



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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# Public Policy Committee Meeting

**Monday, April 3, 2023**

**1:00pm-3:00pm (PST)**

**510 S. Vermont Ave, Terrace Conference Room #  
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/>

## Notice of Teleconferencing Sites:

Bartz Aladonna Community Health Center  
43322 Gingham Ave, Lancaster, CA 93535

## MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r588cd4321fbd5fa872bc52e16875f645>

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Password: POLICY Access Code: 2592 688 0571



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.

*\*Accessing meeting materials via the QR code: (1) Open your camera app on your smart device, (2) Select the rear-facing camera in Photo or Camera mode, (3) Center the QR code that you want to scan on the screen and hold your phone steady for a couple of seconds, and (4) Tap the notification that pops up to open the link.*

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

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

**MONDAY, APRIL 3, 2023 | 1:00 PM – 3:00 PM**

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

**Notice of Teleconferencing Site:**  
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To Join by Telephone: 1-213-306-3065

Password: POLICY Access Code: 2592 688 0571

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton	Mary Cummings
Pearl Doan	Felipe Findley, PA-C, MPAS, AAHIVS	Eduardo Martinez (Alternate)	Paul Nash, PhD, CPsychol, AFBPsS, FHEA
Ricky Rosales			
QUORUM: 5			

**AGENDA POSTED:** March 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., 14<sup>th</sup> Floor Los Angeles, 90020. **Validated parking is available at 523 Shatto Place, Los Angeles 90020. \*Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.**

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or-

email your Public Comment to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

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

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

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

**I. ADMINISTRATIVE MATTERS**

- |   |                  |                   |
|---|------------------|-------------------|
| 1. Call to Order & Meeting Guidelines/Reminders                             |                  | 1:00 PM – 1:03 PM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements              |                  | 1:03 PM – 1:05 PM |
| 3. Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | <b>MOTION #1</b> | 1:05 PM – 1:07 PM |
| 4. Approval of Agenda   | <b>MOTION #2</b> | 1:07 PM – 1:08 PM |
| 5. Approval of Meeting Minutes  | <b>MOTION #3</b> | 1:08 PM – 1:10 PM |

**II. PUBLIC COMMENT**

1:10 PM – 1:15 PM

- 6. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking [here](#), or by emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

**III. COMMITTEE NEW BUSINESS ITEMS**

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

**IV. REPORTS**

- |  |  |                   |
|--|--|-------------------|
| 8. Executive Director/Staff Report<br>Mini-Training “Legislative Docket Development” |  | 1:15 PM – 1:25 PM |
| 9. Co-Chair Report   |  | 1:25 PM – 1:40 PM |
| a. 2023 Workplan Development   |  |                   |
| b. ANAM Platform Update  |  |                   |

**V. DISCUSSION ITEMS**

- 10. 2023-2024 Legislative Docket-- Development 1:40 PM – 2:20 PM
- 11. 2023-2024 Policies Priority 2:20 PM – 2:30 PM
- 12. State Policy & Budget Update 2:30 PM – 2:35 PM
- 13. Federal Policy Update 2:35 PM – 2:40 PM
- 14. County Policy Update 2:40 PM – 2:50 PM
  - a. DPH Memo in response to STD Board of Supervisors (BOS) motion

**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 April 3, 2023

PROPOSED MOTIONS	
<b>MOTION #1:</b>	Approve remote attendance by members due to “emergency circumstances”, per AB 2449.
<b>MOTION #2</b>	Approve the Agenda Order as presented or revised.
<b>MOTION #3</b>	Approve the Public Policy Committee minutes, as presented or revised.
<b>MOTION #4</b>	Approve the 2023-24 Legislative Docket, as presented or revised.



# VERMONT CORRIDOR PARKING AND PUBLIC TRANSIT



523 Shatto Place



Wilshire and  
Vermont **Red** Line  
Metro Station



Street level address  
510 S. Vermont Ave

# VERMONT CORRIDOR PARKING AND STREET & LEVEL ACCESS | WHAT TO EXPECT

## **Street Level Entry: 510 S. Vermont Ave**

- Check-in with Security Desk and inform them you are attending the Commission on HIV Meeting
- Take elevator to “T” level (Terrace)
- Terrace level reception desk will direct you the appropriate conference room

## **Parking Structure Access: 523 Shatto Place**

- Park on appropriate parking areas
- Take elevator to 9<sup>th</sup> Floor
- Exit elevator and access to the Terrace level is to your right
- Check-in with Security Desk and you will be directed to the appropriate conference room





## HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 3.22.23)

- 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](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto: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. 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



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

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

### CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. 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 strive for consensus and compassion in all our interactions.**
- 2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) **We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 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) **We give and accept respectful and constructive feedback.**
- 7) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) **We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism).**
- 9) **We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/21/23

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

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



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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
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	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
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>GREEN</b>	<b>Joseph</b>	Unaffiliated consumer	No Ryan White or prevention contracts
<b>HALFMAN</b>	<b>Karl</b>	California Department of Public Health, Office of AIDS	Part B Grantee
<b>KOCHEMS</b>	<b>Lee</b>	Unaffiliated consumer	No Ryan White or prevention contracts
<b>KING</b>	<b>William</b>	W. King Health Care Group	No Ryan White or prevention contracts
<b>MAGANA</b>	<b>Jose</b>	The Wall Las Memorias, Inc.	HIV Testing Storefront HIV Testing Social & Sexual Networks
<b>MARTINEZ</b>	<b>Eduardo</b>	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM) Benefits Specialty Medical Care Coordination (MCC) Mental Health Oral Healthcare Services STD Screening, Diagnosis and Treatment HIV Testing Storefront HIV Testing Social & Sexual Networks Sexual Health Express Clinics (SHEX-C) Transportation Services Medical Subspecialty HIV and STD Prevention Services in Long Beach
<b>MARTINEZ (PP&amp;A Member)</b>	<b>Miguel</b>	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
<b>MAULTSBY</b>	<b>Leon</b>	Charles R. Drew University	HIV Testing Storefront HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	Mallery	We Can Stop STDs LA (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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention





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COMMISSION ON HIV



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VIRTUAL WEBEX MEETING

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

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

**PUBLIC POLICY COMMITTEE  
MEETING MINUTES**

**Draft**

February 6, 2022

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	Jerry D. Gates, PhD	P
Alasdair Burton (Alternate)	P	Eduardo Martinez (Alternate)	A
Mary Cummings	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	A
Pearl Doan	P	Ricky Rosales	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Catherine Lapointe, Lizette Martinez, and Jose Rangel-Garibay			

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

\*Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto: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://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/56d5f970-86d0-4582-9d79-85213d5c6db4/Pkt PPC 02-06-23 Rev.02-02-23.pdf](https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/56d5f970-86d0-4582-9d79-85213d5c6db4/Pkt_PPC_02-06-23_Rev.02-02-23.pdf)

**CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST**

Alasdair Burton called the meeting to order at 1:08 PM, welcomed attendees, and led introductions. See meeting packet for conflicts of interest statement.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA**

**MOTION #1:** Approve the Agenda Order as presented or revised. ✓ Passed by Consensus

**2. APPROVAL OF MEETING MINUTES**

**MOTION #2:** Approve the Public Policy Committee minutes, as presented or revised.

✓ Passed by Consensus

**II. PUBLIC COMMENT**

- 3. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.** *No public comments.*

**III. COMMITTEE NEW BUSINESS ITEMS**

- 4. OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY SITUATION, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.** *No committee new business items.*

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR/STAFF REPORT**

- Cheryl Barrit, Executive Director, reminded Committee members that in-person Brown Act meetings will begin in March 2023, following the Governor’s lifting of COVID-19 emergency provisions.
- The Public Policy Committee (PCC) will be the first in-person meeting of the month.
- C. Barrit will send out a memo to commissioners providing guidance on resuming in-person meetings.
- C. Barrit noted that members of the public and commissioners will be able to join hybrid meetings remotely; however, pursuant to AB 2449, members may only appear remotely in their official capacity for “just cause” or “emergency circumstances.” A member cannot appear remotely due to “just cause” or “emergency circumstances” for more than three consecutive months, or for 20% of regular meetings, or more than two meetings if the legislative body meets fewer than ten times per year.

**6. CO-CHAIR REPORT**

**a. 2023 Workplan Development**

- C. Barrit provided an overview of the PPC 2023 workplan; see meeting packet. The workplan serves as an internal document to help guide the PPC on what key activities they will implement throughout the year.
- C. Barrit suggested that the PPC prioritize developing a white paper on what a modernized Ryan White Act would look like. She recommended dedicating a future meeting to provide a Ryan White Act refresher for new commissioners.

- Felipe Findley suggested adding incarceration as the second priority on the workplan.
- Alasdair Burton recommended including status-neutral language into the workplan. Damone Thomas commented that the Ryan White Program (RWP) should be more accessible to high-risk HIV-negative clients who use prevention services.
- Commission staff will meet with PPC co-chairs Lee Kochems and Katja Nelson to finalize the workplan.

**b. Meeting Frequency**

- The PPC discussed their proposed 2023 meeting schedule to determine if the Committee will meet monthly or quarterly. The PPC will continue to meet monthly until further notice.

**V. DISCUSSION ITEMS**

**7. PACHA RESOLUTION ON MSM BLOOD DONATION DEFERRAL POLICY**

- Jose Rangel-Garibay provided an overview of the Presidential Advisory Council on HIV/AIDS (PACHA) resolution on the blood donation deferral policy for men who have sex with men (MSM).
- The Board of Supervisors (BOS) have proposed a motion in support of the Food and Drug Administration (FDA)'s new guidelines easing restrictions on blood donations by MSM; see meeting packet for full motion.

**8. 2023 LEGISLATIVE DOCKET DEVELOPMENT**

- K. Nelson provided a thorough overview of the draft 2023 legislative docket; see meeting packet. Committee members will review the docket and form their positions for further discussion at their March meeting.

**9. 2023 POLICIES PRIORITY – ACTION PLAN DEVELOPMENT**

- The PPC discussed their action plan for 2023 and identified key policy priorities, which includes the following:
  1. Effective countywide response to the sexually transmitted disease (STD) epidemic
  2. Effective countywide response around harm reduction services and syringe exchange
  3. Aging
  4. Housing
  5. Mental health
  6. Street medicine

7. Incarceration

- The PPC began developing action steps they can take to address these issues; see meeting packet for full action plan document.

**10. STATE POLICY & BUDGET UPDATE** – *No update provided.*

**11. FEDERAL POLICY UPDATE** – *No update provided.*

**12. COUNTY POLICY UPDATE** – *No update provided.*

a. **COH Coordinated Response to the STD Crisis**

**VI. NEXT STEPS**

**13. TASK/ASSIGNMENTS RECAP**

- The PPC co-chairs will meet with Commission staff to finalize the 2023 workplan.
- The PPC will begin populating the 2023 legislative docket.

**14. AGENDA DEVELOPMENT FOR THE NEXT MEETING**

- The PPC will provide a RW reauthorization refresher.
- The PPC will plan for their Community Listening Session, which is set to take place in April.

**VII. ANNOUNCEMENTS**

**15. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS.** *No announcements.*

**VIII. ADJOURNMENT**

**16. ADJOURNMENT FOR THE MEETING OF FEBRUARY 6, 2023**

The meeting was adjourned by K. Nelson at 2:43 PM.



**2023 WORK PLAN – PUBLIC POLICY—UNDER REVIEW**

Committee Name: <b>PUBLIC POLICY COMMITTEE (PPC)</b>				
Co-Chairs: Katja Nelson, Lee Kochems			Committee Adoption Date: TBD	
<b>Purpose of Work Plan:</b> 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
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	The Committee will begin legislative bill review in 4/2023. Once the docket is established it will be submitted to the Commission for approval.
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.  <span style="color: red;">On 2/7/23, the Department of Public Health 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.</span>
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.
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	The Committee and will finalize and approve changes for the 2023 Policy Priorities document.





## 2023 WORK PLAN – PUBLIC POLICY—UNDER REVIEW

7	Efforts to Modernize the Ryan White Care Act (RWCA)	<p>The Committee facilitated a discussion for the interest in modernizing the RWCA at the Commission’s 2022 Annual meeting in November.</p> <p>“Dreaming Big: Community Wish List for a Better and Modernized Ryan White Care System &amp; Ryan White CARE Act Legislation Overview”</p>	Late 2023	<p>Determine strategy for developing white paper on RWCA modernization to set foundation for future discourse around reauthorization.</p> <p>Potential topics for white paper include:</p> <ul style="list-style-type: none"><li>• Status neutral approach</li><li>• Opportunity to expand service categories and allow more flexibility</li><li>• Reduce administrative burden on the client and agencies to prove the Payor of Last Resort provision</li></ul>
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.



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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**PUBLIC POLICY COMMITTEE 2023 MEETING SCHEDULE**  
**PROPOSED/DRAFT FOR REVIEW (updated 03.29.23)**

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
<b>January 24</b> 1pm to 3pm <i>(Virtual)</i>	Elect Co-Chairs for 2023
<b>February 6</b> 1pm to 3pm <i>(Virtual)</i>	PACHA Resolution on MSM Blood Donation Deferral Policy 2023 Legislative Docket Development 2023 Policy Priorities Action Plan Development
<b>March 6</b> 1pm to 3pm <i>(In-Person)</i>	<b>MEETING CANCELLED</b>
<b>April 3</b> 1pm to 3pm <i>(In-Person)</i>	Adopt 2023 PPC Workplan Finalize and approve changes to 2023 Policy Priorities Document Discuss bills for 2023-2024 Legislative Docket Discuss DPH Memo on STD crisis to Board of Supervisors (BOS) <a href="#">Approve Legislative Docket—PPC and Executive</a>
<b>May 1</b> 1pm to 3pm <i>(In-Person)</i>	<a href="#">Approve Legislative Docket – COH</a> <a href="#">Submit Legislative Docket to BOS</a> Determine strategy for Ryan White Care Act (RWCA) Modernization Outline presentation schedule for RWCA modernization
<b>June 5</b> 1pm to 3pm <i>(In-Person)</i>	RWCA Modernization Presentation 1
<b>July 3</b> 1pm to 3pm <i>(In-Person)</i>	<b>Consider rescheduling or canceling due to Independence Day Holiday on 7/4/23 observed on 7/3/23</b>
<b>August 7</b> 1pm to 3pm <i>(In-Person)</i>	RWCA Modernization Presentation 2
<b>September 4</b> 1pm to 3pm <i>(In-Person)</i>	<b>Consider rescheduling or canceling due to Labor Day Holiday on 9/4/23</b> <i>Note: The United States Conference on HIV/AIDS (USCHA) 9/6/23—9/9/23</i> RWCA Modernization Presentation 3
<b>October 2</b> 1pm to 3pm <i>(In-Person)</i>	Outline the framework for modernized RWCA Modernization white paper
<b>November 6</b> 1pm to 3pm <i>(In-Person)</i>	COH Annual Meeting
<b>December 4</b> 1pm to 3pm <i>(In-Person)</i>	<b>Consider cancelling; poll committee members</b>



LOS ANGELES COUNTY  
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**2023-2024 Legislative Docket | Approval Date: DRAFT as of 03/29/23**

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
ACA 5 (Low)	Marriage Equality	<p><i>ACA= Assembly Constitutional Amendment</i></p> <p><i>The California Constitution declares that defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining safety, happiness, and privacy are inalienable rights, and that a person may not be deprived of life, liberty, or property without due process of law or equal protection of the laws.</i></p> <p><i>This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5</a></p>		<p>15-FEB-23</p> <p>May be heard in committee March 17.</p>
ACA 8 (Wilson)	Slavery	<p><i>The California Constitution prohibits slavery and prohibits involuntary servitude, except as punishment to a crime. This measure would instead prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8</a></p>		<p>18-FEB-23</p> <p>May be heard in committee March 20.</p>
AB 4 (Arambula)	Covered California: Expansion	<p><i>This bill would revise those provisions by deleting the requirement that limits coverage for the described individuals to the California qualified health plans. Contingent upon federal approval of the waiver, specified requirements for applicants eligible for the coverage described in the bill would become operative on January 1, 2025, for coverage effective for qualified health plans beginning January 1, 2026.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4</a></p>		<p>13-MAR-23</p> <p>Re-referred to Com. on HEALTH</p>

**DRAFT**

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 5 (Zbur)	The Safe and Supportive Schools Program	<p><i>This bill would require the State Department of Education, on or before July 1, 2025, to finalize the development of an online training delivery platform and an online training curriculum to support LGBTQ cultural competency training for teachers and other certificated employees, as specified. The bill would delete the above-described encouragement and instead would require, commencing with the 2025–26 school year, each school operated by a school district or county office of education and each charter school serving pupils in grades 7 to 12, inclusive, to use the online training delivery platform and curriculum, or an in-service alternative, to provide at least 4 hours of training at least once every 3 years to teachers and other certificated employees at those schools, as provided. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill would require the department to ensure a 95% completion rate of the training required pursuant to these provisions within each 3-year training period and would require the department to report specified completion data to the Legislature, as provided. The bill would require these provisions to be known as the Safe and Supportive Schools Act.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&amp;search_keywords=transgender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&amp;search_keywords=transgender</a></p>		<p>27-MAR-23 Re-referred to Com. on ED.  (Education)</p>
AB 223 (Ward)	Change of gender and sex identifier	<p><i>This bill would require any petition for a change in gender and sex identifier or a petition for change of gender, sex identifier, and name filed by a person under 18 years of age, and any paper associated with the proceeding, to be filed under seal.</i></p> <p><i>It is the best interest for the public to seal these records from the public to ensure the privacy and safety of transgender and nonbinary youth. Transgender and nonbinary youth are 2 to 2.5 times as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared of their cisgender LGBQ peers. Being outed is a traumatic event for any individual, especially for individuals under 18 years of age. Allowing our children to choose when and how they decided to share their personal details is vital in protecting their mental and physical health.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&amp;search_keywords=transgender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&amp;search_keywords=transgender</a></p>		<p>23-MAR-23  In Senate. Read first time. To Com. on RLS. for assignment.  (Rules)</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>AB 254 (Bauer-Kahan)</p>	<p>Confidentiality of Medical Information Act: reproductive or sexual health application information</p>	<p><i>This bill would revise the definition of “medical information” to include reproductive or sexual health application information, which the bill would define to mean information related to a consumer’s reproductive or sexual health collected by a reproductive or sexual health digital device. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual’s information, or for diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject of the requirements of the Confidentiality of medical Information Act (CMIA). Because the bill would expand the scope of a crime, it would impose a state-mandated local program.</i></p> <p><i>CMIA prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&amp;search_keywords=sexual+health">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&amp;search_keywords=sexual+health</a></p>		<p>13-MAR-23</p> <p><i>From committee: Do pass and re-refer to Com on P. &amp; C.P. (Ayes 13. Noes 0.) (March 14). Re-referred to Com. on R. &amp; C.P.</i></p> <p><i>(Privacy and Consumer Protection)</i></p>



BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 352 (Bauer-Kahan)	Health Information	<p><i>This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to sensitive services, as specified. The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless the request for medical information is authorized in accordance with specified existing provisions of law. Because the bill would expand the scope of an existing crime, it would impose a state-mandated local program. This bill would require the advisory group, as part of the above-described information, to identify policies and procedures to ensure appropriate safeguards to prevent electronic health information related to the provision of sensitive services from automatically being disclosed, transmitted, or transferred to, shared with, or accessed by, individuals and entities in another state. The bill would exempt health information related to sensitive services from that real time health information sharing requirement, to the extent not in conflict with federal law, until the previously described policies and procedures are implemented. The bill would define "sensitive services" for these purposes to mean all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&amp;search_keywords=sexual+health">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&amp;search_keywords=sexual+health</a></p>		27-MAR-23 Re-referred to Com. on HEALTH
AB 367 (Maienschein)	Controlled Substances: Enhancements	<p><i>This bill, until January 1, 2029, would state that, for purposes of this enhancement, a person inflicts great bodily injury when they sell, furnish, administer, or give away fentanyl or an analog of fentanyl and the person to whom the substance was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance. The bill would specify that this provision does not apply to juvenile offenders.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367">https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367</a></p>		23-MAR-23  In committee: Hearing postponed by committee.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>AB 470 (Valencia)</p>	<p>Continuing medical education: physicians and surgeons</p>	<p>This bill would specify that these educational activities may also include activities that are designed to improve the quality of physician-patient communication. This bill would require the advisory group to be informed of federal and state threshold language requirements, as specified, and would require the authorized updated to be for the purpose of meeting the needs of California's changing demographics and properly addressing language disparities, as they emerge.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470</a></p>		<p>28-MAR-23</p> <p>From committee: Do Pass and re-refer to Com. on APPR. With recommendation: To Consent Calendar. (Ayes 18. Noes 0) (March 28). Re-referred to Com. on APPR.</p> <p>(Appropriations)</p>
<p>AB 598 (Wicks)</p>	<p>Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Health Kids Survey</p>	<p>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.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&amp;search_keywords=HIV</a></p>		<p>12-MAR-23</p> <p>Re-referred to Com. on ED.</p>
<p>AB 719 (Boerner Horvath)</p>	<p>Medi-Cal benefits</p>	<p>This bill would require the department to require managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public transit operator. The bill would require the rates reimbursed by the managed care plan to the public transit operates to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&amp;search_keywords=HIV</a></p>		<p>23-FEB-23</p> <p>Referred to Com. on HEALTH.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	<p><i>This bill would additionally require the Trustees of the California State University and would request the Regents of the University of California, to implement a system by which current students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification, as provided. The bill would, commencing with the 2024-25 academic year, require California State University campus systems, and would request University of California campus systems, to be fully capable of allowing current students, staff, or faculty to declare an affirmed name, gender, or both name and gender identification.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&amp;search_keywords=gender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&amp;search_keywords=gender</a></p>		23-FEB-23 Referred to Com. on HIGHER ED.
AB 793 (Bonta)	Privacy: reverse demands	<p><i>This bill would prohibit any government entity from seeking, or any court from enforcing, assisting, or supporting, a reverse-keyword or reverse-location demand, as defined, issued by a government entity or court in this state or any other state. The bill would prohibit a person or California entity from complying with a reverse-keyword or reverse-location demand. The bill would authorize a court to suppress any information obtained or retained in violation of these provisions, the United States Constitution, or California Constitution. The bill would authorize the Attorney General to commence a civil action for compliance with these provisions. The bill would require a government entity to immediately notify any person whose information was obtained in violation of these provisions of the violation and of the legal recourse available, as specified. The bill would authorize an individual whose information was obtained, or a service provider or other recipient of the reverse-keyword or reverse-location demand to file a petition to void or modify the demand or order the destruction of information obtained in violation of these provisions. The bill would authorize an individual whose information was obtained by a government entity in violation of these provisions to bring a civil suit against the government entity for damages, injunctive or declaratory relief, or other relief that the court deems proper.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793</a></p>		20-MAR-23 Re-referred to Com. on PUB. S.  (Public Safety)
AB 920 (Bryan)	Discrimination: housing status	<p><i>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.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920</a></p>		28-MAR-23 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 2.) (March 28). Re-referred to Com. On APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 957 (Wilson)	Family law: gender identity	<p><i>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 child's gender identity.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957</a></p>		<p>22-MAR-23</p> <p>Read second time. Ordered to third reading.</p>
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	<p><i>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.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&amp;search_keywords=HIV</a></p>		<p>02-MAR-23</p> <p>Referred to Com. on HEALTH.</p>
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	<p><i>The bill would require the state board to develop, by July 1, 2024, a policy for local educational agencies to follow before removing any instructional materials or ceasing to teach any curriculum [...] This bill would revise the list of culturally and racially diverse groups to instead include materials that accurately portray the contributions of people of all gender expressions and the role and contributions of LGBTQ+ Americans. The bill would also require that every instructional material adopted by a governing board include proportional and accurate representation of California's diversity in the categories of race, gender, socioeconomic status, religion, and sexuality. By imposing new obligations on local educational agencies, the bill would impose a state-mandated local program.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&amp;search_keywords=transgender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&amp;search_keywords=transgender</a></p>		<p>02-Mar-23</p> <p>Referred to Com. On ED</p> <p>(Education)</p>
AB 1163 (Luz Rivas)	State forms: gender identity	<p><i>This bill would require specified state agencies and departments to revise their public-use forms, by January 1, 2025, to be more inclusive of individuals who identify as transgender, gender nonconforming, or intersex. This bill would require the agencies to revise their forms to allow individuals to provide their accurate gender identification. This bill would also require the impacted agencies and departments to collect data pertaining to the specific needs of the transgender, gender nonconforming, or intersex community, including, but not limited to, information relating to medical care, mental health disparities, and population size.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&amp;search_keywords=transgender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&amp;search_keywords=transgender</a></p>		<p>21-MAR-23</p> <p>Re-referred to Com. on A. &amp; A.R.</p> <p>(Accountability and Administrative Review)</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>AB 1431 (Zbur)</p>	<p>Housing: the California Housing Security Act</p>	<p><i>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.</i></p> <p><i>“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:</i></p> <p><i>(5) A chronic illness, including, but not limited to, HIV.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&amp;search_keywords=HIV</a></p>		<p>27-MAR-23</p> <p>Re-referred to Com. on H. &amp; C.D.</p> <p>(Housing and Community Development)</p>
<p>AB 1549 (Wendy Carrillo)</p>	<p>Medi-Cal: federally qualified health centers and rural health clinics</p>	<p><i>This bill would, among other things, require that per-visit rate to account for the costs of the FQHC or RHC that are reasonable and related to the provision of covered services, including the specific methods and processes used by the FQHC and RHC to deliver those services. The bill would also require the rate for any newly qualified health center to include the cost of care coordination services provided by the health center, as specified.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&amp;search_keywords=HIV</a></p>		<p>27-MAR-23</p> <p>Re-referred to Com. on HEALTH.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>AB 1645 (Zbur)</p>	<p>Health care coverage: cost sharing</p>	<p><i>This bill would prohibit a group or individual no grandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit those contracts and policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria its median contracted rate in the general geographic region for screening tests and integral items and services rendered and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for a sexually transmitted infections screening from an enrollee or insured. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&amp;search_keywords=sexual+health">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&amp;search_keywords=sexual+health</a></p>		<p>21-MAR-23 Re-referred to Com. on HEALTH.</p>
<p>SB 36 (Skinner)</p>	<p>Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care</p>	<p><i>The bill would prohibit a magistrate from issuing a warrant for the arrest of an individual whose alleged offense or conviction is for the violation of law of another state that authorizes a criminal penalty to an individual performing, receiving, supporting, or aiding in the performance or receipt of an abortion, contraception, reproductive care, or gender-affirming care if the abortion, contraception, reproductive care, or gender-affirming care is lawful under the laws of this state, regardless of the recipient's location. [...] This bill would additionally prohibit an officer or employee of a state or local law enforcement agency from providing information or assistance to specified entities regarding services constituting legally protected health care activity, including but not limited to, abortion, contraception, reproductive care, and gender-affirming care, if those services would be lawful if they were provided entirely within this state.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&amp;search_keywords=gender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&amp;search_keywords=gender</a></p>		<p>14-MAR-23 From committee: Do pass and re-refer to Com. on JUD. (Ayes 4. Noes 0.) (March 14). Re-referred to Com. on JUD.</p>



BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	<p><i>This bill would, upon an appropriation by the Legislature for this express purpose, require the California Department of Housing and Community Development, commencing January 1, 2024, to begin developing the Older Adults and Adults with Disabilities Housing Stability Program. The bill would require the department, in administering the program, to offer competitive grants to nonprofit community-based organizations, continuums of care, public housing authorities, and area agencies on aging, as specified, to administer a housing subsidy program for older adults and adults with disabilities who are experiencing homelessness or at risk of homelessness, as defined.</i></p> <p>a) <i>“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:</i></p> <ul style="list-style-type: none"> <li>a. <i>A “physical disability,” as defined in subdivision (m) of Section 12926 of the Government Code.</i></li> <li>b. <i>A “mental disability,” as defined in subdivision (j) of Section 12926 of the Government Code, except it shall also include a substance use condition.</i></li> <li>c. <i>A “medical condition,” as defined in subdivision (i) of Section 12926 of the Government Code.</i></li> <li>d. <i>A “developmental disability,” as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code.</i></li> <li>e. <i>A chronic illness, including, but not limited to, HIV.</i></li> <li>f. <i>A traumatic brain injury.</i></li> </ul> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&amp;search_keywords=HIV</a></p>		27-MAR-23 Set for hearing April 24.
SB 339 (Wiener)	HIV preexposure prophylaxis	<p><i>This bill would authorize a pharmacists to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024. This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacists, including costs for the pharmacist’s services and related testing ordered by the pharmacists, and reimburse pharmacists services at 100% of the fee schedule for physician services. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&amp;search_keywords=HIV</a></p>		14-MAR-23  From committee with author’s amendments. Read second time and amended. Re-referred to Coms. On B., P. & E. D.  (Business, Professions and Economic Development)

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	<p><i>This bill would require a board to update a licensee's or registrant's records, including records contained within an online licenses verification system, to include the licensee's or registrant's legal name or gender has been changed. The bill would require the board to remove the licensee's or registrant's former name, or gender from its online license verification system and treat this information as confidential. The board would be required to establish a process to allow a person to request and obtain this information, as prescribed. The bill would require the board, if requested by a licensee or registrant, to reissue specified documents conferred upon, or issued to, the licensee or registrant with their updated legal name or gender. The bill would prohibit a board from charging a higher fee for reissuing a document with corrected document with a corrected or updated legal name or gender than the fee it charges for reissuing a document with other corrected or updated information.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&amp;search_keywords=gender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&amp;search_keywords=gender</a></p>		<p>27-MAR-23 From committee: Do pass and re- refer to Com. on JUD. (Ayes 8. Noes 2.) (March 27). Re-referred to Com. on JUD.</p> <p>(Judiciary)</p>
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	<p><i>This bill would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, devices, or products 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 AIDS/HIV to prior authorization or step therapy, but would authorize 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.</i></p> <p><i>The bill would prohibit a non-grandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. The bill would require a grandfathered health care service plan contract or health insurance policy to provide coverage for those drugs, devices, or products, and would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, devices, or products, including by supplying participating providers directly with a drug, device, or product, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&amp;search_keywords=HIV</a></p>		<p>21-MAR-23</p> <p>From Committee with author's amendments. Read second time and amended. Re- referred to Com. on RLS.</p> <p>(Rules)</p>



BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>SB 524 (Caballero)</p>	<p>Pharmacists: testing and treatment</p>	<p><i>This bill, with respect to the conditional performance of tests approved or authorized by the FDA and classified as waived pursuant to the CLIA, would instead authorize a pharmacist to order, perform, and report those tests. The bill would authorize a pharmacist to furnish prescription medications that are furnished pursuant to the result from a test performed by the pharmacist that is used to guide diagnosis or clinical decision-making, as specified. The bill would require a pharmacist, in providing these patient care services, to utilize specified evidence-based clinical guidelines or other clinically recognized recommendations. The bill would require the pharmacist to document, to the extent possible, the testing services provided, as well as the prescription medications furnished, to the patient pursuant to the test result, in the patient's record in the record system maintained by the pharmacy.</i></p> <p><i>This bill would expand the Medi-Cal schedule of benefits to include ordering, performing, and reporting any test approved or authorized by the FDA that is classified as waived pursuant to the CLIA, as authorized by existing law, that is used to guide diagnosis or clinical decision-making. The bill would also expand the schedule of benefits to include furnishing prescriptions pursuant to the result from a test, as authorized by the bill's provisions, that is used to guide diagnosis or clinical decision-making.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&amp;search_keywords=HIV</a></p>		<p>20-MAR-23 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.  (Rules)</p>
<p>SB 525 (Durazo)</p>	<p>Minimum wage: health care workers</p>	<p><i>This bill would require a health care worker minimum wage of \$25 per hour for hours worked in covered health care employment, as defined, subject to adjustment, as prescribed. The bill would provide that the health care worker minimum wage would be enforceable by the Labor Commissioners or by a covered worker through a civil action, through the same means and with the same relief available for violation of any other state minimum wage requirement. By establishing a new minimum wage, the violation of which would be a crime, the bill would impose a state-mandated local program.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&amp;search_keywords=%22health+care%22">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&amp;search_keywords=%22health+care%22</a></p>		<p>28-MAR-23  From committee with author's amendments. Read second time and amended. Re-referred to Com. on L., P.E. &amp; R.  (Labor, Public Employment, and Retirement)</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>SB 541 (Menjivar)</p>	<p><i>Sexual Health: contraceptives: Immunization</i></p>	<p><i>This bill would, in order to prevent and reduce unintended pregnancies and sexually transmitted infections, on or before the start of the 2024–25 school year, require each public school, including schools operated by a school district or county office of education and charter schools, to make internal and external condoms available to all pupils free of charge, as provided. The bill would require these public schools to, at the beginning of each school year, inform pupils through existing school communication channels that free condoms are available and where the condoms can be obtained on school grounds. The bill would, commencing with the- 2024–25 school year, require each public school to post at least one notice regarding these requirements in a prominent and conspicuous location on the school campus, as specified.</i></p> <p><i>The bill would require this notice to include certain information, including, among other information, information about how to use condoms properly. The bill would require each public school to allow the distribution of condoms during the course of, or in connection to, educational or public health programs and initiatives, as provided. By imposing additional duties on public schools, the bill would impose a state-mandated local program.</i></p> <p><i>The bill would provide that school-based health center sites located on school campuses maintaining any combination of classrooms from grades 7 to 12, inclusive, may not be prohibited from making internal and external condoms available and easily accessible at the school-based health center site to all pupils free of charge.</i></p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&amp;search_keywords=HIV</a></p>		<p><i>20-MAR-23 From committee with author's amendments. Read second time and amended. Re-referred to Com. on ED.</i></p>
<p><b>FEDERAL BILLS</b></p>				
BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 62 (Jackson Lee)	SHIELD Act	<p><i>SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress</i></p> <p><i>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.</i></p> <p><a href="https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&amp;r=5&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductiv%22%5D%7D">https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&amp;r=5&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductiv%22%5D%7D</a></p>		<p><i>09-Jan-23 Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.</i></p>
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	<p><i>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.</i></p> <p><a href="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&amp;s=8&amp;r=7">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&amp;s=8&amp;r=7</a></p>		<p><i>09-JAN-23 Introduced in House. Referred to the Submitted on Health and the House Committee on Energy and Commerce.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H. Res. 185 (Hayes)	Declaring racism a public health crisis	<p><i>Resolved, That the House of Representatives—</i></p> <p><i>(1) supports the resolutions drafted, introduced, and adopted by cities and localities across the Nation declaring racism a public health crisis;</i></p> <p><i>(2) declares racism a public health crisis in the United States;</i></p> <p><i>(3) commits to—</i></p> <p><i>(A) establishing a nationwide strategy to address health disparities and inequity across all sectors in the United States;</i></p> <p><i>(B) dismantling systemic practices and policies that perpetuate racism in the United States;</i></p> <p><i>(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</i></p> <p><i>(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</i></p> <p><i>(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 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.</i></p> <p><a href="https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&amp;r=15&amp;q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D">https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&amp;r=15&amp;q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D</a></p>		<p>28-FEB-23</p> <p><i>Introduced in House. Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker.</i></p>
H.R. 407 (Clyde)	Protect the UNBORN Act	<p><i>UNOBORN: Undo the Negligent Biden Orders Right Now</i></p> <p><i>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.</i></p> <p><a href="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&amp;s=8&amp;r=6">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&amp;s=8&amp;r=6</a></p>		<p>20-JAN-23</p> <p><i>Introduced in House. Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, and Ways and Means, for a period to be subsequently determined by the Speaker.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 445 (Williams)	HHS Reproductive and Sexual health Ombuds Act of 2023	<p><i>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.</i></p> <p><a href="https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D">https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D</a></p>		20-JAN-23 Introduced in House.
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	<p><i>SAFER: Secure Access For Essential Reproductive Health</i></p> <p><i>This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act.</i></p> <p><a href="https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&amp;r=8&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D">https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&amp;r=8&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</a></p> <p><a href="https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&amp;r=9&amp;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&amp;r=9&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</a></p>		24-JAN-23 Introduced in House. Referred to the House Committee on Energy and Commerce.  09-FEB-23 Introduced in Senate.
H.R. 517 (Mace)	Standing with Moms Act	<p><i>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.</i></p> <p><i>The bill excludes from 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.</i></p> <p><a href="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&amp;s=8&amp;r=19">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&amp;s=8&amp;r=19</a></p>		25-JAN-23 Introduced in House. Referred to the House Committee on Energy and Commerce.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 561 (Lee)	EACH Act of 2023	<i>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.</i>  <a href="https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&amp;s=8&amp;r=8">https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&amp;s=8&amp;r=8</a>		26-JAN-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  <i>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.</i>  <a href="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&amp;s=8&amp;r=4">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&amp;s=8&amp;r=4</a>		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	<i>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.</i>  <a href="https://www.congress.gov/bill/118th-congress/senate-bill/701/text?s=8&amp;r=14&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D">https://www.congress.gov/bill/118th-congress/senate-bill/701/text?s=8&amp;r=14&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</a>		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.





# Los Angeles County Legislative Update

March 10, 2023

Greetings,

Below is an update on State and Federal legislative items of interest to the County of Los Angeles.



## COUNTY ADVOCACY ACTIONS

On March 3, 2023, the Board of Supervisors took the following actions:

The next regularly scheduled meeting of the Board of Supervisors will be held on Tuesday, March 21st, at 9:30 a.m.

- **LOCAL LAND USE AUTHORITY ON WIRELESS TELECOMMUNICATIONS FACILITIES**

Send a five-signature letter to the Federal Communications Commission requesting that they, among other things, address transparency, regulations and oversight. More information on this motion can be found [here](#).

- **SUPPORT SENATE BILL (S.) 173 ETHAN'S LAW: SAFE STORAGE OF FIREARMS**

Support S. 173 (Blumenthal), which would create federal requirements for safe gun storage and establish strong penalties for any violations. More information on this motion can be found [here](#).

- **SUPPORT FOR H.R. 1201 (NAPOLITANO) - INCREASING BEHAVIORAL HEALTH TREATMENT ACT**

Send a five-signature letter in strong support of H.R. 1201 (Napolitano), to Representative Grace Napolitano, and the Chairs and Ranking Members of the House Energy and Commerce Committee and Senate Finance Committee, with a copy to the Los Angeles County's Congressional Delegation, and advocate for the passage of this bill, or similar legislation that would repeal or ease the Medicaid Institutions for Mental Disease (IMD) Exclusion. Additionally, advocate that the State and Federal governments use all available authorities and flexibilities, including administrative actions, and regulatory actions or waivers to repeal or ease the Medicaid IMD Exclusion. More information on this motion can be found [here](#).

- **SUPPORTING LEGISLATION TO AMEND THE LANTERMAN-PETRIS-SHORT ACT**

Support legislative efforts like Senate Bill (SB) 43 (Eggman) and SB 232 (Niello), legislation which would expand the definition of “gravely disabled” to also include, a “condition that will result in substantial risk of serious harm to the physical or mental health of a person due to a mental health disorder or a substance use disorder,” and “serious harm” for purposes of these provisions to mean “significant deterioration, debilitation, or illness due to a person’s inability to carry out specified tasks, including among other things, attend to needed personal or medical care and attend to self-protection or personal safety.” Additionally, advocate for funding to support increased services including funding for the Office of the Public Guardian. More information on this motion can be found [here](#).

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## **STATE UPDATE - BUDGET**



Following the release of Governor Gavin Newsom's Fiscal Year (FY) 2023-24 Proposed Budget, the Legislature is holding budget hearings to address critical issues prior to the June 15th budget adoption deadline. The County is advocating on the following proposals included in the Governor's Proposed Budget:

### **CHILD SUPPORT**

- **LOCAL CHILD SUPPORT AGENCY (LCSA) ADMINISTRATIVE ALLOCATION**

Support the proposed \$35.8 million funding augmentation to the LCSA Administrative Allocation and continue to advocate for full funding for the third year of the three-year phased-in augmentation related to the 2018 level-of-effort study.

### **PUBLIC HEALTH**

- **OPIOID AND FENTANYL RESPONSE**

Support the proposal for youth- and fentanyl-focused investments, including \$93 million in Opioid Settlement Funds over four years beginning in FY 2023-24, and \$3.5 million ongoing Proposition 98 State General Fund.

- **DESIGNATED STATE HEALTH PROGRAM AND RATE INCREASES**

Support the Designated State Health Program and Rate Increases proposal, which includes a total savings of \$646.4 million (FY 2022-23 through FY 2026-27) from the anticipated federal reauthorization of Designated State Health Program funding to cover the costs of the Providing Access and Transforming Health (PATH) and CalAIM Justice Initiatives. It also includes \$22.7 million in FY 2023-24 and \$57.1 million ongoing for primary care and obstetric care provider increases.

- **PARTIAL PUBLIC HEALTH WORKFORCE REDUCTIONS**

Oppose the proposed reductions of \$49.8 million over four years for public health workforce funding.



- **CLIMATE AND HEALTH RESILIENCE PLANNING**

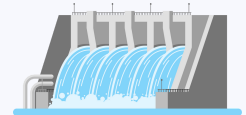
Oppose the proposed \$25 million reduction in climate and health resiliency planning grants.

- **REPRODUCTIVE HEALTH SERVICES 1115 WAIVER**

Support the reproductive health services grant program proposal of \$200 million in FY 2024-25.

- **COMMUNITY HEALTH WORKERS PROGRAM**

Oppose the proposed funding delay of \$130 million in FY 2023-24 for the California 25x25 Initiative (Community Health Worker Initiative Grants).



### WATER RESOURCES

- **DAM SAFETY AND FLOOD MANAGEMENT GRANT PROGRAM**

Support the proposed Budget Trailer Bill Language that would, upon appropriation, establish the Dam Safety and Climate Resilience Local Assistance Grant Program in the State Department of Water Resources, and seek amendments to allow for additional one-time projects that provide both flood protection and water conservation.

Additional details regarding the State Budget pursuits listed above, are available [here](#).

## *Bill Spotlight*

### **AB 875 (Gabriel) - Tracking Unlawful Detainer Data to Improve Eviction Prevention Services**

The County of Los Angeles is proud to sponsor Assembly Bill (AB) 875 (Gabriel), which would direct trial courts to provide the Judicial Council with specified anonymous data on unlawful detainer (UD) cases and require total numbers for cases filed, as well as additional disaggregated data on case outcomes, by ZIP Code.



Currently, the 58 county superior courts report aggregated UD case outcomes to the Judicial Council of California; however reporting is inconsistent, and in a few instances, not made public. As such, little is known about how landlords and tenants fare at court statewide. AB 875 would help to address gaps and inconsistencies within eviction-related data across the State, show the full scope of the eviction landscape; and enhance the budgeting, planning, and implementation of eviction prevention and defense programs across the State.

More specific data about cases and the case outcomes will shed light on displacement trends in local communities. Improving and requiring access to UD data will help keep vulnerable people in their homes and help reduce inflows into homelessness. AB 875 has been referred to the Assembly Judiciary Committee.

## COMMUNITY FEEDBACK SESSIONS CANNABIS EQUITY PROGRAM



LOS ANGELES COUNTY OFFICE OF  
**CANNABIS  
MANAGEMENT**

The LA County Office of Cannabis Management (OCM) is looking for your help to determine what an equitable cannabis industry in LA County looks like. OCM, part of the Department of Consumer and Business Affairs, is hosting four in- person Community Feedback Sessions as it develops the County's future Cannabis Equity Program.

The sessions will give LA County residents, community organizations, and business owners an opportunity to learn more about the County's Cannabis Equity Assessment's findings and to provide input on the Cannabis Equity Program's eligibility criteria, as well as resources and services that should be offered to those who qualify for the program.

Join us to learn more about the County's new Cannabis Equity Assessment and provide feedback on our future Cannabis Equity Program.

[Eligibility Criteria](#) • [Equity Program Resources](#) • [Workforce Development](#)

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LOS ANGELES, CA 90022  
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5040 WEST AVENUE M-2  
QUARTZ HILL, CA 93536  
5TH SUPERVISORIAL DISTRICT

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11543 COLIMA ROAD  
WHITTIER, CA 90604  
4TH SUPERVISORIAL DISTRICT

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150 E. ELSEGUNDO BLVD  
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2ND SUPERVISORIAL DISTRICT

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**VIRTUAL SESSION**  
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**ALL SUPERVISORIAL DISTRICTS**



# EMERGENCY PREPAREDNESS



Discovering what hazards and threats can affect your neighborhood and community is an important first step towards getting disaster ready. READY LA COUNTY has various resources to help you prepare for the various types of hazards and threats that can occur in LA County, starting with the four 4 Steps to Preparedness.

Receive emergency alerts by text, email and/or phone call if you are in an area within Los Angeles County that is being impacted by an emergency or disaster. ALERT LA COUNTY has accessibility features for people with disabilities and others with access and functional needs. Sign up HERE or download the ALERT LA COUNTY app on your smartphone.



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500 West Temple Street, Room 723  
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[legislativeaffairs@ceo.lacounty.gov](mailto:legislativeaffairs@ceo.lacounty.gov)

<https://ceo.lacounty.gov/legislative-affairs-and-intergovernmental-relations/>





## PRESIDENT BIDEN'S FEDERAL FISCAL YEAR 2024 BUDGET

### DETAILED SUMMARY



MARCH 14, 2023



## OVERVIEW

**Introduction:** On March 13, 2023, President Joseph R. Biden submitted to Congress the complete \$6.9 trillion budget request for Federal Fiscal Year (FFY) 2024. The budget request proposes \$839.7 billion in non-defense discretionary funding in FFY 2024, a \$90 billion or 5.5 percent total increase above the FFY 2023 enacted level. Additionally, the budget request proposes \$842 billion in defense and security-related spending, a \$26 billion or 3.2 percent increase from the FFY 2023 enacted budget. The budget also assumes a 3.2 percent increase in mandatory spending for programs such as Medicare, Medicaid, and Social Security.

The President's budget proposes new spending to extend the solvency of Medicare, build affordable housing, fund national paid family leave, and subsidize childcare.

The proposal also seeks to reduce the federal deficit by nearly \$2.9 trillion over the next decade. To offset new spending and reduce the deficit, the budget proposes tax increases on wealthy households and corporations including a 25 percent minimum tax on the wealthiest 0.01 percent of households, quadrupling a 1 percent surcharge on corporate stock buybacks, restoring the top marginal income tax rate to 39.6 percent, and raising the corporate income tax rate from 21 percent to 28 percent.

**Prospects of Adoption of this Proposal:** The budget serves as a blueprint, but its programs must be passed by Congress through the appropriations process and signed by the President to take effect.

The budget resolution and appropriations bills for FFY 2024 must be approved by Congress. Therefore, it is uncertain if final passage will occur by the start of the new FFY on October 1, 2023. Moreover, this proposal is expected to trigger a debate over deficits and spending.

**Purpose of this Document:** To highlight key programs and proposals of interest to the County as well as existing policy positions.

**Next Steps:** This Office is working with affected departments to determine the potential County impact of the President's budget proposal. Working with departments, this Office will identify County advocacy positions for issues of highest priority to the County. This Office will continue to keep the Board advised.

## Mandatory Spending Programs

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**Temporary Assistance for Needy Families (TANF)** – \$16.512 billion for TANF for FFY 2024, the same amount when compared to the amount authorized for FFY 2023. The TANF Contingency Fund would remain at \$608 million, the same amount when compared to the amount approved in FFY 2023.

**Supplemental Nutrition Assistance Program (SNAP)** – \$122.1 billion for SNAP for FFY 2024, a decrease of \$31.7 billion when compared to the amount authorized for FFY 2023, mainly to reflect the expected expiration of higher benefits provided under the COVID-19 public health emergency authorities.

**Child Nutrition Programs** – \$32.2 billion, a \$3.47 billion or 13 percent increase over the FFY 2023 enacted level, for child nutrition programs including the National School Lunch Program, the School Breakfast Program, Special Milk Program, Summer Food Service Program, and the Child and Adult Care Feeding Program, among others.



**Eviction Prevention Programs** – \$3 billion in mandatory funding for competitive grants to promote and solidify state and local efforts to reform eviction policies by providing access to legal counsel, emergency rental assistance, and other forms of rent relief; and \$10 million for the Eviction Protection Grant program to provide legal assistance to low-income tenants at risk or subject to eviction.

## Discretionary Funding – County Advocacy

Issue Area	Program	Enacted FFY 2023	Proposed FFY 2024
<b>Health and Behavioral Health</b>	Health Care Readiness and Recovery Program (formerly Hospital Preparedness Program)	\$305 million	\$312 million
	Substance Use Prevention, Treatment and Recovery Block Grant	\$2.0 billion	\$2.7 billion
	988 and Behavioral Health Crisis Services	\$502 million	\$836 million
	Public Health Infrastructure	\$350 million	\$600 million
	Public Health Emergency Preparedness (PHEP)	\$735 million	\$735 million
<b>Housing</b>	Tenant-Based Rental Assistance	\$30.25 billion	\$32.7 billion
	Project-Based Rental Assistance	\$14.9 billion	\$15.9 billion
	Public Housing Fund (Capital and Operating Fund)	\$8.5 billion	\$8.89 billion
	Community Development Block Grant Program (Entitlement/Non-Entitlement)	\$3.3 billion	\$3.3 billion
	Homeless Assistance Grants	\$3.6 billion	\$3.75 billion
	HOME Investment Partnerships Program	\$1.5 billion	\$1.8 billion
<b>Civil Works (Army Corps of Engineers)</b>	Los Angeles County Drainage Area (LACDA) Operations & Maintenance	\$26.1 million	\$23.4 million
	LACDA Disposition Study (funded to completion)	\$185,000	\$600,000
	Marina del Rey Maintenance Dredging	\$6.9 million	\$8,000
<b>Emergency Management</b>	State Homeland Security Grant Program*	\$520 million	\$601 million

\*Includes set-asides

### HEALTH, PUBLIC HEALTH, AND BEHAVIORAL HEALTH

- **9-8-8 and Behavioral Health Services** – \$836 million to the 9-8-8 and Behavioral Health Services program, an increase of \$334 million over the FFY 2023 enacted level, to increase capacity for 9-8-8 to respond to 100 percent of the contacts and provide specialized services for LGBTQI+ youth, services for Spanish speakers, invest significantly in local crisis centers, and develop a national media campaign.
- **Behavioral Health Workforce** – \$387 million in the Health Resources and Services Administration for Behavioral Health Workforce Development Programs (\$190 million over the FFY 2023 enacted level) to train 18,000 behavioral health providers and \$37 million for the Substance Abuse and Mental Health Services Administration’s Minority Fellowship Programs (\$17 million over the FFY 2023 enacted level).



## Discretionary Funding – County-Advocacy Positions on Funding Requests

### HEALTH, PUBLIC HEALTH, AND BEHAVIORAL HEALTH

- **Public Health Infrastructure** – \$600 million investment, \$250 million above the FFY 2023 enacted level, for Public Health Infrastructure and Capacity, flexible funding that was first enacted in FFY 2022 to continue to address gaps in core public health capacity and infrastructure at the national, state, territorial, and local levels.
- **Substance Use Prevention Treatment, and Recovery Services Block Grant (SABG)** – \$2.7 billion for SABG, an increase of \$700 million over FFY 2023 enacted level.
- **Health Care Readiness and Recovery Program** – \$312 million for Health Care Readiness and Recovery program (formerly Hospital Preparedness Program), an increase of \$7 million from the FFY 2023 enacted level.

### HOUSING AND HOMELESSNESS



- **Tenant-Based Rental Assistance** – \$32.7 billion, an increase of \$2.45 billion above the FFY 2023 enacted level, for the Housing Choice Voucher (HCV) Program to maintain services for all currently U.S. Department of Housing and Urban Development (HUD)-assisted families and support approximately 50,000 new incremental vouchers.
- **Public Housing Fund** – \$8.89 billion, an increase of \$379 million above the FFY 2023 enacted level, for capital and management activities in the Public Housing Program. This includes \$5.13 billion in formula grants to public housing authorities for operational expenses and \$3.2 billion for capital improvements and modernization.
- **Homeless Assistance Grants** – \$3.75 billion, an increase of \$116 million over the FFY 2023 enacted level, for a wide range of service and housing interventions serving individuals and families at risk or experiencing homelessness.
- **Community Development Fund** – \$3.3 billion, level funding with FY 2023, to help communities modernize infrastructure, invest in economic development, and provide social services under the Community Development Block Grant program. Under the Community Development Fund, the Budget further requests \$85 million in competitive grants to reward State and local jurisdictions that make progress towards addressing barriers to affordable housing development.
- **HOME Investment Partnerships Program** – \$1.8 billion, an increase of \$300 million above the FFY 2023 enacted level, to increase affordable housing supply and access to homeownership for low-income households.

## Discretionary Funding – County-Advocacy Positions on Funding Requests (continued)

### CIVIL WORKS

- **Army Corps of Engineers (Civil Works)** – \$7.4 billion in discretionary budget authority for FFY 2024, which is in addition to the \$1 billion for operation and maintenance and \$50 million for construction allocated for 2024 by the Bipartisan Infrastructure Law. The following County-supported funding for civil works projects are included in the Budget proposal:
  - \$23,399,000 for the Los Angeles County Drainage Area (LACDA) Operations and Maintenance, with an additional \$300,000 for channel work (Department of Public Works)
  - \$600,000 to close out the LACDA Disposition Study (Department of Public Works)
  - \$8,000 for Operations and Maintenance at Marina del Rey (Department of Beaches and Harbors)



### EMERGENCY MANAGEMENT

- **State Homeland Security Grant Program** – \$601 million, an increase of \$81 million from the FFY 2023 enacted level, to provide risk-based grants to assist state, local, tribal and territorial efforts in preventing, protecting against, mitigating, responding to and recovering from acts of terrorism and other threats.



### TAXES

- **Earned Income Tax Credit (EITC)** – The Budget proposes to permanently increase the EITC for individuals with no qualifying children. Beginning in tax year 2023, it would increase to 15.3 percent the credit and phaseout percentages for individuals with no qualifying children, reduce to age 19, in general, the minimum age for eligibility for the credit, and eliminate the maximum age for eligibility for the credit. For tax year 2023, for individuals with no qualifying children, the earned income amount would be \$10,840, and the phaseout amount would be \$12,820. These dollar amounts would be indexed for inflation thereafter using the Chained Consumer Price Index for All Urban Consumers.
- **Child Tax Credit (CTC)** – The Budget proposes to restore the full CTC and expand the credit from \$2,000 per child to \$3,000 per child for children six years old and above, and to \$3,600 per child for children under six. The Budget proposes to permanently reform the credit to make it fully refundable beginning in tax year 2023 and paid in advance through monthly payments beginning in tax year 2024.





## Discretionary Funding – Items of Interest to the County

Issue Area	Program	Enacted FFY 2023	Proposed FFY 2024
<b>Health and Behavioral Health</b>	Community Mental Health Services Block Grant	\$1.1 billion	\$1.7 billion
	Family Planning/Title X	\$286 million	\$512 million
	State Opioid Response Grants	\$1.6 billion	\$2.0 billion
	Ryan White HIV/AIDS Program	\$2.6 billion	\$2.7 billion
<b>Nutrition</b>	Women, Infants, and Children	\$6 billion	\$6.3 billion
<b>Aging &amp; Disabilities</b>	Aging Grants	\$1.7 billion	\$2.1 billion
<b>Emergency Management</b>	Urban Area Security Initiative (UASI)*	\$615 million	\$711 million
	Emergency Management Performance Grant (EMPG)	\$355 million	\$355 million
<b>Justice Grants</b>	Byrne Justice Assistance Grants (JAG)	\$412 million	\$356 million
	COPS Hiring Grants	\$255 million	\$388 million
	Juvenile Justice Formula Grant	\$75 million	\$157 million
<b>Transportation and Environment</b>	National Infrastructure Investments (including MEGA and RAISE grants)	\$800 million	\$1.2 billion
	Transit Formula Grants	\$13.6 billion	\$14 billion
	Active Transportation	\$45 million	\$60 million
	Safe Streets for All	\$800 million	\$1 billion
	Drinking Water and Wastewater Infrastructure	\$3 billion	\$4 billion
	Superfund Program	\$1.7 billion	\$2.9 billion
<b>Workforce Innovation and Opportunity Act (WIOA)</b>	Adult Employment and Training Activities	\$886 million	\$900 million
	Youth Activities	\$948 million	\$964 million
	Dislocated Worker Employment and Training	\$1.1 billion	\$1.16 billion

\*Includes set-asides



## Discretionary Funding – Items of Interest to the County

### HEALTH, PUBLIC HEALTH, AND BEHAVIORAL HEALTH

- **Community Mental Health Services Block Grant** - \$1.7 billion, an increase of \$645 million above the FFY 2023 enacted level. This block grant provides flexible funding and supports stable and effective services for our nation's most vulnerable populations.
- **Access to Vaccines** - Proposes a new mandatory Vaccines for Adults program within the Centers for Disease Control and Prevention to provide uninsured adults access to routine and outbreak vaccines recommended by the Advisory Committee on Immunization Practices at no cost. The Budget would also expand the Vaccines for Children program to include all children under age 19 enrolled in a separate Children's Health Insurance Program.
- **Family Planning/Title X** – \$512 million, \$226 million increase above the FFY 2023 enacted level, for the Title X Family Planning program to increase the number of patients served to 4.5 million.
- **Hepatitis C** – Includes a new mandatory proposal for a national program to significantly expand screening, testing, treatment, prevention, and monitoring of Hepatitis C infections in the United States, with a specific focus on populations with high infection levels.
- **Ending the HIV Epidemic (EHE) Initiative** – \$850 million for the EHE Initiative across Health and Human Services to aggressively reduce new HIV cases, increase access to pre-exposure prophylaxis (also known as PrEP), and ensure equitable access to services and support for those living with HIV.
- **Eliminate Barriers to PrEP** – Reduces Medicaid costs by eliminating barriers to accessing PrEP for Medicaid beneficiaries and proposes a new mandatory program to guarantee PrEP at no cost for all uninsured and underinsured individuals; to provide essential wrap-around services through States, Indian Health Services, tribal entities, and localities; and to establish a network of community providers to reach underserved areas and populations.
- **Expanded Access to Healthcare** – Makes permanent the expanded premium tax credits for the Affordable Care Act that the Inflation Reduction Act extended. The Budget also provides \$150 billion over 10 years to improve and expand Medicaid home and community-based services, such as personal care services to allow older individuals with disabilities to remain in their homes and stay active in their communities.
- **Healthcare Workforce** – Expands the National Health Service Corps, which provides loan repayment and scholarships to healthcare professionals in exchange for practicing in underserved areas, and the Teaching Health Center Graduate Medical Education Program. The Budget also proposes \$32 million to increase nurse faculty, which is essential to growing the Nation's nurse workforce and \$28 million in innovative approaches to recruit, support, and train new providers.



## Discretionary Funding – Items of Interest to the County

### HEALTH, PUBLIC HEALTH, AND BEHAVIORAL HEALTH

- **Veterans' Mental Health Services and Suicide Prevention** – \$16.6 billion within the Veterans Affairs (VA's) Medical Care program to increase access to quality mental healthcare and lower the cost of mental health services for veterans; and \$559 million to further advance the Administration's veteran suicide prevention initiatives, including continued expansion of the Veterans Crisis Line's 9-8-8 and additional support for VA's National Strategy for Preventing Veteran Suicide.

### NUTRITION

- **2023 Farm Bill** – Proposes the following initiatives to ensure that all have access to healthy, affordable food by:
  - Strengthening cross enrollment capabilities across Federal programs;
  - Eliminating barriers to food assistance for vulnerable groups including college students, individuals reentering society and seeking a second chance, youth who have aged out of foster care, kinship families, low-income individuals in the U.S. Territories, and Supplemental Nutrition Assistance Program (SNAP) recipients facing time limits;
  - Expanding food purchasing options, fruit and vegetable incentives, and local food procurement through Federal nutrition programs; and
  - Strengthening program integrity to address new risks and vulnerabilities while supporting the needs of all eligible households.
- **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** – \$6.3 billion, a \$300 million or 5 percent increase over the FFY 2023 enacted level, to fully fund the 6.5 million individuals expected to participate in the WIC program.
- **Food Supply Chain** – Develops more diverse, robust, and resilient local and regional supply chains by targeting funding to increase the production capacity among smaller producers, including continuing overtime user fee relief as established in the American Rescue Plan.

### AGING AND DISABILITIES

- **Ageing Grants** – \$2.1 billion, a \$362 million or 21 percent increase over the FFY 2023 enacted level, for grants to states.
- **Medicare** – Extends the solvency of the Medicare Trust Fund by at least 25 years, without cutting any benefits or raising costs for beneficiaries. The Budget proposes: key reforms to the tax code to ensure high-income individuals pay into the Medicare Hospital Insurance (HI) trust fund; to direct the revenue from the Net Investment Income Tax into the HI trust fund; and to direct the savings from the Budget's proposed Medicare drug reforms into the HI trust fund.



## Discretionary Funding – Items of Interest to the County

### AGING AND DISABILITIES

- **Medicaid Home and Community-Based Services** – \$150 billion over 10 years to services such as personal care service (e.g., In-Home Supportive Services), which allow older Americans and individuals with disabilities to remain in their homes and stay active in their communities.

### EMERGENCY MANAGEMENT

- **Urban Area Security Initiative** – \$711 million, a \$96 million increase from \$615 million from the FFY 2023 enacted levels, to assist high-threat, high-density urban areas in efforts to build and sustain the capabilities necessary to prevent, protect against, mitigate, respond to, and recover from acts of terrorism.
- **Emergency Management Performance Grant** – \$355 million, consistent with \$355 million from the FFY 2023 enacted level, to assist local governments with preparing for all hazards.



### JUSTICE AND GUN VIOLENCE PREVENTION

- **State and Local Public Safety Grants** – \$4.9 billion in discretionary resources for state and local grants and \$30 billion in mandatory resources to support state, local, and tribal efforts to protect U.S. communities and promote public safety.
- **Violence Against Women Act (VAWA)** – \$1 billion to support implementation of VAWA programs, which is a \$300 million or 43 percent increase over the FFY 2023 enacted level, to fund legal assistance for victims, transitional housing, and sexual assault services.
- **Juvenile Justice System** – \$760 million for juvenile justice programs, an increase of \$360 million over the FFY 2023 enacted level, to bolster diversionary juvenile justice strategies.
- **Combat Gun Violence and Other Violent Crime** – \$17.8 billion, an increase of \$1.2 billion above the FFY 2023 enacted level, for Department of Justice law enforcement, including a total of \$1.9 billion for the Bureau of Alcohol, Tobacco, Firearms, and Explosives to expand multijurisdictional gun trafficking strike forces with additional personnel, increase regulation of the firearms industry, and implement the Bipartisan Safer Communities Act.



## Discretionary Funding – Items of Interest to the County

### TRANSPORTATION

- **Transit Formula Grants** – \$14 billion, an increase of \$356 million above the FFY 2023 enacted level, to support core capital and planning programs for transit agencies across the Nation, as well as transit research, technical assistance, and data collection.
- **Funding for Transportation Projects** – \$1.2 billion for the MEGA grant program, \$560 million for Intercity Passenger Rail Grants, and \$2.9 billion for transit Capital Investment Grants to support projects to increase safety, improve mobility, address climate change, and spur economic growth.
- **Active Transportation Investment Program** – \$60 million, an increase of \$25 million above the FFY 2023 enacted level, to build safe walking and bicycling facilities that connect people with public transportation, businesses, workplaces, schools, and other communities, all while reducing greenhouse gas emissions.
- **Safe Street for All Grant Program** – \$1.0 billion, an increase of \$200 million awarded in February 2023 through the first round of funding, for competitive grants to regional, local, and tribal governments to prevent roadway fatalities and serious injuries to pedestrians, bicyclists, public transportation users, motorists, and commercial operators. Grants will support the development of comprehensive safety action plans for Vision Zero and can be used to conduct planning, design, and development activities for projects and strategies or to carry out projects and strategies identified in a comprehensive safety action plan.
- **Funding for Metro Projects** – Proposes \$165 million for the Westside Subway Section 2; \$478M for the Westside Subway Section 3; and \$167M for the LA East San Fernando Valley Transit Corridor Phase 1 (under the Proposed Expedited Project Delivery Pilot Program).



### ENVIRONMENT

- **Drinking Water and Wastewater Infrastructure** – \$4 billion, an increase of \$1 billion million above the FFY 2023 enacted level, to upgrade drinking water and wastewater infrastructure nationwide, with a focus on underserved and rural communities. The Budget also maintains funding for Environmental Protection Agency's (EPA) State Revolving Funds at the total FFY 2023 enacted level.
- **Hazardous Waste and Environmental Damage** – \$2.9 billion for the Superfund program, an increase of \$1.2 billion above the FFY 2023 enacted level, including \$356 million to clean up contaminated lands and to respond to environmental emergencies and natural disasters; and an estimated \$2.5 billion in Superfund tax revenue to fund cleanup of contaminated sites, Superfund enforcement, and emergency response activities.



## Discretionary Funding – Items of Interest to the County

### ENVIRONMENT

- **Per- and Polyfluoroalkyl Substances (PFAS) Impacts** – Approximately \$170 million, an increase of \$44 million above the FFY 2023 enacted level, million for EPA to increase knowledge of the impacts of PFAS; restrict use to prevent PFAS from entering the air, land, and water; and remediate PFAS that have been released into the environment.
- **Climate Resilience** – \$5.7 billion in climate adaptation and resilience to mitigate the impacts of climate change such as drought, wildfire, and severe storms.
- **Parks and Open Space** – \$135 million for the Outdoor Recreation Legacy Program to develop high-quality recreation opportunities in economically disadvantaged urban communities.
- **Remediating and Reclaiming Abandoned Wells and Mines** – \$311 million to remediate orphaned oil and gas wells and reclaim abandoned mine lands on Federal and non-Federal lands.



### LABOR

- **Worker Protections** – \$2.3 billion, an increase of \$430 million above the FFY 2023 enacted level, to enable the U.S. Department of Labor to protect workers' wages and benefits, combat exploitative child labor, address the misclassification of workers as independent contractors, and improve workplace health and safety.
- **Family and Medical Leave Act of 1993 (FMLA)** – Proposes to establish a national, comprehensive paid FMLA program to ensure that all workers can take the time they need to bond with a new child; care for a seriously ill loved one; heal from their own serious illness; address circumstances arising from a loved one's military deployment; find safety from domestic violence, sexual assault, or stalking; or grieve the death of a loved one.
- **Employer Penalties** – Proposes instituting and increasing penalties for employers that violate workplace safety, health, wage and hour, child labor, equal opportunity, and labor organizing rules.
- **Paid Sick Leave** – Proposes a requirement that employers provide seven job-protected paid sick leave days each year to all workers and ensure that employers cannot penalize workers for taking time off to address their health needs, or the health needs of their families, or to seek safety from domestic violence, dating violence, sexual assault, or stalking.



## Discretionary Funding – Items of Interest to the County

### WORKFORCE AND ECONOMIC DEVELOPMENT

- **WIOA Training and Employment Services** – \$3.02 billion, an increase of \$89.8 million above the FFY 2023 enacted level, for grants to States for adult employment and training activities (\$900 million), youth activities (\$964 million) and dislocated worker employment and training activities (\$1.15 billion). Further, the Budget requests \$1.4 billion, \$190 million above the FFY 2023 enacted level, for national WIOA workforce programs. This includes \$335 million, an increase of \$50 million above the FFY 2023 enacted level, to expand opportunities through the Registered Apprenticeship program.
- **Economic Development Administration's (EDA) Regional Technology and Innovation Hub Program** – \$50 million in discretionary funding to continue to grow foundational resources for innovation purposes.
- **Capital for Small Businesses** – Nearly \$58 billion in lending across various programs to address the need for greater access to affordable capital, particularly in underserved communities.



### IMMIGRATION

- **Immigration and Asylum** – \$865 million to process the increased asylum caseload, reduce the backlog of immigration benefit requests, support the Citizenship and Integration Grant Program, and improve refugee processing to advance the Administration's goal of admitting 125,000 refugees. The budget also proposes \$1.5 billion, an increase of \$595 million above the FFY 2023 enacted level, in the Executive Office for Immigration Review to manage and mitigate the backlog of over 1.8 million cases currently pending in the immigration courts. There is also \$150 million in discretionary resources to provide access to representation for adults and families in immigration proceedings. \$7.3 billion to the Office of Refugee Resettlement, and \$130 million for the Emergency Food and Shelter Program.



### GENERAL GOVERNMENT

- **Veteran Benefits** - \$20.3 billion for the Cost of War Toxic Exposures Fund (TEF), as part of the PACT Act, including \$17.1 billion for medical care, \$1.8 billion for disability benefits claims processing and automation strategies, \$1.2 billion for information technology support, \$90 million for support services, including stakeholder outreach, hiring initiatives and legal services.
- **Elections Assistance Commission** - \$5 billion to support state and local election infrastructure. This formula-based funding will be provided over ten years to enable election-related capital investments such as upgrades to registration databases, voting systems, and physical structures. Additionally, funding will support recruitment, training, and retention of election workers; improve physical and cyber security; and improve voters' access to elections.



# 2023 LEGISLATIVE AGENDA

MARCH 1, 2023

With the 2023 legislative session in full swing, we're advancing a bold new policy agenda that aims to address some of the most pressing civil rights and civil liberties challenges facing vulnerable Californians today.

We're also cultivating relationships with the largest freshmen class of state lawmakers sworn in to office in more than half a decade.

Amending the California Constitution is critical to our agenda this year. With your help, we'll fight to secure majority support from the California Legislature to approve these proposals for the ballot.

Our bill package will continue to advance stronger protections for people encountering our criminal legal system: immigrants, the unhoused, people seeking abortion and gender-affirming care, students, and many more. **Below is a current list of sponsored legislation. This page will continue to be updated to add more information and additional sponsored bills in the works.**

- **SB / AB** = Senate Bill / Assembly Bill
- **ACA** = Assembly Constitutional Amendment
- Parenthesis note the principal author of the legislation.

## Sponsored Legislation

### Criminal Justice and Police Practices

- **ACA 8 (Wilson)** – Amends the Constitution to ban the practice of forced labor and involuntary servitude in our prisons and jails.
- **AB 93 (Bryan)** – Bans consent searches without evidence-based justifications by limiting police interactions that lead to more intrusive stops of people of color.
- **AB 742 (Jackson)** – Protects people from the dangerous deployment of police canines for arrest, apprehension, and crowd control by ending the use of canines for these purposes. **Learn more about this bill.**
- **AB 1584 (Weber)** – Provides for judicial discretion during competency restoration proceedings.
- **AB 1209 (Jones-Sawyer)** – Requires prompt appointment of counsel in criminal cases and that people be allowed to waive counsel only after meeting with a defense attorney.

### Racial and Economic Justice

- **AB 920 (Bryan)** – Protects people who are houseless by amending California's anti-discrimination statute to include "housing status" as a protected class.
- **TBD** – Amends the Constitution to enshrine a right to housing.

## Gender Equity and Reproductive Justice / LGBTQI Rights

- **AB 793 (Bonta)** – Blocks law enforcement agencies from compelling tech companies to hand over the names and identities of all people whose digital data shows they've spent time near a California abortion clinic or searched for information about gender-affirming care online. **[Learn more about this bill here.](#)**

## LGBTQI+ Rights

- **ACA 5 (Low)** – Repeals the discriminatory language against same-sex marriage from Proposition 8.

## Technology and Civil Liberties

- **AB 1034 (Wilson)** – Bans the use of facial recognition technology on police body worn cameras.

## Education Equity

- **AB 1323 (Kalra)** – Eliminates mandatory notification requirements for educators to report certain student-involved incidents to police, thereby reducing interactions between students and law enforcement. **[Learn more about this bill here.](#)**
- **SB 274 (Skinner)** – Ensures students cannot be suspended or expelled for disruption or defiance, which disproportionately targets Black and Brown students, and students with disabilities.

## Voting Rights & Civic Engagement

- **ACA 4 (Bryan)** – Amends the Constitution to restore the voting rights of people currently incarcerated in prison.
- **AB 764 (Bryan)** – Modernizes the redistricting process by amending the FAIR MAPS Act to reduce political influence in the process and enacting stronger transparency and public engagement requirements for local jurisdictions.
- **AB 453 (Cervantes)** – Expands the California Voting Rights Act (CVRA) by requiring that CVRA hearings requesting public input on the composition of election districts be held at a certain time.

## Immigrant Rights

- **SB 852 (Rubio)** – Enacts prohibitions on ICE Engagement in probationary searches.
- **SB 54 Implementation** – We're working to strengthen the California Values Act, which ensures that no state or local resources are diverted to fuel any attempt by the federal government to carry out mass deportations; and prohibit probation searches by immigration enforcement.

2023 is a consequential year for the ACLU in California and nationally. We will need your voice and support to be successful at enacting these transformative policy proposals in the Legislature and at the ballot. **Watch your inbox for messages to take action, follow us on social media, and [subscribe to our e-mail list](#) to get the latest alerts.**



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Made with Middle Seat

# END THE EPIDEMICS

Californians Mobilizing to End HIV,  
STIs, Viral Hepatitis & Overdose

## END THE EPIDEMICS FY 2023-24 BUDGET PROPOSALS

TITLE	FUNDING AMOUNT	BRIEF DESCRIPTION
<b>California Overdose Prevention and Harm Reduction Initiative</b>	\$61 Million General Fund Over 4 Years	Sustain and expand the successful California Harm Reduction Initiative (CHRI) pilot in order to maintain staff and costs related to delivery of naloxone, fentanyl test strips, overdose prevention and response, and drug treatment provision and navigation. This funding is urgently needed for implementation of the Governor's January budget proposal and to support programs and services prioritized by the Legislature.
<b>HCV Equity: Access to the Cure</b>	\$15 Million General Fund One-Time Over 3 Years	Strengthen and expand the capacity to provide strategic, innovative, and evidence-based hepatitis C outreach, testing, navigation and linkage services in priority settings serving young people using drugs, BIPOC communities, and people experiencing homelessness.
<b>Sexual Health Innovation and Equity Pilot Program</b>	\$15 Million General Fund One-Time Over 3 Years	Establish Sexual Health Innovation and Equity Pilot Program, which will provide funding to CBOs and CHCs to increase STI service delivery models (e.g. telehealth, self-testing, etc.).
<b>TOTAL</b>	<b>\$91 Million General Fund One-Time</b>	

*End the Epidemics: Californians Mobilizing to End HIV, STIs, Viral Hepatitis, and Overdose is a statewide coalition of over 150 community-based organizations. The coalition advocates for anti-racist policies and funding priorities to eliminate health inequities among Black, Indigenous and People of Color (BIPOC) while working collaboratively to end the syndemic of HIV, sexually transmitted infections (STIs), viral hepatitis, and overdose in California.*



## **PUBLIC POLICY COMMITTEE (PPC)<sup>1</sup> 2022-2023 POLICY PRIORITIES**

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

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. Nevertheless, like the HIV epidemic, (globally, nationally, and locally), it is our most marginalized communities, including youth, who are disproportionately impacted with higher rates of disease and death. In addition, the COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding, enhance HIV prevention, and care service. This effort is to address the negative impacts of COVID-19 and restore pre-COVID service levels, preferably exceeding the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar years 2022 and 2023. (Issues are in no order.)

### **Systemic and Structural Racism**

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

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<sup>1</sup> The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by [Los Angeles County Code 3.29.090](#). Consistent with [Commission Bylaws Article VI, Section 2](#), no Ryan White resources are used to support Public Policy Committee activities.

## **Racist Criminalization and Mass Incarceration**<sup>2</sup>

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
- b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration.<sup>3</sup>

## **Housing**<sup>4</sup>

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

## **Mental Health**

- a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
- b. By increasing services for those with underlying mental health issues, there will be less reliance on incarceration. Los Angeles County Jail has also become the largest mental health institution in the country.
- c. Support the building of community-based mental health services.
- d. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail. (See footnote 3)

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<sup>2</sup> Black/African Americans, while making up only 8% of the LA County population, represent over 30% of the jail population. In the [Los Angeles County Alternatives to Incarceration Report](#), "Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth." As documented in the [Los Angeles County HIV/AIDS Strategy for 2020 and Beyond](#); "Incarceration destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. Incarceration is associated with harmful effects on viral suppression, lower CD4/T-cell counts, and accelerated disease progression."

<sup>3</sup> [Developing a plan for closing men's central jail as Los Angeles county reduces its reliance on incarceration](#) (item #3 July 7, 2020, board meeting)

<sup>4</sup> Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors which increased the risk of being unhoused, from family discrimination at home to discrimination in employment. Such discrimination contributes to higher rates of poverty; undermines their ability to thrive; and increases the risk of arrest and incarceration.

## **Sexual Health**

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

## **Substance Abuse**

- a. Advocate for substance abuse services to PLWHA.
- b. Advocate for services and programs associated with methamphetamine use and HIV transmission.
- c. Expand alternatives to incarceration/diversion programs to provide a “care first” strategy and move those who need services away from incarceration to substance abuse programs.
- d. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County (LAC).
- e. Support trauma informed services for substance users.

## **Consumers**

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

## **Aging**

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

## **Women**

- a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse.
- b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

## **Transgender**

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

## **General Health Care**

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

## **Service Delivery**

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

## **Data**

- a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.

- b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.





LOS ANGELES COUNTY  
COMMISSION ON HIV



FEBRUARY 28

# HIV is Not a Crime Awareness Day



# HIV is Not a Crime Awareness Day (HINAC) was first observed in 2022

HINAC was launched by the SERO Project in collaboration with the Elizabeth Taylor AIDS Foundation.

## Why February 28th?

The date is symbolic, and marks the end of Black History Month and the beginning of Women's History Month - two demographics that are disproportionately impacted by HIV criminalization.



# Purpose

The purpose of HINAC is to raise awareness of laws in the U.S. that criminalize HIV. In more than 30 states, people are being imprisoned due to their HIV status. HIV criminalization laws entail using a person's positive HIV status in a criminal prosecution, increasing their charges because the person has HIV.



# Why should we end HIV criminalization?

HIV criminalization laws undermine public health efforts by deterring people from seeking HIV treatment/testing, stigmatizing those with HIV, and the communities most impacted by HIV - including people of color, women, LGBTQ people, sex workers, and the formerly incarcerated.

**#HIVisNotACrime**



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Fifth District

February 7, 2023

**TO:** Each Supervisor

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

**SUBJECT: RESPONDING TO LOS ANGELES COUNTY’S SEXUALLY TRANSMITTED DISEASE CRISIS (ITEM 8, BOARD AGENDA OF AUGUST 2, 2022; ITEM 90-A, BOARD AGENDA OF NOVEMBER 1, 2022)**

This report is in response to the Board’s August 2, 2022, motion by Supervisors Mitchell and Solis directing the Department of Public Health (Public Health), in collaboration with Department of Health Services (DHS), Department of Mental Health (DMH), the Alliance for Health Integration (AHI), the Chief Executive Officer (CEO), CEO’s Anti-Racism, Diversity and Inclusion Initiative (ARDI), CEO’s Legislative Affairs and Intergovernmental Relations Branch (CEO LAIR), the Superintendent of the Los Angeles County Office of Education (LACOE), Superintendent of the Los Angeles Unified School District (LAUSD) and other stakeholders on various efforts to reduce the spread of sexually transmitted diseases (STDs) and address the STD crisis, and report back to the Board on those efforts.

This report also provides a response to the Board’s November 1, 2022, motion by Supervisor Barger directing Public Health to provide STD data by service planning area and to work with the Chief Executive Officer to identify additional funding for STD services to address growing needs.

## **Background and Previous Board Motions**

On September 7, 2018, and in response to a March 29, 2018, motion by your Board, Public Health shared a report outlining: 1) an STD Legislative and Budget Advocacy Plan including efforts at the State and federal levels; 2) efforts to engage hospitals and health plans; 3) opportunities for expanded STD screening and treatment capacity in both the public and private sector; and 4) a summary of the STD Work Plan. The STD Work Plan includes the four priorities listed below:

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

Since late 2018, Public Health has submitted quarterly updates to your Board with additional updates on items specific to the March 29, 2018, Board motion. These reports also addressed concerns about the impact of the COVID-19 pandemic on STD rates and response efforts and worsening underlying determinants that impact disease transmission.

In response to the ongoing STD crisis exacerbated by the pandemic, the Board approved a September 28, 2021, motion by Supervisor Solis, *Addressing the STD Crisis in Los Angeles County*. As you are aware, that motion directed Public Health, in collaboration with the DHS, DMH, AHI, and ARDI, to report back with an updated plan of action to address this crisis as well as create a public-facing STD dashboard to track the County's progress towards reducing STD rates. In addition, your Board's motion also directed the CEO LAIR to advocate for additional federal and state resources to combat the STD crisis, support the initiatives detailed in Public Health's report back, identify STD-related legislative and budget proposals to help alleviate the crisis, support the County's STD public health infrastructure, expand access to STD testing and treatment, and improve community education. Public Health submitted a detailed response on April 1, 2022, including numerous recommendations based upon stakeholder engagement.

On August 2, 2022, the Board introduced two new STD-related Board Motions: 1) Advocating for Federal and State Resources to Combat the STI Epidemic (Supervisor Solis) and 2) Responding to LAC's Sexually Transmitted Disease Crisis (Supervisors Mitchell and Solis). In response to the latest motions, over the last several months Public Health has re-engaged with partners at DHS, DMH, AHI, ARDI, CEO LAIR, LACOE and LAUSD to review your Board's instructions and gather additional programmatic input. Based on these and other meetings, Public Health has prepared the response below to the directives of this second motion and will ensure that future quarterly reports also provide updates on the two new motions.

**Directive 1: Direct the Directors of Public Health, DHS, DMH, and CEO, to work with AHI, ARDI, CEO-LAIR and relevant community stakeholders to:**

- a. **Appeal to the federal Department of Health and Human Services and to Congress to increase the federal investment for sexually transmitted disease (STD) Control efforts, including through, but not limited to services supported by the following agencies and funding streams, such as:**
  - i. **The Centers for Disease Control and Prevention and resources targeted for STD prevention and control that remain inadequate to address the high and growing level of STD morbidity;**
  - ii. **The Substance Abuse and Mental Health Services Administration and their State block grants given the strong nexus between substance use and STD risk and morbidity;**
  - iii. **The Health Resources and Services Administration through its grants to support Federally Qualified Health Centers (Bureau of Primary Health Care) and the Ryan White Program (HIV/AIDS Bureau) given the intersection of populations at risk for syphilis who are also at elevated risk for HIV.**

In September/October 2022, Public Health sent a letter, informed by the stakeholder engagement and recommendations in the April 1, 2022, report, to key Congressional members of the Los Angeles County delegation appealing for congressional support across a range of budget appropriation requests, including those related to domestic STD funding levels. This letter was sent as part of the federal Fiscal Year (FY) 2023 Appropriations budget and negotiation process.

As part of this appeal, Public Health requested an increase in the federal appropriations for local public health infrastructure, including \$750 million in core public health infrastructure and \$250 million in public health data modernization. These resources would be used to support a wide range of public health activities, including:

- **Mpox response activities** including testing, treatment, vaccinations, contact tracing, outreach and engagement, data and inventory management, quarantine and isolation housing and support services, and communications;
- **Tuberculosis control and prevention efforts** including surveillance, laboratory, case management, clinical care, contact tracing, and outbreak detection and response;
- **Other communicable disease control efforts**, including investments to support core staff, information infrastructure, improved efforts at environmental sanitation, and better alignment with existing partners to prevent diseases such as shigella, giardia, hepatitis A, West Nile Virus, Valley fever, typhus and influenza;
- **Sexually transmitted disease (STD) screening and treatment services** to address the rising needs and the largely uncontrolled rates of syphilis, congenital syphilis, gonorrhea, and chlamydia in LA County; and
- **Chronic disease control and prevention efforts** to meaningfully address conditions like diabetes, hypertension, obesity, and smoking/vaping, in low-income communities and communities of color.



The congressional letter also included a request for increased STD-specific federal investments in the Substance Abuse Prevention and Treatment Block Grant supported through the Substance Abuse and Mental Health Services Administration (SAMHSA), given the strong nexus between substance use and STD risk, and increased funding through Health Resources and Services Administration (HRSA) to support Federally Qualified Health Centers (FQHC) and the Ryan White Program working with populations at risk for both syphilis and HIV.

Finally, as part of this appeal, Public Health requested a federal STD prevention and control appropriation of \$272.9 million for the CDC, an increase of \$108.6 million compared to federal Fiscal Year (FY) 2022 final funding levels. In the letter, Public Health highlighted the historic inequities in STD funding, the consistent year to year rise in syphilis and congenital syphilis levels, and the two recent motions approved by your Board. This letter can be found in Attachment 1.

The Consolidated Appropriations Act of 2023 (H.R. 2617) included increases in a number of the above-mentioned areas including public health infrastructure (increased \$150 million from the prior year) and STD prevention and control (\$10 million over the prior year).

**b. Identify, with relevant stakeholder community-based advocacy organizations, additional opportunities to jointly advocate for more local, state, and federal funding, including STD policy proposals that prioritize communities or demographics that are disproportionately impacted by the STD epidemic.**

In 2022, Public Health supported the End the Epidemics Coalition's (Coalition) budget proposal, which included a funding request of \$49 million in state general funding to address soaring early syphilis and congenital syphilis cases in the 8 most impacted counties in California, including Los Angeles County. The Coalition was ultimately successful in securing \$30 million over three years in the final FY 22-23 State budget, which brings \$3.957 million for the next three years to LA County beginning July 1, 2022. The Coalition is currently working on their budget request for FY 23-24 and Public Health will continue highlighting the need for increased state funding for STD control efforts.

LA County also supported the request from community advocates for funding for mpox response. The State FY 22-23 budget included \$41 million for mpox response, and LA County received \$5.35 million in resources to assist in community response for this declared local emergency.

At the federal level, Public Health is a member of the National Coalition of STD Directors (NCSD), which leads the federal advocacy for STD funding in partnership with other HIV and STD advocacy organizations. For FY2023, NCSD successfully advocated for an additional \$10 million for the CDC's domestic STD prevention and control appropriation. This increase in the federal appropriation level may translate into an additional \$400,000 to \$600,000 in resources for Los Angeles County. NCSD has acknowledged that this funding level remains insufficient and

had previously called upon Congress to increase CDC's STD prevention and control appropriation by \$15 million in federal FY 2023.

**c. Assess the impact workplace vacancies have on the delivery of STD-related programming, outreach, surveillance, and engagement administered through the County;**

On January 15, 2021, the vacancy rate at the Division of HIV and STD Programs (DHSP) was 29.5% (98 vacancies out of 332 budgeted items.) On January 14, 2022, the vacancy rate for DHSP was 29.7% (102 vacancies out of 344 budgeted items.) As of January 13, 2023, the vacancy rate at DHSP was 27.5% (92 vacancies out of 335 budgeted positions.) The vacancy rate for the STD workforce at DHSP historically has ranged from 15.9% to 24.4%. Beginning in 2020, the vacancy rate was partially influenced by the County-level and Department-level hiring freezes. As these freezes have now been lifted, staff recruitment efforts have resumed.

Separately, Public Health has noted that staff turnover and vacancies have also persisted in community-based organizations contracted to deliver STD services. In addition to staff vacancies (exacerbated by staff turnover and delays in staff hiring), the workforce available for STD control efforts has also been impacted by the COVID-19 and MPOX epidemics as these competing public health priorities have required the deployment of public health program practitioners to these areas.

Of the total filled staff positions at DHSP (consistently between 234 and 243 persons over the last several years and over the course of the pandemic, as many as 75% were deployed to COVID-19 efforts (May 2020 through June 2021) and between 60% and 70% of staff were deployed to COVID-19 efforts in the second half of 2021. Among these deployed staff 35 to 55 staff with an STD-related assignment were temporarily assigned to support COVID-19 or mpox efforts. Most staff have returned to their home programs, although ongoing fluctuations in COVID-19 cases and other emerging communicable diseases may require temporarily redeploying staff to their emergency response roles.

Beginning in August 2020 and through September 2022, as part of its Quarterly STD Update to your Board, Public Health has highlighted the impact COVID-19 has had on key STD program areas, most notably:

- A reduction in STD prevention, awareness, community engagement, and community mobilization efforts.
- Decreases in STD screening volume (which led to decreases in STD diagnosis and treatment levels) in both the community-based organization and Public Health Center service environments, as several contracted STD service providers either temporarily closed their clinics, significantly reduced clinic hours, or have operated at reduced capacity.

- Delays in STD surveillance, data collection, data quality assurance, data dissemination and data reporting efforts, including to State and federal funders, as staff were reassigned to COVID response efforts. Federal and state grants supported these re-assignments.
- Delays implementing the efforts of the Congenital Syphilis Specialized Investigation Team funded by a special CDC grant primarily due to an extended hiring freeze.
- Impacts to Public Health Investigation efforts, including contact tracing and partner notification services.

**Directive 2: Direct the Director of Public Health, CEO, and the Executive Director of the Los Angeles County Youth Commission in coordination with the Superintendent of LACOE, Superintendent of LAUSD, and other relevant stakeholders to assess and report back in 60 days in writing on the implementation of the California Healthy Youth Act (CHYA).**

- a. **This report should include, but not be limited to:**
  - i. **Available statistics on how often sexual health education is provided to middle school and high school students by school district;**

The California Healthy Youth Act (CHYA) was a landmark law that significantly modernized sexual health education standards beginning in January 2016. As part of the California Education Code (EC) [[EC § 51931\(b\)](#)], CHYA requires school districts to provide students with integrated, comprehensive, accurate, and unbiased comprehensive sexual health and HIV prevention education at least once in middle school and once in high school. Beginning in grade 7, instruction must include information about the safety and effectiveness of all federal Food and Drug Administration (FDA)-approved methods of preventing pregnancy and transmission of HIV and other sexually transmitted infections (including condoms, contraceptives, and antiretroviral treatment) and abstinence. It must also include information about HIV, pregnancy, sexual harassment, sexual assault, healthy relationships, and human trafficking, as well as local resources for accessing care and students' rights to access care. While stakeholders note positive gains have been made in the sexual behavior category of the Centers for Disease Control and Prevention's (CDC) [Youth Risk Behavior Surveillance System \(YRBSS\)](#) since CHYA was enacted, there is not an available repository of compliance related data at either the school district or school campus level. Implementation of this comprehensive curriculum consistent with State standards in grades 7 or 8 and grades 9, 10, 11, or 12, is the responsibility of Local Education Agencies (LEAs). As such, there is much variability in data elements tracked over time, if collected at all, and whether they are made publicly available. At this point in time, the state confirms that local data is not available. Public Health understands that the California Department of Education was prepared to develop a statewide CHYA compliance monitoring system, but these efforts were upended by the COVID-19 pandemic.

- ii. **Available statistics on student attendance and participation including the number of students who opt-out of receiving sexual health education at the request of a parent or guardian;**

There is not an available repository of school district or school campus level data that describes CHYA opt-out patterns. As defined in the current statute [\[EC §§ 51931\(b\), \(d\), 51932.\]](#), CHYA allows legal guardians to remove their child from comprehensive sexual health and HIV prevention education, using a passive consent or “opt-out” process; schools may not use active consent (“opt-in”) for participation in comprehensive sexual health and HIV prevention education [\[EC § 51938\(a\)\]](#). The notice sent to parents/guardians informing them about planned instruction must also inform them that they may remove their child from the instruction and that to do so they must state their request in writing to the school district [\[EC § 51938\(b\)\(4\)\]](#). If the parent/guardian does not submit a written request that the child be withheld from participating, the child will attend the instruction. Schools may not require parents/guardians to return a signed acknowledgment that they have received the notice for their child to participate in the instruction; this serves as de facto active consent and is prohibited under the law.

**iii. Strategies for ensuring curriculum is medically accurate, unbiased, up-to-date, inclusive, and adheres to all other requirements mandated by CHYA;**

Consistent with California Education Code [\[EC § 51933\]](#), all instruction and materials in all grades (including elementary) must be age-appropriate and medically accurate and objective. In addition, the Education Code [\[EC § 51933\]](#) specifies that instruction and materials in all grades: 1) may not teach or promote religious doctrine; 2) may not reflect or promote bias against any person on the basis of actual or perceived disability, and; 3) that no person shall be subjected to discrimination on the basis of disability, gender, gender identity, gender expression, race or ethnicity, nationality, religion, or sexual orientation, or any other category protected by the non-discrimination policy codified in [Education Code § 220](#). Further, all instruction and materials must support and align with the purposes of the CHYA and with each other; they may not conflict with or undermine each other or any of the purposes of the law.

Consistent with the spirit and intent of CHYA, in California, the [Adolescent Sexual Health Work Group](#) (ASHWG) exists as an organized collaborative of governmental and non-governmental organizations (NGO) focused on promoting and protecting the sexual and reproductive health of youth in California. ASHWG is comprised of program managers from the California Department of Public Health (CDPH), California Department of Education, and key non-governmental organizations (NGOs) committed to working more effectively to address the sexual and reproductive health of California adolescents since 2003.

In June of 2016, a group of eight reviewers were recruited via the ASHWG to form an ad-hoc ASHWG sub-committee charged with reviewing a subset of comprehensive sexual health education curricula for alignment and compliance with the CHYA. The group formed in response to extensive requests across California for guidance on which curricula meet the requirements of the new law (which went into effect on January 1, 2016, and was updated in 2019). The goals of this review were to:

1. Provide school district staff, teachers, and community education providers with information about a number of widely available curricula in order to inform local processes for curriculum selection; and
2. Provide curriculum publishers and authors input from an outside review group on the alignment of their materials with the CHYA.

The California Healthy Kids Resource Center (CHKRC) and the ASHWG used the [California Healthy Youth Act Curriculum Assessment Tool](#) (CHYA CAT) to conduct an intensive review of growth, development, and sexual health curriculum in accordance with CHYA. A total of nine publishers submitted curricula to be reviewed during the 2020-2021 curricula review period. More information about each curriculum reviewed and on where it can be borrowed or purchased, is available on the [CHKRC website](#). School districts are also encouraged to utilize the CHYA CAT to determine the appropriate curricula for their district.

Among the strategies to ensure that all students receive CHYA education that is unbiased, medically accurate, inclusive, and consistent with the latest science and evidence is to require that health education be a graduation requirement for all high school students and require that health educator certification be in place for all CHYA instructors.

**iv. peer-led approaches which are promising or effective at delivering sexual health education; and**

Public Health supports peer-led efforts in 41 Student Wellbeing Centers via the Peer Health Advocate program. Over 400 students per year (10-15 students per campus) are recruited to become Peer Advisors and receive intensive, in-depth peer leadership training that includes an 11-session Planned Parenthood-developed CHYA-compliant sexual health curriculum. These Peer Advisors are responsible for designing and implementing campus-wide health awareness campaigns/programs that include but are not limited to the following issues and topics: public health, social justice, health disparities, healthy relationships, gender and sexual orientation, HIV/STD prevention, consent, substance use prevention, mental health supports, fentanyl awareness, and naloxone administration.

**v. input from family members, students, and instructors who have delivered sexual health education in compliance with CHYA.**

There is currently no systematic mechanism to collect input from family members, students, or instructors who have delivered sexual health education in compliance with CHYA.

**b. Based on the findings in 2a above, this report should also specify any implementation challenges and recommendations for improvement related to CHYA including, but not limited to:**

- i. Funding needed, with cost estimates, to administer sexual health education in compliance with the CHYA;

In Los Angeles County, school districts in lower income communities that often have a higher concentration of students of color may already be challenged by limited resources and may face greater challenges to comply with the requirement. Based on STD surveillance data, these communities may also be experiencing higher levels of STD burden. To remedy these challenges and consistent with health equity goals, additional funding to support sexual health education in schools in lower income communities should be considered including expanding the Peer Health Advocate program described above.

To further advance CHYA related progress, Public Health recommends that your Board appeal to the California Superintendent of Public Instruction, Tony Thurmond, to: 1) require the establishment and maintenance of a statewide monitoring system for CHYA, 2) require a publicly facing dashboard that includes CHYA compliance information by school district and school campus locations, and 3) require health education teachers to be certified. These recommendations are aligned with Superintendent Thurmond's Transforming Schools: Superintendent's Initiatives. As part of Public Health's April 1, 2022 response to your Board's 2021 motion related to the STD crisis, we also recommended that your Board:

“Appeal to the Superintendent of Public Instruction to develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea” (page 23 of 40).

**ii. Feedback from educators, families, and students regarding CHYA and the effectiveness of sexual health education; and**

The UCLA Fielding School of Public Health (UCLA FSPH) has collected data tied to the effectiveness of CHYA sexual health education. Between May and June 2019, the UCLA FSPH collected data from 515 usable student responses and high-level data collected from a sample of teachers providing CHYA-related instruction across thirteen schools in the Los Angeles Unified School District. The data tied to the Student Assessed Sex Education Standards (SASS) project was presented in February 2021. The results suggested that from a teacher's perspective, CHYA was easy to implement and offered useful and actionable information. Alternatively, the data suggested that students can assess their school's implementation of CHYA.

**iii. Limitations in the delivery or content of sexual health education being administered.**

It is also strongly recommended that comprehensive sexual health and HIV prevention education be taught by instructors trained in the appropriate courses [EC §§ 51934(a),(b)]. This means that instructors must have knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections [EC § 51931(e)]. In addition, school districts must provide periodic training to all district

personnel who provide HIV prevention education to enable them to learn new developments in the scientific understanding of HIV.

Additionally, since health education is not a graduation requirement, many school districts do not require comprehensive health education to be taught in middle or high school grades. Instead, there are California Education Code mandates, including CHYA, that are often taught by Physical Education and Science teachers. Public Health understands that both Science and Physical Education teachers across California have expressed concerns of not being adequately equipped to teach such sensitive topics as those covered as part of CHYA, despite receiving curriculum-based training. The lack of credentialed health education teachers and the lack of comprehensive health education courses often results in teachers credentialed in other areas to add CHYA content to an already existing curriculum. Further, the lack of dedicated funding for the staffing or staff supports including training, or certification that may help them feel more comfortable and confident in providing sexual health instruction, hinder implementation of CHYA instruction.

Aside from having a limited number of health education credentialed teachers to implement CHYA curriculum requirements, Public Health understands Science and Physical Education teachers often have their school year mapped out to meet required content standards, leaving supplemental requirements, like CHYA, at the mercy of available end of school year instructional days when there is no time for make-ups if students miss the class.

In addition to credentialing and scheduling barriers, cultural barriers related to family and community acceptance of young lesbian, gay, bisexual, transgender, queer (LGBTQ) persons continue to be a limiting factor in the delivery of comprehensive sexual health education. Both in the United States and around the world, the way in which young LGBTQ persons are perceived and treated is deeply socially entrenched and shaped by longstanding inequitable government policies, colonial legal structures, religious beliefs, and cultural norms about gender and sexuality. In LA County, comprehensive and affirming education that is respectful and affirming of LGBTQ people can still be limited or has only been more widely available in recent decades.

Parental and family acceptance of this type of education varies across communities and may pose greater barriers to supporting young LGBTQ people and promoting their physical, mental, and sexual health. These issues may be addressed with intentional and longer-term partnerships with trusted and locally recognizable religious institutions and community-based organizations, especially to reach communities that have greater cultural stigma or greater barriers to affirming information regarding LGBTQ people and sex.

Mandatory, comprehensive, and inclusive sex education would benefit young LGBTQ persons (and others who have sex with LGBTQ peers) by providing sexual health information relevant to their lives and intimate relationships. In contrast, untrained and/or biased instructors could lead to more harm than good, by contributing to stigma or by providing inaccurate information. Having clear pathways for educator training or outside experts to deliver the content in schools is



important to ensuring students have the information, support, and resources they need to have safe and fulfilling experiences across their lives.

**Directive 3. Instruct the Directors of DHS and Public Health in partnership with managed care plans, and other relevant stakeholders to design a pilot program that implements antenatal syphilis point of care testing for pregnant mothers at-risk of syphilis and report back in writing in 60 days.**

Public Health, DHS, and stakeholders met to discuss the development of pilot efforts to improve syphilis point of care testing for pregnant mothers at-risk of syphilis and other areas to improve syphilis testing and work continues to identify pilot efforts. DHS' review of clinical outcomes for pregnant women at-risk of syphilis supported that screening rates and timeliness of treatment were adequate and that point-of-care testing would not significantly improve outcomes further. DHS and Public Health will continue to monitor the timelines for syphilis test results for persons tested in DHS facilities as part of congenital syphilis case reviews and will continue to work with DHS leadership to address implementation issues as they arise. Public Health also continues to identify, and case manage, persons who deliver newborns and whose reactive syphilis test is confirmed after they have left the hospital. The health plans indicated support of these efforts and agreed to disseminate Public Health STD-related recommendations including but not limited to three site GC/CT testing, CT testing for males, congenital syphilis prevention and control strategies to providers and clients. In addition, Public Health is exploring adding point of care testing in Public Health Centers and through mobile outreach teams. It is expected that these services will go live this spring.

Separately, Public Health is working with DHS Street Mobile Unit teams to deliver technical assistance related to rapid syphilis and HIV tests. Through the use of a Public Health-developed standardized procedure, DHS staff are exploring the use of blood draws for rapid tests, eliminating the need for a second fingerstick, while still allowing for results to be determined within minutes. Based on the rapid results, DHS can expedite syphilis treatment and referrals to HIV care, including for pregnant persons, as needed. Presently, DHS is awaiting expanded laboratory certification to begin the rapid testing services.

**Directive 4. Instruct the Directors of DHS and Public Health to identify the benefits and challenges of including STD testing (including oral, anal, and urine testing, blood tests, and bundled testing) within DHS-operated urgent care centers and emergency room settings, especially those located in high STD-incidence regions, and report back in writing in 60 days.**

DHS operated Urgent Care Centers (UCCs) and Emergency Departments (EDs) currently perform large volumes of STD testing (genital, rectal, pharyngeal) through blood-draws and bundled testing, on patients in these settings. DHS screens patients that are displaying symptoms related to potential STDs as well as patients who are at high risk for STD exposure. In the last 12 months, DHS UCCs and EDs performed over 34,000 STD tests. All reactive STD tests are

immediately reported by DHS to Public Health, and treatment is initiated in coordination with Public Health and often, with the patient's primary care provider. Partner notification, testing and treatment is also a part of the STD service.

DHS and Public Health continue exploring opportunities to increase population-based, Emergency Department STD screening for syphilis in women of childbearing age. This approach would be a highly coordinated "opt-out" testing process that could identify asymptomatic patients with syphilis and an important component of a public health strategy to reduce the incidence of congenital syphilis. DHS and Public Health are currently mapping out the next implementation steps with a planned launch in 2023; currently DHS is seeking County Counsel expertise on certain legal issues concerning patient notification and consent.

**Directive 5. Direct the Directors of Public Health and DHS to review their existing processes for sexual health screening and identify challenges and solutions to delivering screenings as it relates to asymptomatic people, young people, people with no pre-existing health conditions, and other target demographics who may not visit a provider or clinic frequently.**

#### DHS Initiatives

STD screening is currently offered in all DHS primary care clinics for both symptomatic and asymptomatic patients. STD screenings are offered to new patients, during annual check-ups, and to any patient who presents with symptoms that are concerning and demonstrate potential for an STD. At DHS sites, the challenges to STD screening include the numerous competing health priorities addressed at primary care visits, potential stigma associated with screenings, and the increased number of DHS-responsible patients who should be screened and have not yet been seen in the DHS system.

In response to these challenges at DHS sites, the current performance improvement efforts for screening include provider education during Primary Care Clinical Quality meetings, the use of "Hot Sheets" developed to clarify STD screening workflows, the use of Standardized Procedures for STD screening to increase STD screening levels by nursing staff, and the use of electronic medical record (EMR) alerts to remind care teams when STD screening is due. Within DHS, future STD-related performance improvement efforts include: 1) using registry reports to identify patients due for STD screening, 2) improving targeted outreach efforts, and 3) increasing patient awareness of the need for STD screening through both the DHS website and the LA Health portal.

#### Public Health Initiatives

In addition to providing sexual health screenings at Public Health Centers and at Student Well-being Centers, Public Health will continue to support the diverse portfolio of STD-related contracts with more than a dozen community-based organizations that provide STD screening, diagnosis, and treatment services; STD education and service promotion services; STD-related community engagement and mobilization services; and STD provider training and technical assistance services. The client-directed services are targeted to sub-populations who are either at

elevated risk for STDs, disproportionately impacted by STDs, or who live in areas with high STD morbidity, including young persons, gay and bisexual men, transgender persons, communities of color, and persons experiencing sub-optimal health care access patterns. In addition, Public Health is working with health plans to ensure reimbursement for covered STD services while protecting patient confidentiality and addressing other financial barriers such as co-pays and laboratory fees given these have been identified by community partners as barriers for clients and challenges for providers.

#### DMH Initiatives

DMH's Countywide Engagement Division Field Teams are focused on engaging individuals who are not receiving social and/or medical services necessary to support optimal health. Populations of focus for these programs include individuals experiencing unsheltered homelessness; individuals recently released from correctional institutions; veterans; individuals with high rates of recidivism in psychiatric hospitals; and individuals at high risk for becoming homeless.

Separately, the DMH Transition Age Youth (TAY) Navigation Team is a field-based team of clinicians and housing specialists who work to engage and link TAY to mental health and other needed resources, including longer term permanent housing for those in need. The Navigation Team will disseminate STD-related information and resources in the TAY Enhanced Emergency Shelter locations and countywide drop-in centers to educate this vulnerable population.

DMH will also ensure that the Field Teams and Navigation Teams incorporate STD education, awareness, and referrals into their service portfolio.

As a complement to the efforts of these two DMH-based teams, volunteers within DMH will be trained to disseminate STI/STD information throughout LA County to vulnerable, underserved populations in a culturally sensitive manner. These volunteer networks include:

- Wellness Outreach Workers (WOW) - DMH-badged volunteers with lived experience who provide peer support in directly operated programs and partner with treatment teams to assist clients on their path to wellbeing and recovery.
- Promotores de Salud (Promotores) – Trained community health workers that aim to address mental health stigma particularly in historically underserved cultural and linguistic communities by increasing mental health awareness, removing barriers, and improving timely service access. The Promotores offer a menu of [15 trainings](#).
- Community Ambassador Network - Community Ambassadors are individuals hired and trained to serve as “lay” mental health workers. They engage and support community member to access needed services/supports, build community capacity, and develop local resources. Community Ambassadors provide trainings based on unique requests or needs of the community.

*Perspectives from CEO ARDI*

As noted in Public Health reports, specific sexual and gender communities (including several sub-populations of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities) as well as communities of color, are disproportionately impacted by STDs. This includes heightened incidence among specific communities, including but not limited to Black/African American men and women; Latinx communities; gay, bisexual, and other men who have sex with men (MSM); and transgender persons.

Public Health and the vast network of community providers are working together to improve the provision of culturally appropriate and accessible services to reach populations at higher risk, acknowledging the importance of addressing the socio-political conditions and attitudes that place people at higher risk via the social determinants of health. Social determinants of health with a nexus to the sustained and rising rates of STDs include inequitable access to affordable, culturally responsive, high-quality healthcare, housing insecurity, limited access to education and employment opportunities that lead to jobs with health benefits and a livable wage, contact with the criminal justice system, limited social connection, and underinvestment in historically marginalized communities. These socio-economic barriers disproportionately impact LGBTQ individuals and people of color, due to systemic, institutional, and provider-level biases that are compounded by the impacts of racism, sexism, classism, homophobia, and transphobia.

Increased funding for STD prevention and control efforts from our federal partners is important and funds must be equitably allocated within the County to ensure adequate investment by geographic communities and providers who appropriately serve populations at greatest risk, including those with expertise in intersectional communities who experience layered and compounding risks, such as Black/African American men and women; Latinx communities; gay, bisexual, and other men who have sex with men; and transgender persons.

To reach populations for which “mainstream” resources may not adequately or appropriately serve, public health practitioners and community-oriented providers should continue to utilize creative strategies for disaggregated data collection, community-defined expertise, and outreach. Tools including the Equity Explorer Mapping Tool can be leveraged to inform funding decisions by identifying areas of greatest need based on service gaps and affected populations. Strong considerations for funding advocacy must also look beyond direct services (i.e., HIV/STD prevention and treatment services, substance use disorder treatment, federally qualified health centers) to explore additional upstream investments in cultural brokers and other culturally appropriate liaisons to help individuals navigate the healthcare system or connect them with relevant resources and to promote structural reform that address social determinants of health, thereby reducing specific risk to STDs and supporting overall health and wellbeing. This will warrant a more expansive and integrated legislative approach, as well as a reduction in traditional funding streams.

These social determinants of health and equity strategies have largely influenced the development and implementation of the County’s STD programming for well over the past decade. All these strategies continue relying on strong partnerships with relevant stakeholders

including community-based advocacy organizations and community members with lived expertise navigating services to jointly advocate for more local, state, and federal funding, co-design strategic planning efforts, and inform equitable funding priorities.

Public Health will continue to partner with community stakeholders, advocates and service delivery partners to appeal for and advance more integrated budget and policy proposals (e.g., DHSP's partnership with the California Ending the Epidemics Coalition focused on HIV, STDs, Hepatitis and Substance Use and advocating for public health infrastructure funding at the state, federal, and local level), and support programs and services that offer more holistic approaches to improve health care navigation and social connectedness among vulnerable populations (e.g., DHSP-funded Wellness Centers for Young MSM and Wellness Centers for Transgender Persons).

**Directive 6. Direct the Directors of Public Health, DHS and DMH in partnership with local managed care plans to improve messaging to increase Pre-Exposure Prophylaxis uptake.**

Public Health will continue supporting the fourteen community-based PrEP Centers of Excellence that serve more than 3,200 clients annually throughout the County. PrEP is also available at Public Health Centers providing STD services and Public Health is exploring implementing a tele-PrEP program in the coming months. In addition, Public Health will continue supporting community-wide service awareness and service promotion efforts through the [www.getprotectedla.com](http://www.getprotectedla.com) and the [www.getprepla.com](http://www.getprepla.com) websites.

DHS will work with both Public Health and local managed care plans to amplify PrEP messaging, PrEP access, and PrEP persistence. DHS will enhance PrEP communication efforts by distributing PrEP informational material to DHS-empaneled patients and clients.

DMH will distribute condoms and educational materials on how clients can access PrEP to Countywide Engagement Division's field-based teams.

Public Health will continue to work with the cross-section of Managed Care Health Plans that operate in LA County to adopt Public Health STD-related recommendations tied to PrEP promotion for HIV at-risk clients, STD screening (including three-site screening for gonorrhea and chlamydia for gay and bisexual men, transgender persons, and other at-risk groups), and syphilis and congenital syphilis control efforts. In the near term, Public Health will be working with Health Plans to develop briefs targeted to plan partners and clinicians summarizing current sexual health related practice recommendations.

**Directive 7. Direct the Directors of Public Health, DHS and DMH, in coordination with the Alliance for Health Integration, local managed care plans, and other relevant stakeholders to identify opportunities for improving Healthcare Effectiveness Data and Information Set measures or other related metrics tied to evaluating a health provider's provision of medically appropriate STD services, and report back in writing in 60 days.**

All DHS Primary Care Clinics are continuously working to meet established performance benchmarks, including those tied to Healthcare Effectiveness Data and Information Set (HEDIS) measures related to chlamydia screening for young sexually active women between 16 and 24 years. DHS has delivered provider education through the Primary Care Clinical Quality meetings and has created a Standardized Procedure for Chlamydia screening to promote screening delivered by DHS nursing personnel. The DHS Chlamydia Hot Sheet is currently being revised to further clarify screening workflows and increase testing. Within DHS, provider leads have been identified for performance improvement and leaders are working with low-performing sites to identify barriers to STD screenings and to identify best practices for enhancing screening rates within DHS service sites.

As part of its renewed partnership, and in response to the nexus between mental illness, substance use disorder, HIV, and syphilis risk, Public Health and DMH will:

- Schedule STD presentations for community members in all DMH Service Areas including partners at Health Neighborhoods and Service Area Leadership Teams (SALT) target sites;
- Deliver STD training to Countywide homeless outreach teams (DMH, DHS Housing for Health, Housing for Health contractors, and LAHSA);
- Ensure that DMH directly operated clinics have condoms available in the lobby for consumers and family members;
- Ensure that DMH directly-operated clinics serve consumers of all ages, providing MH services, medication services, therapy, and a variety of other treatment modalities; and
- Distribute condoms and educational materials related to PrEP services, including through service promotion tied Countywide Engagement Division's field-based teams.

**Directive 8. Direct the Director of Public Health to include reports on implementation progress in its quarterly STD updates.**

Public Health will include implementation progress in the Quarterly STD Updates to your Board. The last report was submitted on September 26, 2022.

**Additional Information Requested by Your Board**

*STD Data by Geographic Area*

Public Health has developed the first iteration of a publicly facing dashboard to provide surveillance information related to syphilis, congenital syphilis, and gonorrhea. The dashboard, created using the interactive data visualization software Power BI, is embedded in the Public Health website and is updated each month to display the latest morbidity data in LA County. The dashboard compares cases diagnosed in 2021 with 2019 and 2020. The second section of the dashboard breaks out cases by demographic characteristics for cases reported in 2019, 2020 and 2021. In the last section of the dashboard, cases are presented by geographic area, including across the eight service planning areas and the 26 health districts. The dashboard is accessible here: <http://publichealth.lacounty.gov/dhsp/dashboard.htm>.

*Addressing Funding Needs to Respond to the County's STD Crisis*

As shared in previous reports to your Board, Public Health relies on several relatively small state, federal, and local investments to support STD control efforts in one of the largest and most impacted jurisdictions in the country. Over the last several years, in response to the year-to-year increases and now record levels of STDs across the United States, California, and locally, there has been a significant increase in the number and diversity of budget and legislative proposals made to help support and expand STD control efforts to achieve a level of reach and impact that is commensurate with the scope and trajectory of the crisis. These appeals have not yet resulted in adequate funding. Due to the resource gaps, several areas of unmet need tied to local STD control efforts persist and can be grouped across four main areas: Surveillance, Disease Control, Communications, and Resource Coordination. With adequate funding, Public Health could better support and enhance local STD control efforts (please see Attachment 2):

- **Disease Control:** Improve disease control efforts by:
  - Maintaining the current level of contract investments with community-based organizations as part of the STD Screening, Diagnosis and Treatment Services, STD Express Clinic and commercial sex venue portfolios;
  - Expanding syphilis and congenital syphilis control efforts to include engagement of pregnant persons with syphilis during and post-pregnancy; supporting Emergency Department and Labor & Delivery partners in high impact areas; expanding the bicillin delivery program to improve syphilis treatment rates; supporting provider visitation efforts to improve screening and treatment levels, and; supporting housing and homeless healthcare providers with vouchers for pregnant persons and rapid syphilis test kits;
  - Expanding the patient delivered partner therapy (PDPT) program;
  - Expanding the home STD testing effort;
  - Improving STD screening levels among health plans operating in LA County; and
  - Developing new partnerships with commercial and specialty pharmacies to improve STD screening efforts.
  
- **Communications:** Improve STD-related knowledge, awareness, compliance, and action among consumers, health care providers, health plans, school-based partners, and other stakeholders through a multi-pronged communication and engagement strategy. This will be best accomplished through contracts with trusted community organizations.
  
- **Resource Coordination:** Support the development of a strategy that identifies and coordinated all available public and private sector human and financial resources that could be leveraged to improve STD control efforts, including but not limited to:
  - Public and commercial health plans;
  - Federally qualified health centers (FQHCs) and community health centers that provide services to low-income residents throughout LA County;
  - Health care providers that provide sexual health services to persons seeking family planning services financed by California's Family PACT program;



- Public Health's STD and Sexual Health Clinics;
  - DHS-operated ambulatory care, comprehensive health center, and hospital-based clinics;
  - Ryan White Program-supported providers that deliver services to persons living with HIV;
  - Community-based specialty STD providers that provide low-barrier walk-in STD screening, diagnosis, and treatment services;
  - Jail-based STD services delivered by DHS and Public Health; street medicine and mobile testing unit-based STD services to persons experiencing homelessness;
  - School-based Wellbeing Centers that provide access to screening, diagnosis, and treatment services for gonorrhea and chlamydia; and
  - Private health care providers' residents at elevated risk for STDs or who live in geographic areas with the highest levels of infection.
- **STD Surveillance:** Increase capacity to ensure enhanced congenital syphilis evaluation, data analysis, and monitoring disease trends (syphilis, congenital syphilis, gonorrhea, and chlamydia) across racial/ethnic, age, gender and behavioral risk groups and geographic areas. Expanded surveillance capacity will allow Public Health to continue implementing a data-to-action strategy to inform program recommendations in a more timely manner.

As part of a new investment of Tobacco Settlement Funds identified by your Board and recently approved syphilis and congenital syphilis resources from the California Department of Public Health, Public Health would continue to support community-based STD screening, diagnosis, and treatment contracts through calendar year 2024 and expand targeted syphilis and congenital syphilis efforts.

With additional investments in STD control efforts, Public Health would further diversify the existing portfolio (e.g., sustained engagement and partnerships with public and commercial Health Plans and school districts and systems); increase the scale of promising STD interventions currently being funded (e.g., patient delivered partner therapy, clinical provider outreach and education, home STD testing); and support staffing levels consistent with the breadth and complexity of the STD crisis (e.g., high-level strategists, health program analysts, surveillance staff, social workers, and nurse practitioners).

Public Health will work with the CEO and Legislative Affairs and Intergovernmental Relations to continue to identify opportunities for expanded resources for STD efforts and public health infrastructure to support prevention-based efforts that address social determinants of health and equity.

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

BF:RS:mjp

Attachments

- c: Chief Executive Office  
Acting County Counsel  
Executive Officer, Board of Supervisors  
Los Angeles County Office of Education  
Health Services  
Mental Health



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October 24, 2022

The Honorable Judy Chu  
U.S. House of Representatives  
2423 Rayburn House Office Building  
Washington, DC 20515

**Re: Federal Fiscal Year 2023 Appropriations**

Dear Representative Chu:

Thank you for your leadership and support of public health measures that advance the health and well-being of Los Angeles County residents. On July 28, 2022, the Senate Appropriations Committee released the Labor, Health and Human Services (Labor-HHS) bill that includes important investments that strengthen public health in our communities. We highlight critical priorities for the Los Angeles County Department of Public Health (LA County Public Health) and respectfully urge your support for these requests in ongoing budget and appropriations negotiations.

Local Public Health Infrastructure

LA County Public Health respectfully requests support for critical investments in core public health infrastructure and data modernization.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount proposed in the President's FY 2023 budget: \$600,000,000 in core public health infrastructure and \$200,000,000 in public health data modernization.
- Amount in the House FY 2023 L-HHS bill: \$750,000,000 in core public health infrastructure and \$250,000,000 in public health data modernization.
- Amount in the Senate Appropriations FY 2023 L-HHS bill: \$600,000,000 in core public health infrastructure, \$200,000,000 in public health data modernization, and \$97,000,000 for the public health workforce.

While LA County Public Health advocates for \$1.15 billion for the Centers for Disease Control and Prevention (CDC) for public health infrastructure, public health data modernization, and public health workforce and career development, we urge your support at a minimum for the

House's FY 2023 L-HHS appropriation level for \$750 million in core public health infrastructure and \$250 million in public health data modernization.

While Federal and State resources for the COVID-19 response have been essential for our ongoing pandemic response activities, investments are urgently needed to rebuild capacity and bolster a chronically underfunded system to protect our nation beyond this current crisis and emerging ones. Due to the prolonged underinvestment by the Federal and State governments in local public health infrastructure, there has been a steady decline in the public health workforce, scientific expertise, clinical capacity, data systems, and the ability to respond to diverse and dynamic community needs. The ongoing COVID-19 pandemic response and the recent monkeypox public health emergency have exacerbated the shortage of these resources. LA County Public Health, like many other local health departments across California, was forced to divert substantial resources from critical public health services for COVID-19 response activities, such as emergency operation coordination, public information and warning, epidemiology and surveillance, infection control and prevention, laboratory services, vaccine dispensation, pharmaceutical, and non-pharmaceutical interventions, patient care and management, environmental services, and community outreach. While maintaining this infrastructure, we are now responding to the monkeypox communicable disease threat, and stretching critical resources even further, including redirecting staff to protect residents against this latest public health crisis.

In LA County, these public health infrastructure resources could be used immediately for critical areas, distinct and separate from the COVID-19 response, including but not limited to: monkeypox response activities including testing, treating, vaccinations, contact tracing, outreach and engagement, data and inventory management, quarantine and isolation housing and support services, and communications; tuberculosis control and prevention efforts including surveillance, laboratory, case management, clinical care, contact tracing, and outbreak detection and response; other communicable disease control, through investments to support core staff, information infrastructure, improved efforts at environmental sanitation and better alignment with existing partners to prevent diseases such as shigella, giardia, hepatitis A, West Nile Virus, Valley fever, typhus and influenza; sexually transmitted disease (STD) screening and treatment services, to address the rising needs and the largely uncontrolled rates of syphilis, congenital syphilis, gonorrhea, and chlamydia in LA County; and chronic disease control and prevention efforts, to meaningfully address conditions like diabetes, hypertension, obesity, and smoking/vaping, in low-income communities and communities of color.

#### Substance Abuse Prevention and Treatment Block Grant

LA County Public Health respectfully requests increased investments for the Substance Abuse Prevention and Treatment Block Grant (SABG) to support substance use prevention, harm reduction, treatment, and recovery support services.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: Substance Abuse and Mental Health Services Administration (SAMHSA)
- Amount in final FY 2022 appropriations: \$1,908,079,000

- Amount proposed in the President's FY 2023 budget: \$3,000,000,000
- Amount in the House FY 2023 L-HHS bill: \$2,400,000,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: \$2,400,000,000

Like counties across the nation, LA County is experiencing a drug overdose and overdose death crisis. SABG is a critical and essential funding source that supports the delivery of prevention, harm reduction, and treatment services not funded through Medicaid to income-eligible youth, young adults, and adults. As such, SABG funding helps County residents receive a full continuum of substance use disorder (SUD) prevention and treatment services in the face of increasing and alarming SUD and overdose rates. In LA County, SABG supports residential room and board costs not reimbursable under Medicaid, perinatal-focused services, and expanded services like Recovery Bridge Housing (RBH), and Client Engagement and Navigation Services (CENS), among other things.

#### Public Health Emergency Preparedness (PHEP)

LA County Public Health respectfully requests your support for increases in PHEP cooperative agreement grants for local health departments to plan and respond to public health emergencies.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount in final FY 2022 appropriations: \$715,000,000
- Amount proposed in the President's FY 2023 budget: \$638,000,000
- Amount in the House FY 2023 L-HHS bill: \$735,000,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: \$740,000,000

Although LA County Public Health's request is for \$1 billion for the CDC for PHEP grants, we urge your support at a minimum for the Senate's L-HHS appropriation level of \$740 million in PHEP.

PHEP grants strengthen local and state public health departments' capacity and capability to plan for, respond to, and recover from public health emergencies. The CDC's PHEP Cooperative Agreement funding has allowed local health departments like LA County Public Health to build and sustain skilled personnel and capabilities necessary to respond to a broad range of emerging and re-emerging public health threats, including infectious disease outbreaks such as measles, hepatitis, and typhus, weather-related threats such as heatwaves, wildland-urban fire and mudslides, and global threats such as COVID-19, monkeypox, Ebola, Zika, pandemic flu, and bioterrorism attacks. The funding will be used to prepare to respond to the growing number, frequency, and severity of threats that the State faces.

COVID-19 has had an overwhelming impact and exceeded existing resources available to the jurisdiction. LA County Public Health received \$20.7 million in FY 2021-22 for the PHEP grant from the CDC. LA County bears considerable responsibility for protecting the nation through our local HHS Region IX National Biocontainment Center for treating bioterrorism and emerging

infectious disease cases, supporting the CDC's Quarantine Station at LAX for ill travelers, and maintaining LA County Public Health's Public Health Laboratory capacity as part of CDC's Laboratory Response Network, one of only two advanced public health laboratories in California equipped for the rapid analysis and identification of a wide range of emerging diseases and bioterrorist agents. Super Bowl LVI was recently held in LA County, and multiple large-scale, high-visibility events frequently occur, which requires that LA County Public Health maintain a robust bioterrorism readiness program. Additional funds are needed to prepare to respond to the growing number, frequency, and severity of threats that the County faces.

### Sexually Transmitted Disease Prevention and Treatment

LA County Public Health urges increased investments for STD prevention and treatment programs and respectfully requests \$272.9 million, an increase of \$108.6 million from the final FY 2022 appropriations.

- Appropriations bill: Labor, Health and Human Services, and Education
- Specific agency: CDC
- Amount in final FY 2022 appropriations: \$164,300,000
- Amount proposed in the President's FY 2023 budget: \$161,810,000
- Amount in the House FY 2023 L-HHS bill: \$179,300,000
- Amount in the Senate Appropriations FY 2023 L-HHS bill: \$179,300,000

LA County is experiencing the highest annual reported cases of syphilis, congenital syphilis, gonorrhea, and chlamydia. This trend is consistent with the rise in STD rates reported over the last decade across the United States, many parts of California, and LA County. Among the most troubling trends in LA County are the increases in syphilis and congenital syphilis. There has been a 450 percent increase in syphilis rates among females and a 235 percent increase in males in the last decade. Congenital syphilis rates have increased by more than 1,100 percent in less than a decade, with 122 congenital syphilis cases reported county-wide in 2020 compared to 88 in 2019, and just 10 in 2010. Funding will bolster critically needed STD prevention and treatment efforts to address the STD crisis across California.

Social inequities beyond those tied to health care access and quality, including but not limited to economic stability, education access and quality, neighborhood and built environment, and social and community factors, have influenced the rise in STDs over the last decade. These factors have contributed to sharper increases in morbidity, including among women of color, pregnant women, newborns, persons who inject drugs, and persons experiencing methamphetamine use disorder.

On August 2, 2022, the LA County Board of Supervisors passed two motions in response to the alarming STD epidemic and requested additional federal and state resources to combat the STD epidemic, including additional local funding through the CDC, the Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration. In addition to the increases to CDC STD funding specified above, we also respectfully request increases in STD-specific funding through the SABG, given the strong nexus between substance use and STD

risk, and morbidity, and increased funding through Health Resources and Services Administration through its grants to support Federally Qualified Health Centers (Bureau of Primary Health Care) and the Ryan White Program (HIV/AIDS Bureau) given the intersection of populations at risk for syphilis who are also at elevated risk for HIV.

Unlike the historic domestic response to HIV/AIDS or the recent national response to COVID-19, the STD crisis has not had the benefit of 1) year-to-year increases in federal appropriations commensurate with the increase in morbidity, 2) significant new investments of federal funds made available as part of the launch of new national strategies or initiatives, 3) disease elimination efforts with longevity (the CDC's 2008 Syphilis Elimination Program only lasted two years before funding was suspended amid the recession), and 4) an infusion of resources to undergird more than one part of the STD control efforts while resources to support other core STD control infrastructure areas (e.g., surveillance, testing technology, social marketing, provider detailing) remain elusive.

Once again, we appreciate your consideration of these critical funding requests. Thank you for your steadfast leadership and commitment to supporting LA County residents.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Barbara Ferrer', with a stylized flourish at the end.

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



County of Los Angeles – Department of Public Health  
Funding Needed to Respond to the County’s STD Crisis by Tier

The items listed below describe interventions needed to respond to the current STD crisis and are listed across four key areas: Disease Control, Communications, Resource Coordination and Surveillance. The total costs for all proposed activities in Tiers I, II and III is \$19.25 million. Public Health has submitted an unmet need request in the recommended budget cycle for Tier I funding amounts.

	Disease Control	Communications	Resource Coordination	Surveillance	Funding Amount
Tier I	<p><b>(\$1.0M for S&amp;EB and \$7.5M for S&amp;S)</b></p> <ul style="list-style-type: none"> <li>• Maintain the current level of contract investments with community-based organizations as part of the STD Screening, Diagnosis and Treatment Services, STD Express Clinic and commercial sex venue portfolios</li> <li>• Expand syphilis and congenital syphilis efforts, with a focus on pregnant persons with syphilis during and post-pregnancy <ul style="list-style-type: none"> <li>○ supporting Emergency Department and Labor &amp; Delivery partners in high impact areas</li> <li>○ expanding the Bicillin delivery program to improve syphilis treatment rates</li> <li>○ supporting provider visitation efforts to improve screening and treatment levels</li> <li>○ supporting housing and homeless healthcare providers with vouchers for pregnant persons and rapid syphilis test kits</li> </ul> </li> <li>• Expand PDPT with provider trainings, technical assistance sessions and medication</li> <li>• Improve syphilis screening among health plans</li> <li>• Increase condom accessibility</li> <li>• Work with all prenatal care providers and birthing hospitals that have reported a congenital syphilis case to offer and provide technical assistance, review the expanded screening recommendations and review missed opportunities to prevent CS.</li> <li>• Provide intensive client case management to clients who are facing a complex set of issues (e.g., substance use, mental health, homelessness) that preclude them from adopting health promotion behaviors and/or successfully linking to critical prevention and treatment services. These services demand collaboration and coordination across various sectors and among persons with different areas of expertise including <ul style="list-style-type: none"> <li>○ social workers</li> <li>○ medical care providers</li> <li>○ community health workers</li> <li>○ Public Health Investigators</li> <li>○ Public Health Nurses.</li> </ul> </li> <li>• Modernize Public Health STD Clinics</li> </ul>	<p><b>(\$0.75M for S&amp;S)</b></p> <ul style="list-style-type: none"> <li>• Improve STD-related knowledge, awareness, compliance, and action among health care providers through intensive public health detailing with providers</li> <li>• Improve STD-related knowledge, awareness, compliance, and action among health plans</li> <li>• Increase PDPT knowledge, awareness, and action, particularly among County-based and community-based clinicians and pharmacists.</li> </ul>		<p><b>(\$0.25M for S&amp;EB and \$0.5M for S&amp;S)</b></p> <ul style="list-style-type: none"> <li>• Increase the number of surveillance staff for enhanced syphilis and congenital syphilis evaluation and data analysis.</li> <li>• Enhanced compliance with syphilis and congenital syphilis disease reporting</li> <li>• Enhance geo-mapping plus detection capacity</li> <li>• Improve monitoring and compliance of key STD-performance metrics (e.g., HEDIS measure for chlamydia, 1st and 3rd trimester screening for syphilis among pregnant persons, EPT utilization</li> <li>• Enhance analysis to understand and frame the relationship between substance use disorders and STD rates.</li> <li>• Incorporate additional tools in future iterations of the dashboard to optimize the functionality including Equity Explorer, features of the Clear Impact Scorecard and Story Mapping Technology.</li> </ul>	<b>\$10M</b>

County of Los Angeles – Department of Public Health  
Funding Needed to Respond to the County’s STD Crisis by Tier

	Disease Control	Communications	Resource Coordination	Surveillance	Funding Amount
Tier II	<p><b>(\$2.0M)</b></p> <ul style="list-style-type: none"> <li>Expand Home Testing for gonorrhea and chlamydia</li> <li>Expand pharmacy-based testing services</li> <li>Collaborate with health care delivery partners, health systems, and health plans to establish baseline screening rates for sub-populations at elevated rates for STDs.</li> </ul>	<p><b>(\$2.0M)</b></p> <ul style="list-style-type: none"> <li>Improve STD-related knowledge, awareness, and action among consumers.</li> </ul>	<p><b>(\$0.5M)</b></p> <ul style="list-style-type: none"> <li>Support the development of a strategy that inventories all available public sector and private sector human and financial resources that could be leveraged to improve STD control efforts and their performance and opportunities for improvement.</li> </ul>	<p><b>(\$0.75M)</b></p> <ul style="list-style-type: none"> <li>Increase the number of surveillance staff for gonorrhea and chlamydia evaluation and data analysis.</li> <li>Enhanced compliance with gonorrhea and chlamydia disease reporting</li> <li>Enhance geo-mapping plus detection capacity</li> </ul>	<b>\$5.25M</b>
Tier III	<p><b>(\$2.0M)</b></p> <ul style="list-style-type: none"> <li>Developing new partnerships with commercial and specialty pharmacies to improve STD screening efforts.</li> <li>Enhance testing at school-based wellbeing centers</li> <li>Expand street medicine and mobile testing unit-based STD services to persons experiencing Homelessness</li> <li>Expand Jail-based STD services</li> </ul>	<p><b>(\$2.0M)</b></p> <ul style="list-style-type: none"> <li>Improve STD-related knowledge, awareness, compliance and action among school-based partners and other stakeholders.</li> <li>Work with LACOE to enhance CHYA requirements in schools</li> <li>Conduct community engagement forums</li> </ul>			<b>\$4M</b>