in males over the last decade. Congenital syphilis rates have increased by 1260% over the last 12 years, with 136 congenital syphilis cases reported in 2022 compared to just 10 in 2010. STIs disproportionately impact young persons (particularly in communities of color), gay and bisexual men, transgender individuals, and cis-gender men and women experiencing substance use disorder, particularly methamphetamine use disorder.

In partnership with community-based organizations, the Department of Public Health funds a wide array of programs and projects to address the STI crisis in Los Angeles County.

	MOTION
SOLIS	_______________
MITCHELL	_______________
HORVATH	_______________
BARGER	_______________
HAHN	_______________

~~I~~ WE, THEREFORE, MOVE that the Board of Supervisors:

Direct the Department of Public Health to present at the October 17, 2023, Board Meeting on current investments and programs that address the STI crisis. The presentation should include current strategies that address STI health disparities and inequities among disproportionately impacted communities, a review of the planned investment of new resources, and new strategies to reduce rates of infection.

# # #

LPH:af

Suggested Talking Points for STD Advocacy/Public Comments

NOTE TO COMMISSIONERS: Prior to responding in your capacity as a Commissioner to any inquiry from television, magazines, newspapers, or any other media outlets, the request should be discussed with the Executive Director to ensure Departmental policy and protocols are followed to respond to media inquiries. When speaking to the media, Commissioners should not imply they are speaking on behalf of the Commission without prior approval from the body. Commissioners affiliated with non-county organizations should proactively clarify with reporters that they do not speak on behalf of the Commission and are only commenting as an individual affiliated with an outside organization. Commissioners comments (verbal or written) as a private citizen solely reflect your personal position and not as a representative of the Commission. (Source: Los Angeles County Commission Manual)

Basic Template for Public Comments:

Hello, my name is {NAME} and I serve on the Commission on HIV. I am providing public comments on the STD crisis in Los Angeles County.

This topic matters to me because { user personal story or agency/community perspectives}.

I urge the Board to {insert/use some of the bullet points under the topics below}. Thank you for your time.

- Los Angeles County is in the midst of an ongoing STD crisis that has seen rates of syphilis and congenital syphilis skyrocketing since 2018. The Commission calls for sustained investments in STD-related public health infrastructure and comprehensive sexualand reproductive health services. We need federal, state and LOCAL resources to stop the STD crisis—we are seeing too many infections and that is unacceptable.

- The Board should use your collective political clout, just like you did to encourage resolution of the writers' strike, to get private health plans to step up with their efforts to routinely screen, test and treat STDs. We cannot rely on publicly-funded health systems alone to curb the STD epidemic. At the same time, we urge you to advocate with California leadership – the Governor, legislature, and officials at the California Department of Health and Human Services, as well as Secretary Becerra and Congress, to stress how important it is to increase investment in STD services. While we appreciate the advocacy done by the County's legislative office, we urge you, as Board members, to reach out directly to your fellow elected officials.

- On April 11, 2023, the Centers for Disease Control and Prevention (CDC) released its 2021 STD Surveillance Data showing that sexually transmitted infections (STIs) have reached a new record high for an eighth year in a row. The national data show a 74% increase in syphilis over five years, as well as 2,800 congenital syphilis cases in 2021. The national data also show chlamydia rates that have risen up to pre-pandemic levels after cases went undetected during the first year of the COVID-19 pandemic. In Los Angeles County, a total of 124 cases of congenital syphilis were reported in 2021, reflecting a continued surge in disease incidence. Since 2012, reported congenital syphilis cases have increased more than 20-fold. Latinx females represented more than a half of all mothers (61%) with congenital syphilis babies while White and African American mothers represented 16% each. We are seeing the same exponential rise of STDs in Los Angeles County. We are in a deteriorating public health crisis in a dangerous time. STI rates will continue to rise unless we take drastic action. Especially in light of federal DIS funds disappearing, we urge you to declare a public health emergency on STDs to leverage direly needed resources for this crisis.

- We ask the Board to urge the White House Drug Shortage Task Force to prioritize action to end the ongoing shortage of Bicillin L-A. Bicillin L-A is the only approved treatment for syphilis in pregnant women and the preferred treatment for syphilis in adults, infants, and children. Clinics and states have reported being unable to access Bicillin L-A, and Pfizer – the drug's exclusive manufacturer – has reported that they will not resolve the shortage until mid-2024.

- Please use your voices to tell the federal government to scale up the funding for an effective STD response. The rescission of $400 million in DIS STI public health workforce funding as part of the debt ceiling deal is a devastating blow to the fight against rising STI rates. This funding cut at the federal level is backwards and unacceptable.

- Divestment of funds from incarceration-related activities to STD, mental health, substance use and other public health programs would help stem the STD crisis by prioritizing the health of communities and investing in their lives.

- Act on the recommendations from the Alternatives to Incarceration Workgroup and invest in under-resourced communities. Funding that goes towards incarceration are causative and exacerbating the rates of STIs and HIV infection in Los Angeles Count. It is imperative that the BOS actively divest funds away from systems of incarceration and move swiftly on their decision to close Men's Central Jail and divest funds away from sheriffs/jails to systems of care.

- Based on the previous 2-3 years, the BOS have not done what they've promised and instead have continued to increase funding for systems of incarceration that are exacerbating the HIV/STI crisis and undermining our efforts to prevent them.

- "The relationship between carceral and community health is bidirectional. High rates of STIs in correctional settings are driven by disparities in social determinants of health among those entering institutions, who are disproportionately black and Indigenous compared with the overall US population. The same populations affected by the incarceration epidemic are disproportionally affected by STIs. In addition to structural racism, social determinants affecting the sexual health of populations moving through the criminal justice system include intergenerational poverty, which is associated with poorer health outcomes." (From Clinical Infectious Diseases August 15, 2022)

- "A study in the Los Angeles County women's jail showed the likelihood of primary, secondary and early latent syphilis rose with increasing age. A second study in California showed that a substantial portion (13%) of pregnant women who gave birth to an infant with congenital syphilis had been incarcerated." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989347/

- "Jail and prison inmates face a high risk of infectious disease. Inmates experience a disproportionate burden of sexually transmitted infections (STIs), including 4 to 5 times the prevalence of HIV than that observed in the general population. HIV infection also is elevated among individuals whose recent sex partners have been incarcerated." (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093283/#:~:text=Inmates%20experience%20a%20disproportionate%20burden,observed%20in%20the%20general%20population.&text=HIV%20infection%20also%20is%20elevated,sex%20partners%20have%20been%20incarcerated; American Journal of Public Health June 2011)

Sexually Transmitted Infections, Los Angeles County 2021 Data:

http://publichealth.lacounty.gov/dhsp/Reports/STD/2021_STD_Snapshot_LAC_Only_04.03.23_Final.pdf

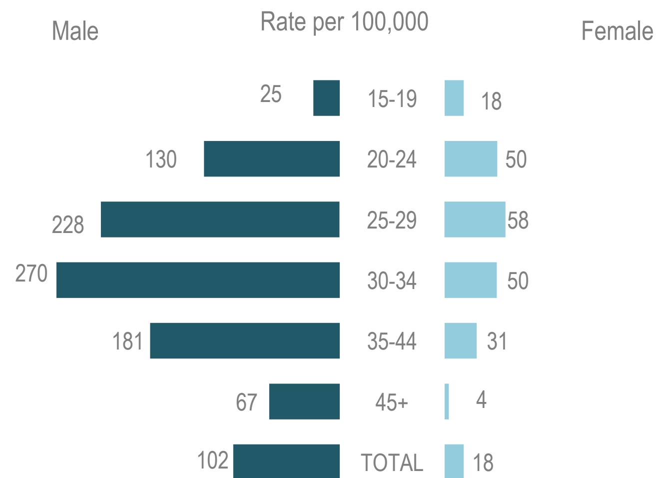
Sexually Transmitted Infections
Los Angeles County, 2021

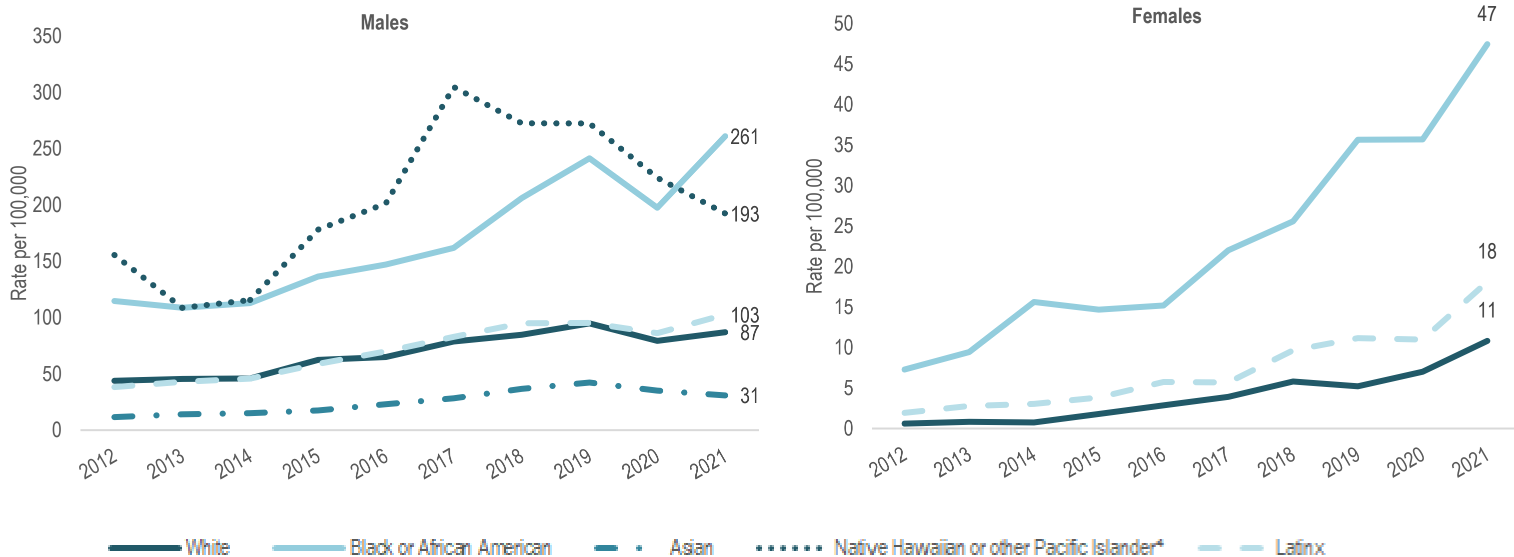
Sexually transmitted infections (STIs) continue rise in Los Angeles County (LAC). Over a decade long trend continued in 2021 with a total of 91,013 cases of STIs reported to the LAC Department of Public Health. Chlamydia accounted for most of the reported cases (58%), followed by gonorrhea (31%) and syphilis (10%). Sixty-one percent of all syphilis cases were early syphilis. Data do not include Long Beach and Pasadena.[1,2]

EARLY SYPHILIS

Syphilis is a sexually transmitted infection caused by the bacteria, *Treponema pallidum* and is a known risk factor for HIV. If untreated it can cause significant health issues including damage to the brain, nerves, eyes, or heart. Early syphilis includes the infectious stages of syphilis infection.

In 2021, the rate of newly reported early syphilis cases was 62 per 100,000 but rates among males were more than 5 times higher than females (102 vs. 18 per 100,000, respectively). Males aged 30-34 years and females aged 25-29 had the highest overall rates compared with other age groups (270 and 58 per 100,000, respectively). Transgender individuals represented 3.4% of all early syphilis cases.[3] African Americans and Native Hawaiian/Pacific Islanders (NHPI) had the highest rates of early syphilis for males (261 and 193 per 100,000, respectively) and African American females had the highest rates at 47 per 100,000. Syphilis rates were unstable for American Indian/Alaska Native (AIAN) males, and AIAN, NHPI and Asian females due to a small number of cases and therefore rates are not presented.





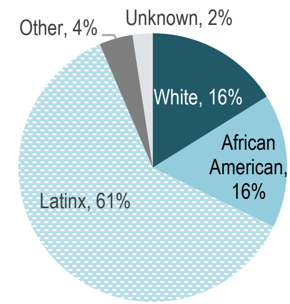
1. Data sources: LAC Division of HIV and STD Programs; California Department of Public Health STD Control Branch. Data are provisional due to reporting delays. Racial/ethnic groups not shown included unstable rates due to small numbers.
2. In 2020, there was a noted decrease in STD reporting due to clinic closures and decreased screening during COVID-19 stay at home orders. All 2020 data presented in this snapshot should be viewed with caution.
3. Transgender women represented 3.4% of all early syphilis cases, 0.9% of all gonorrhea cases, and 0.4% of all chlamydia cases. Transgender rates cannot be calculated due to the lack of population size estimates.
4. Note that 2013 and 2014 rates for Native Hawaiian/Pacific Islander males are unstable due to small numbers.

CONGENITAL SYPHILIS

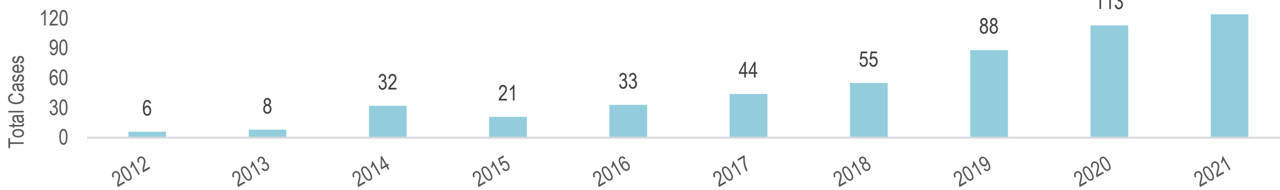
Congenital syphilis is a multi-system infection caused by the bacteria, *Treponema pallidum*, in a fetus or infant, acquired during pregnancy. It can cause preterm birth, miscarriage, or stillbirth. It can also lead to serious birth defects.

A total of 124 cases of congenital syphilis were reported in 2021, reflecting a continued surge in disease incidence. Since 2012, reported congenital syphilis cases have increased more than 20-fold. Latinx females represented more than a half of all mothers (61%) with congenital syphilis babies while White and African American mothers represented 16% each.

Congenital Syphilis Cases by Race/Ethnicity of Mothers, 2021



Congenital Syphilis Cases, 2012-2021

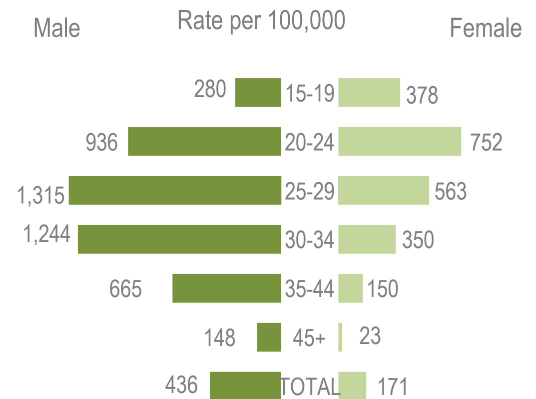


GONORRHEA

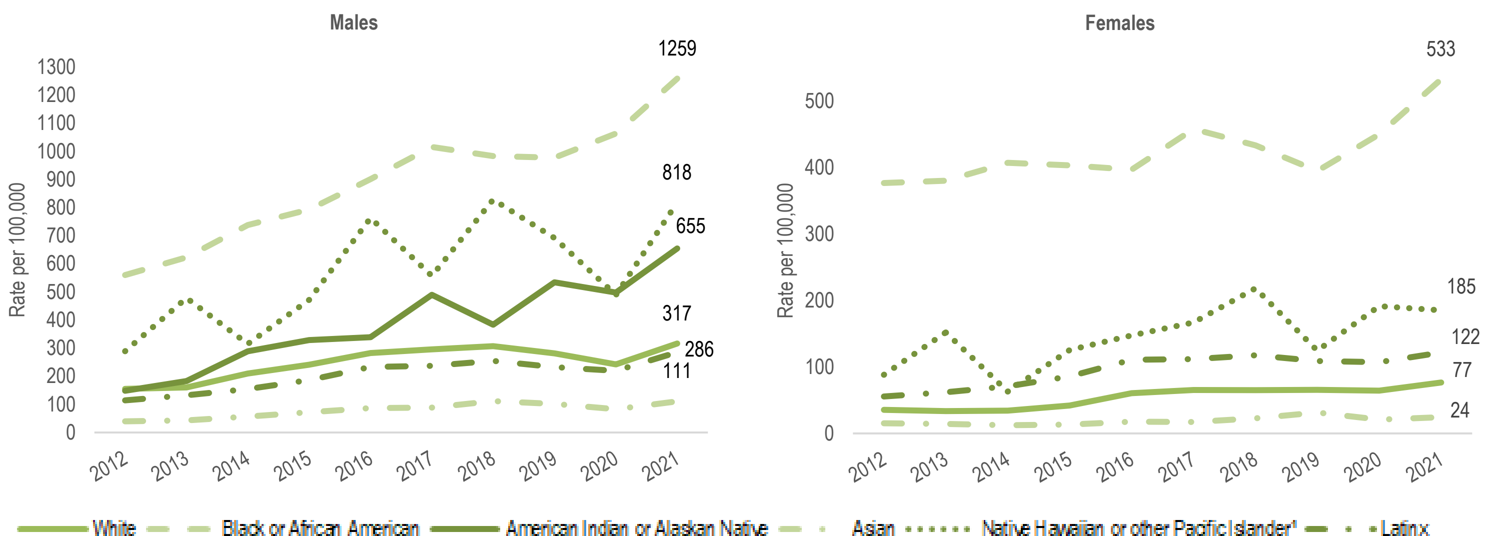
Gonorrhea is caused by the bacteria *Neisseria gonorrhoeae* and is one of the most commonly reported sexually transmitted infections in Los Angeles County. It can cause infection in the genitals, rectum, and throat. If untreated, gonorrhea can cause serious health problems including infertility for men and women. It may also increase the risk of HIV infection. Though gonorrhea is treatable, it has progressively developed resistance to the antibiotic drugs prescribed for treatment.

In 2021, 28,463 gonorrhea cases were reported to LAC, reflecting a rate of 305 per 100,000. Rates among males were more than two times higher than females in 2021 (436 vs. 171 per 100,000, respectively) and transgender individuals represented 0.9% of the gonorrhea cases.[3] By age, rates were highest among males aged 25-29 years and females aged 20-24 years (1,315 and 752 per 100,000, respectively). African American males and females had the highest rates compared with other race/ethnicities (1,259 and 533 per 100,000, respectively). Gonorrhea rates were unstable for AIAN females due to a small number of cases and are not presented.

Gonorrhea Rates by Age Group and Gender, 2021



Gonorrhea Rates by Gender and Race/Ethnicity, 2012-2021

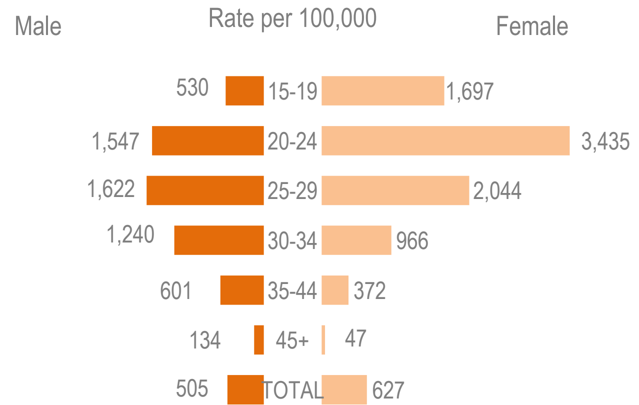


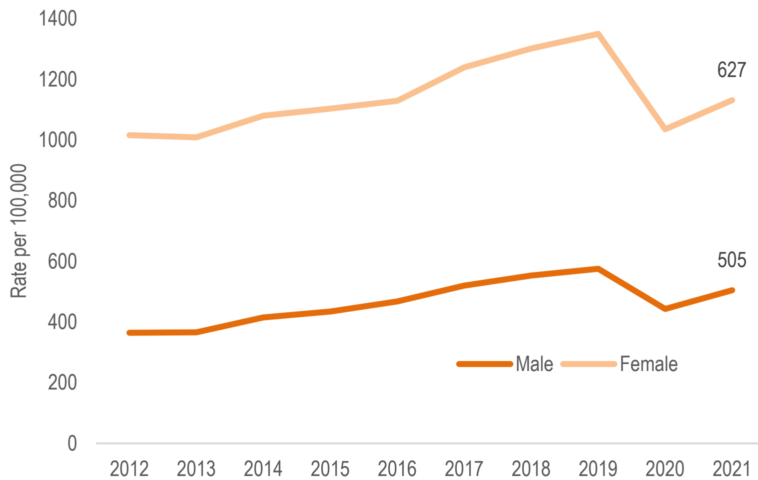
[1]Note that 2012 and 2014-2015 rates for Native Hawaiian or other Pacific Islander females are unstable due to small numbers.

CHLAMYDIA

Chlamydia is caused by the bacteria *Chlamydia trachomatis* and is the one of the most commonly reported sexually transmitted infections in Los Angeles County. Chlamydia can be transmitted via vaginal, rectal, or oral sex. Chlamydia can cause epididymitis in men and pelvic inflammatory disease (PID) in women. Severe outcomes may include infertility in women.

In 2021, 53,126 chlamydia cases were reported to LAC, reflecting a case rate of 569 per 100,000. Rates among females were 1.2 times higher than males (627 vs. 505 per 100,000). Transgender individuals represented 0.4% of all chlamydia cases.[3] Chlamydia was most prevalent among 25-29 years old males and females 20-24 years of age (1,622 and 3,435 per 100,000, respectively). Note that health care providers in the State of California are no longer required to report chlamydia cases but the reporting requirement for laboratories continues. Consequently, Chlamydia data in this report reflect data reported by laboratories only and may be underreported. Due to the lack of provider reporting of chlamydia cases, race/ethnicity information are not complete and therefore rates cannot be calculated for racial/ethnic categories.





POLICY STATEMENT, PRESS RELEASE

NCSD CALLS FOR $1 BILLION RESPONSE TO SHOCKING NEW CONGENITAL SYPHILIS NUMBERS

A slow-moving task force is too little, too late after a perfect storm of funding cutbacks and red tape

RELEASE DATE
November 7, 2023

Washington, DC – On Tuesday, the Centers for Disease Control and Prevention (CDC) provided the first look at 2022 congenital syphilis numbers, revealing a 32% rise in cases in just one year. Tuesday's publication shows a total of 3,761 congenital syphilis cases in 2022, including 282 cases that resulted in stillbirths or infant deaths. The report, issued as a part of a Vital Signs report on missed opportunities for prevention, reveals the critical need for federal funding and intervention. **David C. Harvey, Executive Director of NCSD**, issued the following statement:

> *"The number of entirely preventable congenital syphilis cases in America is appalling and reflects a collapse of the health systems we rely on to keep families safe. This shameful crisis is 20 years in the making and is accelerated by a perfect storm of funding cutbacks and bureaucratic red tape. NCSD demands an investment of $1 billion to restore funding from debt ceiling legislation and cutbacks to the STI system, increase testing and treatment, and creation of a White House syphilis response coordinator as part of the Office of Pandemic Preparedness and Response Policy."*

"Historically, just one single case of congenital syphilis has been considered the red flag event to indicate the breakdown of a community's public health. These 3,761 new congenital syphilis cases shock the conscience, but they are the predictable outcome of STI public health funding cuts and a lack of willpower to solve this problem. This year's congenital syphilis numbers will be worse due to ongoing shortage of Bicillin L-A, the drug used to treat syphilis, and workforce cuts in the debt ceiling deal."

"Rather than take emergency action on congenital syphilis, the Biden Administration has spent the past five months slow-walking a federal response through formation of a U.S. Department of Health & Human Services federal syphilis taskforce that is working on recommendations that won't be ready until next year. What we need now is action, not bureaucratic red tape and recommendations. The 2022 congenital syphilis numbers are already four times higher than pediatric AIDS diagnoses at their peak in 1992 – a case level deemed horrific at that time that spurred a huge national response and allocation of millions of dollars for prevention, care and research. Where is that response now?"

"This crisis may have been 20 years in the making, but it cannot go on. Without an exceptional and immediate investment by the Administration and Congress, we have no hope of protecting our communities from this growing emergency," says **David C. Harvey, Executive Director of the National Coalition of STD Directors (NCSD)**.

Background: Congenital Syphilis

Congenital syphilis is a syphilis infection that is passed from a pregnant person who has syphilis to the fetus during pregnancy. Congenital syphilis can cause stillbirth and infant death or result in lifelong disabilities. Congenital syphilis is preventable with timely testing and treatment with the antibiotic Bicillin L-A. Although the CDC's Vital Signs only highlights congenital syphilis cases from 2022, the congenital syphilis crisis has been further exacerbated in 2023 by a shortage of Bicillin L-A, the only antibiotic that can safely treat pregnant people with syphilis, and by cuts to the STD workforce.

Background: Recent STD Workforce Cuts

During the COVID-19 pandemic, Congress allocated more than one billion dollars in funding to strengthen the public health workforce over a five-year period. Disease intervention specialists (DIS) are public health workers who do contact tracing, investigate disease outbreaks, and connect people to testing and treatment services. Three years into the five-year funding, $600 million has been invested to hire more than 3,000 community health workers who serve every state and local jurisdiction. During debt ceiling deal negotiations, Congress eliminated funding for the remaining two years, a total cut of $400 million and those 3,000 jobs.

Read this next:

Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022

Robert McDonald, MD[1]; Kevin O'Callaghan, MBBCh[1]; Elizabeth Torrone, PhD[1]; Lindley Barbee, MD[1]; Jeremy Grey, PhD[1]; David Jackson, MD[1]; Kate Woodworth, MD[2]; Emily Olsen, PhD[2]; Jennifer Ludovic, DrPH[1]; Nikki Mayes[1]; Sherry Chen, MPH[1]; Rachel Wingard[3]; Michelle Johnson Jones, MPH[1]; Fanta Drame, MPH[1]; Laura Bachmann, MD[1]; Raul Romaguera, DMD[1]; Leandro Mena, MD[1]

On November 7, 2023, this report was posted as an MMWR *Early Release on the* MMWR *website (https://www.cdc.gov/mmwr).*

Abstract

Introduction: Congenital syphilis cases in the United States increased 755% during 2012–2021. Syphilis during pregnancy can lead to stillbirth, miscarriage, infant death, and maternal and infant morbidity; these outcomes can be prevented through appropriate screening and treatment.

Methods: A cascading framework was used to identify and classify missed opportunities to prevent congenital syphilis among cases reported to CDC in 2022 through the National Notifiable Diseases Surveillance System. Data on testing and treatment during pregnancy and clinical manifestations present in the newborn were used to identify missed opportunities to prevent congenital syphilis.

Results: In 2022, a total of 3,761 cases of congenital syphilis in the United States were reported to CDC, including 231 (6%) stillbirths and 51 (1%) infant deaths. Lack of timely testing and adequate treatment during pregnancy contributed to 88% of cases of congenital syphilis. Testing and treatment gaps were present in the majority of cases across all races, ethnicities, and U.S. Census Bureau regions.

Conclusions and implications for public health practice: Addressing missed opportunities for prevention, primarily timely testing and appropriate treatment of syphilis during pregnancy, is important for reversing congenital syphilis trends in the United States. Implementing tailored strategies addressing missed opportunities at the local and national levels could substantially reduce congenital syphilis.

Introduction

In a time when perinatal infections such as HIV and hepatitis B are declining in the United States (*1*,*2*), cases of congenital syphilis, a disease resulting from perinatal transmission of syphilis, have been increasing substantially. During 2012–2021, the number of reported congenital syphilis cases increased 755%, from 335 during 2012 to 2,865 during 2021 (*3*,*4*). Congenital syphilis can lead to stillbirth, miscarriage, or neonatal death, and surviving infants who are not adequately treated might develop blindness, deafness, developmental delay, or skeletal abnormalities (*5*). Congenital syphilis is preventable through timely testing and adequate treatment of syphilis during pregnancy (*5*). Increases in congenital syphilis mirror trends observed in rates of primary and secondary syphilis cases in women of reproductive age, which increased 676% (from 2.1 to 16.3 per 100,000 population) during 2012–2021 (*4*). Racial and geographic disparities in rates of congenital syphilis and rates of syphilis among women exist (*4*). To reduce perinatal transmission, CDC recommends screening for syphilis during pregnancy at the first prenatal care visit. Where access to prenatal care is not optimal, screening and treatment (if indicated) should be performed as soon as pregnancy is identified (*6*). CDC recommends screening at 28 weeks' gestation and at delivery for those who 1) live in communities with high rates of syphilis, 2) are at high risk for syphilis acquisition during pregnancy (e.g., substance use or a new sex partner), or 3) were not previously tested during the pregnancy (*6*). Appropriate screening for syphilis during pregnancy, as well as screening of sexually active persons when appropriate, has been shown to prevent syphilis morbidity (*5*,*6*). Identifying missed opportunities (e.g., lack of screening and inadequate treatment) to prevent congenital syphilis and treat syphilis during pregnancy is critical to understanding drivers of the current congenital syphilis surge and to better direct public health interventions (*7*,*8*).

Methods

Study Population

Cases of congenital syphilis that meet the 2018 Council of State and Territorial Epidemiologists congenital syphilis case definition* are reported to CDC's National Notifiable Diseases Surveillance System (NNDSS). Data are from all 50 states, the District of Columbia, and U.S. territories and freely associated states.

Classification of Missed Opportunities

To identify potential missed prevention opportunities among congenital syphilis-associated pregnancies, a mutually exclusive six-part cascading framework of risk factors was developed that includes 1) no documented testing or nontimely testing, 2) late identification of seroconversion during pregnancy, 3) no treatment or nondocumented treatment, 4) inadequate treatment, 5) clinical evidence of congenital syphilis despite documentation of adequate maternal treatment, and 6) insufficient data to identify a missed prevention opportunity for the case. Using a stepwise approach, cases of congenital syphilis reported via NNDSS in 2022 were examined and assigned to one of the six framework categories, starting with determining whether timely testing occurred during pregnancy, defined as testing completed ≥30 days before delivery (*9*). Cases for which documentation of timely testing was absent were categorized as "nontimely or no documented testing." Cases for which the syphilis diagnosis was received late in pregnancy (<30 days before delivery), after earlier nonreactive testing (i.e., testing without evidence of syphilis), were categorized as late identification of seroconversion. Congenital syphilis cases for which timely testing led to a syphilis diagnosis during pregnancy were assessed based on whether treatment adequate to prevent congenital syphilis, defined as a penicillin-based regimen initiated ≥30 days before delivery, with dosing and spacing appropriate for the stage of syphilis (*5*,*6*), was documented. Cases without adequate documentation of treatment were categorized as either 1) inadequate treatment or 2) no or nondocumented treatment. Finally, those congenital syphilis cases that occurred despite documentation of timely testing and adequate treatment were categorized as either 1) clinical evidence of congenital syphilis despite adequate treatment during pregnancy or 2) insufficient data to identify the missed opportunity despite careful review.

Data Analysis

Numbers of congenital syphilis cases and rates of primary and secondary syphilis among females aged 15–44 years in 2022 were compared with annual data from 2012 through 2021. Missed opportunities for prevention were stratified by U.S. Census Bureau region and by race and ethnicity of the birth parent. Prenatal testing and treatment status were stratified according to whether at least one prenatal care visit had occurred during the pregnancy. Analyses were completed using Stata statistical software (version 15.1; StataCorp). This activity was reviewed by CDC, deemed not research, and was conducted consistent with applicable federal law and CDC policy.†

Results

Congenital Syphilis Cases and Outcomes

In 2022, a total of 3,761 congenital syphilis cases were reported via NNDSS, including 231 (6%) stillbirths and 3,530 (84%) liveborn infants (with 51 [1%] infant deaths). This represents a 31.7% increase in congenital syphilis cases from those reported during 2021, concurrent with a 17.2% increase in rates of primary and secondary syphilis cases among females aged 15–44 years (from 16.3 to 19.1 per 100,000 population) (Figure 1). More than 10 times as many congenital syphilis cases were reported in 2022 (3,761) than in 2012 (334).

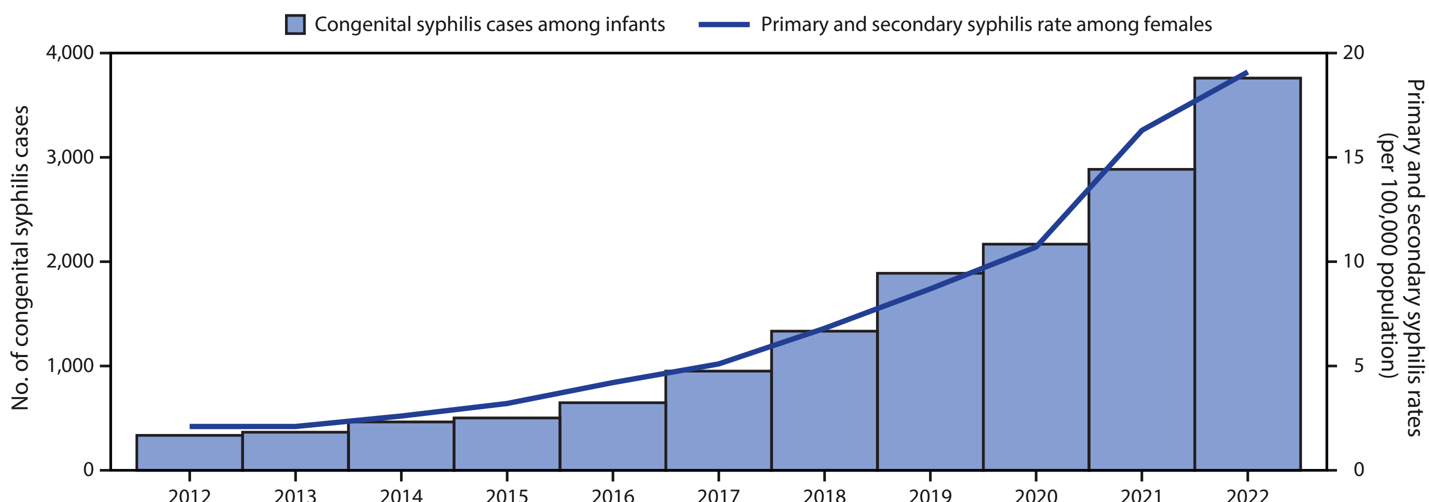
Missed Opportunities for Prevention of Congenital Syphilis

Among all (3,761) congenital syphilis cases reported in 2022, the birth parent of most patients (3,302; 87.8%) received either no or nontimely testing (1,385; 36.8%), or no or nondocumented (423; 11.2%) or inadequate (1,494; 39.7%) treatment during pregnancy. Among 197 (5.2%) congenital syphilis cases, syphilis was diagnosed late in pregnancy, after earlier nonreactive testing (Figure 2). Among 2,179 (57.9%) cases for which timely testing and no late identification of syphilis had occurred, more than two thirds (1,494; 39.7% of all congenital syphilis cases) had documentation of inadequate treatment during pregnancy, nearly 20% (423; 19.4% [11.2% of all cases]) received no treatment or nondocumented treatment, and the remaining 262 (12.0% [7.0% of all cases]) received adequate treatment. Among these 262 cases, clinical evidence of congenital syphilis (e.g., on the basis of physical exam, radiographic findings, or laboratory findings) was noted in the newborn despite documentation of adequate treatment in one half (130; 3.5% of all cases), and insufficient data were available to identify missed opportunities to prevent congenital syphilis in the remaining patients (132; 3.5% of all cases).

* https://ndc.services.cdc.gov/case-definitions/syphilis-2018/

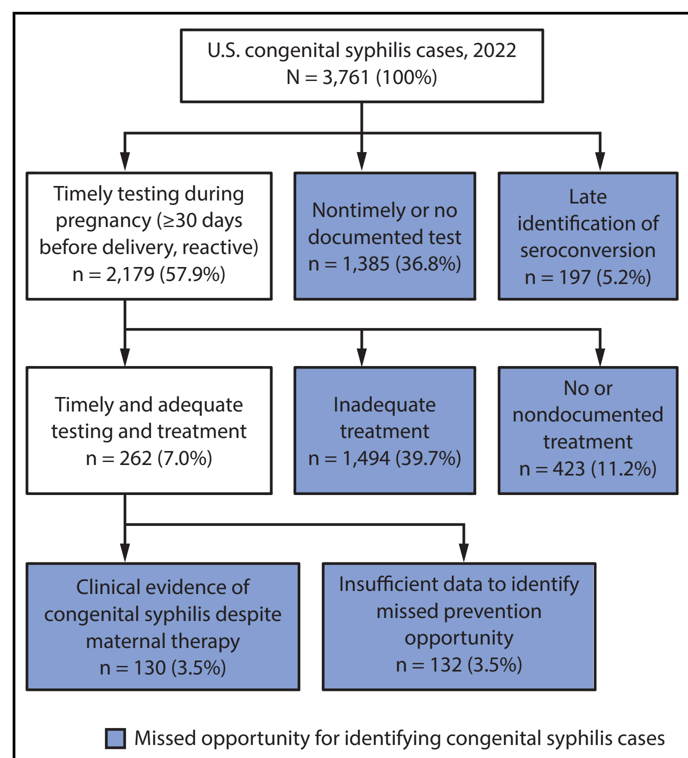
† 45 C.F.R. part 46.102(l)(2), 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 3501 et seq.

FIGURE 1. Reported number of cases of congenital syphilis among infants, by year of birth, and rates* of reported cases of primary and secondary syphilis† among females aged 15–44 years, by year — United States, 2012–2022



* Cases per 100,000 population.
† Primary and secondary syphilis case data for all U.S. territories and freely associated states and outlying areas were not available for all years; therefore, rates presented include only the 50 states and the District of Columbia.

FIGURE 2. Distribution of congenital syphilis cases, by missed prevention opportunities*,†,§ — United States, 2022



* Timely testing is performed ≥30 days before delivery.
† Late identification of seroconversion is a new reactive syphilis test <30 days before delivery after a nonreactive test earlier in pregnancy.
§ Adequate treatment is receipt of a penicillin-based regimen, dosed and spaced appropriately for the stage of syphilis, and commenced ≥30 days before delivery.

Geographic, Racial, and Ethnic Differences in Missed Congenital Syphilis Prevention Opportunities

No testing or nontimely testing accounted for approximately one half of cases in the West (56.2%) and Northeast (50.0%) U.S. Census Bureau regions,[§] and for the largest percentage of cases in the Midwest region (40.4%). Inadequate treatment accounted for the majority of missed opportunities in the South region (54.5%). No testing or nontimely testing resulted in the highest percentage of missed opportunities for prevention among non-Hispanic American Indian or Alaska Native (47.4%), non-Hispanic Native Hawaiian or other Pacific Islander (61.0%), and non-Hispanic White (40.8%) birth parents. Inadequate treatment was the most prevalent cause for missed prevention opportunities among non-Hispanic Black or African American (39.2%) and Hispanic or Latino (47.4%) birth parents (Table 1).

Among pregnancies resulting in a congenital syphilis outcome, no prenatal care was documented in 1,426 cases (37.9%). Of the 2,179 cases in which a timely test was obtained during pregnancy, no prenatal care was documented in 445 (20.4%) (Table 2). Among the 1,385 cases of congenital syphilis for which no test or a nontimely test was recorded, no prenatal care was documented for 969 (70.0%).

Discussion

Lack of timely testing and adequate treatment during pregnancy contributed to 88% of congenital syphilis cases in 2022

§ https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf

TABLE 1. Prenatal syphilis testing and treatment among birth parents of infants with congenital syphilis, by U.S. Census Bureau region, and by race and ethnicity — United States, 2022

	Missed opportunities to prevent CS, no. (%)						
	Testing		Treatment		Outcome		
Characteristic	None or nontimely*	Late identification of seroconversion†	Inadequate	None or nondocumented	Clinical evidence of CS despite adequate§ prenatal treatment	Insufficient data to identify the missed opportunity	Total
All cases	**1,385 (36.8)**	**197 (5.2)**	**1,494 (39.7)**	**423 (11.2)**	**130 (3.5)**	**132 (3.5)**	**3,761**
U.S. Census Bureau region¶							
Northeast	83 (50.0)	25 (15.1)	26 (15.7)	14 (8.4)	11 (6.6)	7 (4.2)	**166**
Midwest	182 (40.4)	25 (5.5)	140 (31.0)	58 (12.9)	19 (4.2)	27 (6.0)	**451**
South	469 (23.7)	101 (5.1)	1,080 (54.5)	200 (10.1)	74 (3.7)	57 (2.9)	**1,981**
West	650 (56.2)	45 (3.9)	246 (21.3)	150 (13.0)	25 (2.2)	41 (3.5)	**1,157**
U.S. territories and freely associated states	1 (16.7)	1 (16.7)	2 (33.3)	1 (16.7)	1 (16.7)	0 (—)	**6**
Race and ethnicity,††**							
AI/AN	81 (47.4)	7 (4.1)	40 (23.4)	27 (15.8)	8 (4.7)	8 (4.7)	**171**
Asian	9 (39.1)	2 (8.7)	8 (34.8)	1 (4.3)	2 (8.7)	1 (4.3)	**23**
Black or African American	353 (31.5)	80 (7.1)	440 (39.2)	153 (13.6)	53 (4.7)	43 (3.8)	**1,122**
NH/OPI	25 (61.0)	1 (2.4)	10 (24.4)	3 (7.3)	0 (—)	2 (4.9)	**41**
White	422 (40.8)	39 (3.8)	370 (35.8)	126 (12.2)	39 (3.8)	38 (3.7)	**1,034**
Hispanic or Latino	384 (34.8)	56 (5.1)	523 (47.4)	89 (8.1)	20 (1.8)	32 (2.9)	**1,104**
Multiracial	29 (42.0)	3 (4.3)	22 (31.9)	10 (14.5)	3 (4.3)	2 (2.9)	**69**
Other	15 (30.6)	4 (8.2)	22 (44.9)	5 (10.2)	1 (2.0)	2 (4.1)	**49**
Unknown	67 (45.3)	5 (3.4)	59 (39.9)	9 (6.1)	4 (2.7)	4 (2.7)	**148**

Abbreviations: AI/AN = American Indian or Alaska Native; CS = congenital syphilis; NH/OPI = Native Hawaiian or other Pacific Islander.
* Timely testing is performed ≥30 days before delivery.
† A new reactive syphilis test <30 days before delivery after a nonreactive test earlier in pregnancy.
§ Receipt of a penicillin-based regimen, dosed and spaced appropriately for the stage of syphilis, and commenced ≥30 days before delivery.
¶ https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf
** Race and ethnicity of the birth parent.
†† Persons of Hispanic or Latino (Hispanic) origin might be of any race but are categorized as Hispanic; all racial groups are non-Hispanic.

TABLE 2. Receipt of prenatal care among birth parents of infants with congenital syphilis, by prenatal syphilis testing and treatment among those with timely testing* — United States, 2022

	Prenatal care, no. (%)	
Prenatal testing and treatment	None documented	One or more prenatal care visit
Testing		
No test or nontimely test	969 (70.0)	416 (30.0)
Late identification of seroconversion†	12 (6.1)	185 (93.9)
Timely test* during pregnancy	445 (20.4)	1,734 (79.6)
Total	**1,426 (37.9)**	**2,335 (62.1)**
Treatment among persons who received timely testing		
No treatment	69 (16.3)	354 (83.7)
Inadequate treatment	362 (24.2)	1,132 (75.8)
Adequate treatment§	14 (5.3)	248 (94.7)
Total	**445 (20.4)**	**1,734 (79.6)**

* Timely testing is performed ≥30 days before delivery.
† A new reactive syphilis test <30 days before delivery after a nonreactive test earlier in pregnancy.
§ Receipt of a penicillin-based regimen, dosed and spaced appropriately for the stage of syphilis, and commenced ≥30 days before delivery.

Summary

What is already known about this topic?

Since 2012, U.S. congenital syphilis cases increased substantially. Syphilis during pregnancy can lead to stillbirth, miscarriage, infant death, and maternal and infant morbidity, which are preventable through appropriate screening and treatment.

What is added by this report?

In 2022, lack of timely testing and adequate treatment contributed to almost 90% of congenital syphilis cases in the United States, including substantial proportions of congenital syphilis cases in all U.S. Census Bureau regions and among all racial and ethnic groups.

What are the implications for public health practice?

Implementing tailored strategies addressing missed opportunities at the local and national levels could improve timeliness of testing and appropriateness of treatment for syphilis during pregnancy and thereby reduce the incidence of congenital syphilis and complications of syphilis during pregnancy.

and represent missed opportunities to prevent maternal syphilis-associated morbidity. Lack of timely testing and adequate treatment contributed to substantial proportions of cases in all geographic areas and in all racial and ethnic groups. Timely testing without evidence of late seroconversion occurred in 58% of cases; however, inadequate treatment occurred in 69% of these cases, and no treatment or nondocumented treatment in 19%. Treatment could be considered inadequate based on

inappropriate selection of an antimicrobial agent, dosing, or spacing of doses, as well as an insufficient interval between initiation of treatment and delivery; ongoing analyses aim to describe specific sources of inadequate treatment to better guide public health action. Strategies that reduce loss to follow-up and decrease the time between testing and treatment could increase the likelihood of adequate treatment. This outcome has been achieved at some medical facilities and health organizations through implementation of rapid syphilis point-of-care testing (*10*), which the World Health Organization recommends during pregnancy in settings where a delay in diagnosis can lead to loss to follow-up (*11*). Innovations in treatment and close follow-up (e.g., field-delivered treatment and disease intervention specialists trained to prevent and control infectious diseases providing linkage to care) can help facilitate adequate treatment (*12–14*).

Recommended Treatment for Prevention of Congenital Syphilis

Benzathine penicillin G is the only recommended treatment for syphilis during pregnancy; this drug must be administered as an injection by a trained professional as either a single dose or as 3 doses spaced 7–9 days apart, depending on the stage of infection (*6*). The success rate of this treatment in preventing congenital syphilis has been reported to be as high as 98% (*15*). Although this analysis includes cases with clinical evidence of congenital syphilis despite adequate treatment, some of these cases might be explained by undetected reinfection late in pregnancy. Because the United States is currently facing a shortage of benzathine penicillin G, CDC has encouraged providers and health departments to prioritize benzathine penicillin G for the treatment of syphilis in pregnancy.[¶]

Individual Screening Based on Risk Factors and Community Syphilis Rates

Historically, syphilis screening and interventions have targeted individual risk factors, but for many sexually active persons, their most significant risk factor is living in a community with high rates of syphilis (*4*,*6*). CDC guidelines recommend syphilis screening for sexually active persons in communities with high rates of syphilis (*6*); however, the threshold for a high rate is not defined. Currently, the Healthy People 2030 goal is to reduce the rate of primary and secondary syphilis cases among females aged 15–44 years to 4.6 per 100,000 population.[**] In counties with a rate that exceeds this goal, offering syphilis testing to sexually active females aged 15–44 years and their sex partners might help identify syphilis cases and prevent spread, support progress toward meeting the Healthy People 2030 goals, and reduce congenital syphilis. In 2021, 38% of U.S. counties, accounting for 72% of the U.S. population, had syphilis rates above the goal level[††]. Disparities in syphilis rates by race and ethnicity are not explained by differences in sexual behaviors, but rather reflect access to sexual health care, differences in sexual networks, and persistent and systemic racism in medical care (*6*,*16*). Screening based on geographic risk can decrease stigma and biases associated with screening based on individual risk factors. In counties already at or below the Healthy People 2030 goal level, clinicians should continue to assess individual risk factors (e.g., diagnosis of other sexually transmitted infections, a new partner, history of incarceration, transactional sex work, or being a male aged <29 years) to determine screening needs.[§§]

More than 37% of infants with congenital syphilis were born to persons who had received no prenatal care. Among congenital syphilis cases, no or nontimely testing during pregnancy was the most frequently missed opportunity identified among birth parents without documented prenatal care. Among those with a timely test obtained during pregnancy, 20.4% had no prenatal care documented, suggesting that testing occurred outside prenatal care. In addition to improving access to prenatal care, approaches to providing care outside of clinical settings (e.g., use of rapid tests, field-delivered treatment, active case follow-up, and linkage to care by disease intervention specialists) are needed to ensure appropriate and timely screening and treatment. Any encounter with medical or public health professionals during pregnancy is an opportunity to identify and treat syphilis, thereby preventing congenital syphilis as well as maternal morbidity. Screening for syphilis at encounters outside traditional prenatal care (e.g., emergency department, jail intake, syringe services program, and maternal and child health programs) might help identify and treat persons with syphilis who might not otherwise receive adequate prenatal care (*13*,*14*,*17–19*). In addition, the identification of syphilis during pregnancy should be seen as a high priority for rapid follow-up, with a systematic approach to defining who will be responsible for ensuring timely treatment.

Limitations

The findings in this report are subject to at least three limitations. First, national congenital syphilis case data contain limited information about social determinants of health. The underlying individual and structural barriers (e.g., systemic inequities and limited health care access) leading to the missed opportunities described in this report are beyond the scope of this analysis. Second, jurisdictional differences in reporting completeness and accuracy for congenital syphilis cases likely

[¶] www.cdc.gov/std/dstdp/dcl/2023-july-20-Mena-BicillinLA.htm

[**] https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-syphilis-rate-females-sti-03

[††] https://www.cdc.gov/nchhstp/atlas/syphilis/index.html

[§§] https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm

exist, including differing legal requirements for screening. Differential reporting might have resulted in misclassification of the missed opportunities, amplifying regional differences. Finally, national case data provide limited information on the breadth of syphilis testing during pregnancy (e.g., prepregnancy testing and the titers of syphilis tests measured during pregnancy), which might lead to misclassification both in the context of a history of adequately treated syphilis, as well as seroconversion late in pregnancy. Testing and treatment that occurred but are not documented cannot be assessed.

Implications for Public Health Practice

Congenital syphilis rates are rapidly increasing in the United States and are at the highest level in at least 30 years (*4*). Barriers to congenital syphilis prevention are multifactorial, including those at the patient level, such as substance use and insurance status, and those at the system level, such as structural inequities, limited access to health care, and medication shortages (*5*,*8*,*16*,*17*,*20*). Addressing patient and system-level barriers to accessing testing, treatment, and care could help prevent congenital syphilis. Improvements in timely testing and appropriate treatment of syphilis through tailored strategies at local and national levels will help control the congenital syphilis epidemic in the United States.

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