



# PUBLIC POLICY COMMITTEE Virtual Meeting

Monday, December 7, 2020

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

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

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

## REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/y28e65en>

*\*Link is for non-Committee members only*

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Access code: 145 478 0484

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## PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide **live** public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing **PUBLIC COMMENT** in the Chat box. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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

**Monday, December 7, 2020 | 1:00 PM – 3:00 PM**

To Join by Computer: <https://tinyurl.com/y28e65en>

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

Access code: 145 478 0484

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

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

AGENDA POSTED: December 3, 2020

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

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

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

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

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

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

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

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

**I. ADMINISTRATIVE MATTERS**

1:05 PM – 1:08 PM

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

**II. PUBLIC COMMENT**

1:08 PM – 1:10 PM

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

**III. COMMITTEE NEW BUSINESS ITEMS**

1:10 PM – 1:15 PM

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

**IV. REPORTS**

5. Executive Director/Staff Report 1:15 PM – 1:25 PM
  - a. Committee and Caucus Updates
6. Co-Chair Report 1:25 PM – 1:40 PM
  - a. Co-Chair Nominations/Elections
  - b. Review of Policy Priorities

**V. PRESENTATION**

7. The Wall Las Memorias Methamphetamine Use and HIV 1:40 PM – 2:00 PM

**VII. DISCUSSION ITEMS**

8. Election Results Debrief: Implications for the Committee's Local, State, and Federal Legislative and Policy Work 2:00 PM – 2:30 PM
9. State Policy & Budget Update 2:30 PM – 2:35 PM
10. Federal Policy Update 2:35 PM – 2:40 PM

11. County Policy Update 2:40 PM – 2:45 PM

**VIII. NEXT STEPS**

2:45 PM – 2:55 PM

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

**IX. ANNOUNCEMENTS**

2:55 PM – 3:00 PM

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

**X. ADJOURNMENT**

3:00 PM

- 15. Adjournment for the meeting of December 7, 2020

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG • VIRTUAL WEBEX MEETING

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



**PUBLIC POLICY COMMITTEE  
MEETING MINUTES**

November 2, 2020

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

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Lee Kochems, MA, <i>Co-Chair</i>	Aaron Fox, MPM	Kevin Donnelly	Cheryl Barrit, MPIA
Katja Nelson, MPP, <i>Co-Chair</i>	Eduardo Martinez ( <i>Alt.</i> )	Wenny Nguyen	Carolyn Echols-Watson, MPA
Pamela Coffey/Alasdair Burton	Martin Sattah, MD	Joey Valladares	Jane Nachazel
Jerry D. Gates, PhD	Tony Spears ( <i>Alt.</i> )	Glenda Victores	Sonja Wright, MS, Lac
Nestor Rogel ( <i>Alt.</i> )		LCDR Jose Antonio Ortiz, MPH	
Ricky Rosales			<b>DPH/DHSP STAFF</b>
			none

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

**CONTENTS OF COMMITTEE PACKET**

- 1) **Cover Page:** Public Policy Committee Virtual Meeting, 11/2/2020
- 2) **Agenda:** Public Policy Committee Agenda, 11/2/2020
- 3) **Minutes:** Public Policy Committee Meeting Minutes, 10/5/2020
- 4) **Memorandum:** Report on Establishing an Anti-Racist Los Angeles County Policy Agenda (Item No. 3, Agenda of July 21, 2020), 9/22/2020
- 5) **Request for Proposals (RFP):** City of Los Angeles Housing and Community Investment Department, Housing Opportunities for Persons With AIDS (HOPWA), 9/28/2020

**CALL TO ORDER-INTRODUCTIONS AND CHECK-IN-CONFLICT OF INTEREST STATEMENTS:** Ms. Nelson welcomed all and called the meeting to order at 1:10 pm. A notable theme of check-ins was anxiety surrounding the 11/3/2020 presidential election.

**I. ADMINISTRATIVE MATTERS**

1. **APPROVAL OF AGENDA**  
**MOTION #1:** Approve the Agenda Order, as presented (*Passed by Consensus*).
2. **APPROVAL OF MEETING MINUTES**  
**MOTION #2:** Approve the 10/5/2020 Public Policy Committee Meeting Minutes, as presented (*Passed by Consensus*).

**II. PUBLIC COMMENT**

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



### **III. COMMITTEE NEW BUSINESS ITEMS**

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

### **IV. REPORTS**

5. **EXECUTIVE DIRECTOR/STAFF REPORT**

a. **Committee and Caucus Updates**

- **Commission:** The Annual Meeting will be 11/12/2020, 9:00 am to 2:00 pm. Confirmed speakers, as noted, reflect Commission and community feedback: Harold Phillips, Senior HIV Advisor and Chief Operating Officer, Ending the HIV Epidemic (EHE): A Plan for America; Mario Pérez, MPH, Director, DHSP to offer a local update including on expenditures, the Take Me Home test kit campaign, and feedback received on the draft EHE Plan; and, Naina Khanna, Executive Director, Positive Women's Network, creating and sustaining an inclusive, intergenerational HIV movement.
  - A summary of draft EHE Plan feedback received by Ms. Barrit and submitted to DHSP is in the 10/22/2020 Executive Committee packet on the Commission's website. Comments were also submitted individually for this living document.
  - **Standards and Best Practices (SBP) Committee:** Universal Standards of Care (SOC) were being updated to ensure telehealth services meet the same high quality as other services. It is hoped Childcare SOC can go before the Commission at its December 2020 meeting. Last week's input from focus groups with DHSP was being incorporated.
  - **Planning, Priorities and Allocations (PP&A) Committee:** A small Care and Prevention Integration Planning Work Group with Luckie Alexander and Miguel Martinez, MPH, MSW was drafting ideas to present to PP&A at its next meeting. The Commission and Prevention Planning Committee integrated some time ago, but the goal of fully integrating prevention into planning work has not yet been met. The meeting will also review expenditures to prepare for any re-allocations.
  - Mr. Rosales noted the conversation regarding integrating prevention has been long-standing. A key issue has been that the Centers for Disease Control and Prevention (CDC) is much more prescriptive than the Health Resources and Services Administration (HRSA) on how funds may be used. Consequently, he has come to believe that the most effective point for Commission input is in development of the CDC Request for Proposals (RFP).
  - **Operations Committee:** Work continues to fill vacancies including efforts to schedule two more interviews before the holidays. Orientation for the new Mentorship Program will be 11/19/2020. The virtual training series has gone well and recordings remain available for use. Operations will review the series and what other trainings may be needed in 2021.
  - **Aging Task Force:** The Task Force reviewed the second iteration of their recommendations. Ms. Barrit has requested clarification on one data piece from DHSP on new infections in people >50 in California and Los Angeles County (LAC). She expected to complete revisions and return recommendations to the Task Force for final review that week. Following that review, recommendations will go forward to the Executive Committee, PP&A, and the full Commission.
  - **Women's Caucus:** The fourth and final Lunch & Learn, Women & HIV will be The Impact of Trauma on 11/10/2020.
  - **Transgender Caucus:** The Caucus' focus is to monitor implementation of the recently signed Trans Wellness Equity Fund legislation. The community meant the Fund to remedy the dearth of funding for agencies serving the community.
  - **Consumer Caucus:** The Caucus was hosting Priority Setting and Resource Allocation (PSRA) process trainings to help consumers achieve a level of comfort and understanding in Commission decision-making. There will also be an Annual Meeting "community speak-out" on ending the epidemic facilitated by Co-Chairs Felipe Gonzalez and Carlos Moreno. The Caucus will not hold its usual post-Commission meeting in order to focus on increasing main meeting attendance. Spanish interpretation will automatically be included at the Annual Meeting and noted on the agenda.
- ➡ Ms. Barrit will relay to PP&A Mr. Rosales' recommendation on impacting prevention.

6. **CO-CHAIR REPORT**

- ➡ Annual Nominations for Committee Co-Chair will open at the 12/7/2020 meeting with elections at the next meeting. Eligible candidates have served on Public Policy for one year. Inclusiveness and empowerment are highlighted. Terms are one year.

a. **Public Policy Committee Co-Chairs' Efforts to Build Alliance with Black African American Community Task Force (BAAC/TF)**

i. **Report Back on Presentation/Meeting with BAAC/TF**

- Co-Chairs Kochems and Nelson met about one month ago with the BAAC/TF Co-Chairs to initiate discussions on a collaborative process. It was agreed to start with a brief presentation on the Public Policy Committee charge, routine work, examples of policy successes, and types of engagement that offer opportunities for collaboration.

- Several BAAC/TF recommendations were reviewed in light of potential policy actions and BAAC/TF members were encouraged to attend Public Policy Committee meetings.
- Another key topic was the LAC contracting process, its historical lack of organization inclusiveness, DHSP's role in changing the paradigm, and lack of Board of Supervisors (Board) reflectiveness in funding agencies that serve communities. It was noted some agencies may only need some technical assistance to build capacity.
- The broader discussion on how to better engage people continued including what kind of materials are needed.
- Mr. Kochems felt the conversation was friendly and reflected everyone's commitment to the work. He recalled Ms. Nelson created a social justice issues grid based on the BAAC/TF recommendations. The Co-Chairs and Ms. Barrit have been fleshing it out with input from the BAAC/TF, Transgender TF, and Consumer Caucus. He suggested that process continue with a goal of informing and expanding the 2021 Policy Priorities and Legislative Docket review to reflect that social justice issues including criminal justice and mental health issues, create barriers to HIV health.
- Regulations determine how legislation is implemented and has played a greater role under this administration in how communities are served. The cross-over with African American and transgender communities on such issues is notable and offers an opportunity to build coalitions. Adding a regulations section to the Docket could be helpful.
- Another issue discussed was Black Young Men who have Sex with Men (YMSM) and chem sex. That coordinates with efforts of Richard Zaldivar, Founder and Executive Director, The Wall Las Memorias to address methamphetamine use. The Annual Meeting may be a pertinent space to advocate for all Service Planning Areas (SPAs) to offer comprehensive harm reduction services including Syringe Exchange Programs (SEPs).
- Outreach to increase the engagement of Unaffiliated Consumers (UCs), especially those from under-represented communities, will help address some of these issues by improving representation.
- Separately, Ms. Nelson called attention in the packet to the Chief Executive Office (CEO) memorandum to the Board that reports on establishing an Anti-Racist County Policy Agenda per the Board's 7/21/2020 motion. The Strategic Plan Phase I to initialize the Framework was expected to be completed by July 2020.
- ➡ Ms. Nelson will forward the PowerPoint to staff to distribute to Public Policy for review prior to the next meeting.
- ➡ Mr. Kochems and Ms. Nelson commit to transparency in returning input to the Committee and encourage all participants to likewise offer feedback in a transparent manner.
- ➡ Add anti-racism to Public Policy Committee social justice grid and coordinate with Anti-Racism Strategic Plan.

## **V. PRESENTATION**

### **7. THE WALL LAS MEMORIAS METHAMPHETAMINE USE AND HIV**

- Mr. Kochems reported The Wall Las Memorias has been doing a series of Town Halls to engage people in a conversation about methamphetamine and broader substance use issues. Initially, discussions were about updating the prior Act Now Against Meth campaign to raise awareness about methamphetamine and its relation to HIV. Conversations grew to address countywide efforts around harm reduction that could build up communities overall.
- ➡ Mr. Kochems will attempt to reschedule Mr. Zaldivar and will email the link to the Town Halls on YouTube.

## **VI. DISCUSSION ITEMS**

### **8. STATE POLICY AND BUDGET UPDATES**

- Ms. Nelson noted the state budget process was complete for the time being.
- The statewide End The Epidemics (ETE) Coalition was hosting a strategic community discussion to advance efforts to address HIV and STDs during and after COVID-19. Everyone was encouraged to join the 11/18/2020 discussion.
- The Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) was hosting an EHE regional collaborative on strategies for community engagement and mobilization on 11/17/2020 from 10:00 to 11:30 am. All are welcome.
- Ms. Nelson will facilitate a webinar on the state's Master Plan for Aging on 11/4/2020. Speakers were directly involved in the development of the Plan and will provide highlights on the overall Plan, the equity work group, and opportunities for engagement including via an HIV lens. All are welcome to participate in the discussion.
- ➡ Ms. Nelson posted links to referenced meetings in the Chat and emailed them to staff for distribution.

### **9. FEDERAL POLICY UPDATES**

- Ms. Nelson noted the presidential election was the next day.

- While some proposals were being floated, there was no concrete movement now toward an additional COVID-19 relief bill.
- On appropriations, the current Continuing Resolution (CR) funds the federal government through 12/11/2020. Congress will need to return to Washington, DC before the end of the year for a lame duck session. It was most likely to pass another CR during that session to keep the government open rather than pass final Fiscal Year 2020-2021 appropriations.
- The United States Department of Homeland Security (US DHS) has proposed another rule, "Affidavit of Support," which would make it harder for an immigrant to acquire a sponsor as part of the process of seeking citizenship. Today was the last day to submit comments. A number of comments in opposition to the rule have been submitted so far.
- The Northern District Court of Illinois struck down the US DHS public charge rule on grounds it violated the Administrative Procedure Act as overly broad and failing to consider predictable consequences. Advocates continue to monitor the issue.
- The next Presidential Advisory Council on HIV/AIDS (PACHA) meeting will be 12/2-3/2020. A link will be available to listen.
- The Supreme Court of the United States (SCOTUS) was expected to begin hearing Texas v. California on the Affordable Care Act (ACA) later in November. The California Legislative Analyst Office (LAO) estimates the state could lose \$25 billion.
- A National Association of State and Territorial AIDS Directors (NASTAD) pdf on its website offers jurisdiction EHE contacts.
- The Act Now End AIDS Coalition released an updated Executive Summary of their EHE roadmap for federal action. It touches on the 2020 elections, COVID-19, the public health crisis of racism, and highlights the disruptive innovation concept led by PLWH and communities most affected is the only path to ending HIV. It calls the next administration to action.
- ➡ Ms. Nelson posted links to referenced documents in the Chat and emailed them to staff for distribution.

#### **10. COUNTY POLICY UPDATES**

- Mr. Rosales reported the City of Los Angeles estimated COVID-19 related deficit has risen over the course of the pandemic from \$40-100 million, to \$200-400 million, and now to \$400-600 million. It was being addressed through a series of cuts. The AIDS Coordinator's Office has been cut 13% to date. Another 3% cut will be required in next year's budget. More cuts are possible. Meanwhile, all options were being explored for other resources. Programs have been spared to date.
- As of last week, the City has spent \$335 million on COVID-19 related activities. A reimbursement request was submitted, but the federal government has not yet provided any response.
- a. **Housing Opportunities for Persons With AIDS (HOPWA)**
  - Ms. Nelson noted the HOPWA RFP in the packet for review. Some comments at the bidders' conference resulted in an amendment to continue to allow for subcontractors. The due date was also somewhat extended.
  - In state housing news, Governor Gavin Newsom finalized Project Home Key funding awards for various jurisdictions. COVID-19 relief funds of \$550 million and \$50 million in state General Funds will convert motel and hotel sites into permanent supportive housing for the homeless. LAC received several awards including to LAC, the City of Los Angeles, and the City of Long Beach. Overall, LAC will receive approximately \$247 million which will support about 1,600 units.
  - Ms. Barrit noted Project Room Key was a temporary program and funding was winding down. It was anticipated that those units would be demobilized by the end of the year as people are transitioned to other accommodations.
  - The goal is to have Project Home Key facilities set up by the first quarter of 2021 in order to ensure that no Project Room Key clients are lost in transition. Some sites can be adapted for Project Home Key more quickly than others.
  - The Board and Housing Rights Center launched a website, Stay Housed LA, with resources for tenants facing eviction.
  - ➡ Ms. Nelson posted links to referenced information in the Chat and emailed them to staff for distribution.

#### **VII. NEXT STEPS**

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

#### **12. AGENDA DEVELOPMENT FOR NEXT MEETING:**

- ➡ In addition to items noted prior, pause and review strategy in light of the presidential election.

#### **VIII. ANNOUNCEMENTS**

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

#### **IX. ADJOURNMENT**

**14. ADJOURNMENT:** The meeting adjourned at 2:38 pm.



**For Executive Committee Review**  
**Approved by Public Policy Committee - 3/2/2020**



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## **2020 POLICY PRIORITIES**

The Public Policy Committee recommends the following policy priorities (in no particular order) for the Commission on HIV to focus on in 2020:

1. Preserve access to and continuity of care for people living with HIV/AIDS (PLWHA) and communities at highest risk for the acquisition and transmission of HIV disease.
  - Preserve or increase federal funding for Medicaid, Medicare, and for HIV/AIDS programs.
  - Preserve or increase health insurance coverage for individuals with pre-existing conditions.
2. Protect and expand service access and availability for syndemic HIV, STD, and viral hepatitis in California's annual budgeting process and ensure the impact of services and allocation of resources are distributed in accordance to the HIV burden within Los Angeles County.
3. Preserve or increase the Ryan White Program at current or increased funding levels and, where appropriate and strategically viable, support stronger compatibility and greater effectiveness between the RWP, Medicaid, Medicare, and other health systems.
4. Advance and enhance routine HIV testing, expanded linkage to care, and other improvements to the local, state, and national HIV service delivery systems that optimize health outcomes in the HIV Continuum and advance HIV services in LA County consistent with efforts to end the HIV epidemic.
5. Support policies that use data, without risking personal privacy and health, to improve health outcomes and eliminate health disparities among PLWHA and communities highly impacted by HIV/STDs.
6. Enhance accountability for deliverables from a heightened and coordinated federal, state, and local response, particularly in the context of local planning and responsiveness to end the HIV epidemic.
7. Support proposals and increased funding for the provision of and access to: prevention, care and treatment services, bio-medical interventions (such as PrEP and PEP) for people at risk for acquiring HIV and people living with HIV/AIDS, and comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
8. Support proposals that seek to advance health equity, reduce HIV-related stigma, and address social determinants of health such as poverty, education, violence, substance use, food insecurity, and transportation in order to improve health outcomes for PLWHA and special populations at highest risk for contracting HIV.
9. Preserve or improve systems, strategies and proposals that seek to expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of contracting HIV/AIDS.



10. Preserve or improve systems, strategies, and proposals that seek to prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
11. Support proposals that seek to create and expand medical and supportive services for PLWHA ages 50 and over.
12. Support proposals that eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS.
13. Support proposals that expand access and reduce barriers and cost of HIV/AIDS, STD, and viral hepatitis prevention and treatment medication.
14. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Pre-Exposure Prophylaxis Assistance Program (PrEP-AP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
15. Support proposals and policies that prioritize mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
16. Support proposals and policies, especially in the event of Ryan White Reauthorization, that advocate for and encourage the empowerment and engagement of consumer PLWHA and those at risk for contracting HIV on all levels of policy creation, legislation, regulation, and service provision related to HIV prevention and treatment and care with the goal of ending all HIV transmissions and curing all PLWHA.

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.

**From:** Skinner, Angelique@CDPH <[Angelique.Skinner@cdph.ca.gov](mailto:Angelique.Skinner@cdph.ca.gov)>

**Sent:** Monday, October 26, 2020 11:51 AM

**To:** Skinner, Angelique@CDPH <[Angelique.Skinner@cdph.ca.gov](mailto:Angelique.Skinner@cdph.ca.gov)>

**Cc:** Ramos, Marisa@CDPH <[Marisa.Ramos@cdph.ca.gov](mailto:Marisa.Ramos@cdph.ca.gov)>

**Subject:** HIV/AIDS State Health Information Guidance (SHIG) Stakeholder Meeting - November 13, 2020

***Sent on behalf of Marisa Ramos***

Good morning,

The California Office of Health Information Integrity ([CalOHII](#)) is launching a project to expand the [State Health Information Guidance \(SHIG\)](#). I have agreed to serve as a stakeholder and give my input on the topic of people living with HIV/AIDS.

If you are unfamiliar with the SHIG, it provides authoritative but non-binding guidance from the State of California to clarify state and federal laws and regulations on how providers can appropriately share patient information. The goal of the SHIG is to enable health and social service providers to better coordinate patient care without being denied legitimate access to needed patient information.

The original SHIG dealt with sharing health information related to mental health and substance use disorders. CalOHII has received a grant to expand the SHIG to cover additional topics including people living with HIV/AIDS and sharing health information on minors related to sexual orientation, gender dysphoria, abuse, sexual assault, rape, bullying, drug use/addiction, abortion, and reproductive health. CalOHII is looking for a variety of stakeholder voices to share their perspectives, barriers, and wish lists for sharing patient information to improve coordinated care in the areas I mentioned above. They asked me to invite my colleagues to participate as well.

The stakeholder meeting I will be attending will be a facilitated, virtual meeting of no more than 1 ½ hours on November 13 from 1:30-3:00 p.m. I didn't want to share your email addresses without your permission, so if you are interested in joining me as a stakeholder or learning more about the project, please email Rick Lytle from CalOHII at [Rick.Lytle@chhs.ca.gov](mailto:Rick.Lytle@chhs.ca.gov). Thank you for your consideration. I think this is a valuable and worthwhile project, and I know CalOHII would appreciate your participation and perspective.

Marisa Ramos

*Angelique Skinner*

Associate Governmental Program Analyst (AGPA) 

California Department of Public Health

Office of AIDS, Division

(916) 319-9730 | M-F 7:30 – 4:30

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The annual Care4All California Coalition Convening is approaching and we need you at the table to set the agenda and prepare for the year ahead.

Although we had several wins this year, we were unable to move many of our [initial legislative priorities](#) forward. COVID-19 completely disrupted our work and we devoted a majority of our efforts toward defending existing programs and services. Next year, we expect that we'll be defending many programs and our coalition needs each and every member's support to collectively push our agenda forward.

[Register for the convening now](#) and join us on **Wednesday, December 9<sup>th</sup> from 10:00 AM – 12:30 PM PST** via Zoom.

As a coalition, we will debrief on this year's work and strategize on how to move our priorities forward in 2021; working towards a universal, equitable, and affordable health system for all Californians.

Please reach out if you have any questions beforehand.

Thank you,

**Bryant Miramontes** (*he/him/his*)  
Southern California Organizer  
Health Access California  
M: (714) 235-8935



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## Recording Available

Good afternoon,

Thank you for your interest in today's webinar on the *California v. Texas* case before the Supreme Court. **You can now [view the archived recording](#) and [download the slides](#).**

Related resources from KFF:

Overview of the case

- [Explaining California v. Texas: A Guide to the Case Challenging the ACA](#)
- [Potential Impact of California v. Texas Decision on Key Provisions of the ACA](#)
- [5 Charts About Public Opinion on the ACA and the Supreme Court](#)

Analysis of pre-existing conditions

- [Return of Health Discrimination to Insurance Markets Could Affect Millions of People](#)
- [Protecting People with Pre-existing Conditions Isn't as Easy as It Seems](#)
- [Is COVID-19 a Pre-existing Condition? What Could Happen if the ACA is Overturned](#)
- [Mental Illnesses May Soon Be the Most Common Pre-existing Condition](#)
- [Medicaid Covers People with Pre-existing Conditions, Too](#)
- [Pre-existing Condition Prevalence for Individuals and Families](#)
- [Pre-existing Condition Prevalence Among Women Under Age 65](#)

Analysis of other ACA provisions

- [Eliminating the ACA: What Could It Mean for Medicaid Expansion?](#)
- [Loss of the ACA Could Greatly Erode Health Coverage and Benefits for Women](#)
- [What Happens to Medicaid Drug Policy if the ACA is Overturned?](#)
- [Loss of the ACA Would Widen Racial Disparities in Health Care](#)
- [People with Disabilities Are At Risk of Losing Medicaid Coverage Without the ACA Expansion](#)

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Thanks again,

The KFF Team



# Health Care in Motion

Timely, Substantive Updates on Policy Shifts · Actionable Advocacy to Protect Health Care

November 3, 2020

## What's at Stake in the Courtroom?: Health Care Litigation Round-Up

Today, voters across the country are casting their ballots—many with the future of health care on their minds. The election will not only determine the ways in which health care laws, like the Affordable Care Act (ACA), will be interpreted over the next four years, but it will also determine the approach our federal government takes in addressing public health emergencies, rising health care costs, and discrimination in our health care system.

Much of recent health care litigation has been tied to executive action in the last four years. In this installment of *Health Care in Motion*, we provide a round-up of current litigation efforts in the health care space – both cases that threaten our health care system and cases that try to protect it. This broad range of health care-related cases underscores not only the importance of the courts, but of the executive and legislative branches that are all too often implicated in these cases.

### The Affordable Care Act Reaches the Supreme Court (Once Again)

Over ten years and many attempts by state and federal officials to undercut the health care law later, the ACA has returned to the Supreme Court and oral argument will be held next week on November 10, 2020 in [California v. Texas](#).

*California v. Texas* follows a landmark decision from 2012: [NFIB v. Sebelius](#). In this contentious 5-4 decision, Chief Justice Roberts, writing for the majority, held the ACA's individual mandate (requiring individuals to purchase minimum essential coverage) was constitutional as a tax, in line with the federal government's power of taxation set forth in the U.S. Constitution. Because the Court determined the individual mandate to be constitutional, it did not reach the question of severability—whether the entire health care law would have to be struck down if the individual mandate was ruled unconstitutional.

Notably, the composition of the Supreme Court has changed dramatically since 2012 and the issue of severability has now taken center stage. A group of Republican state attorneys general filed a complaint arguing that the Tax Cuts and Jobs Act (TCJA) of 2017 rendered the individual mandate unconstitutional. Congress had reduced the tax of the individual mandate to zero, meaning that the individual mandate no longer raises revenue and can no longer be protected as a tax.<sup>1</sup> The complaint then goes on to argue that the individual mandate is “the heart of the ACA” and inseparable from the rest of the law, thus the entire ACA must be declared unconstitutional.

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<sup>1</sup> Brief of Petitioner at 2, *Texas, et al., v. U.S. et al.*, 352 F.Supp.3d 665(2018) (4:18CV00167).

The case went up to the Fifth Circuit before a panel of three judges. The Fifth Circuit [affirmed](#) the lower court's holding that the ACA, as amended by the TCJA, was no longer a legitimate exercise of Congress' taxing power when the penalty was reduced to zero. Although the Fifth Circuit held the individual mandate was now unconstitutional, it remanded the case to the district court on the issue of severability, imploring the district court "to employ a finer-toothed comb on remand and conduct a more searching inquiry into which provisions of the ACA Congress intended to be inseparable from the individual mandate." In January of 2020 the Fifth Circuit denied a request for a larger hearing with the entire Fifth Circuit and on March 2, 2020 the Supreme Court agreed to hear the case.<sup>2</sup>

## What Can We Expect from a Changed Court?

With Justices Kennedy, Scalia, and Ginsburg no longer on the Supreme Court, the fate of the ACA is difficult to predict. One vote (Justice Ginsburg) from the ACA-saving majority is gone. Justice Ginsburg's replacement, Justice Amy Coney Barrett, [wrote in 2017](#) that "Chief Justice Roberts pushed the Affordable Care Act beyond its plausible meaning to save the statute." Also worth noting, however, is that Justice Kavanaugh recently authored a [majority opinion](#) in which he embraced the "strong presumption of severability" when one portion of a law is held unconstitutional. Another clue as to Justice Kavanaugh? In 2011, when he sat on the D.C. Circuit, Justice Kavanaugh authored a [dissent](#) to a challenge to the Affordable Care Act's individual mandate arguing that the federal courts did not have jurisdiction to hear the case. Although his dissent turned on an analysis of the Anti-Injunction Act (noting that the court would have jurisdiction after the mandate went into effect), it hints that Justice Kavanaugh may be more reluctant than some of his conservative colleagues to strike the law down.

### *California v. Texas: What's at Stake?*

With three new justices on the Court, *California v. Texas* hangs in the balance and is one of the most important cases on the docket. The ACA insures more than [22 million Americans](#) and with an ongoing pandemic reliable health insurance is [more important than ever](#). States that have expanded Medicaid (an option provided by the ACA) have been [better equipped](#) to address COVID-19, especially among essential workers. The pandemic has exacerbated health disparities especially among low income workers and recent data indicates ["the uninsured rate for low-income people with these \[essential worker\] jobs was about twice as high in non-expansion states than in expansion states."](#)

## The Election Implicates Health Care Litigation in More Ways than One

While President Trump has [indicated](#) he will go to court to contest the election, the upcoming presidential election will likely have other effects on the Supreme Court's docket. Many cases seeking *cert.* could be [rendered moot](#) if there is a change in administration because there is a lot of Trump-centric litigation right now. For example, one [petition](#) that could be rendered moot by the election is [Azar v. Gresham](#), a case concerning work requirements for Medicaid recipients in Arkansas. The D.C. Circuit invalidated the Department

<sup>2</sup> The Supreme Court will consolidate petitions and cases for oral argument when they are related or touch on the same issue. Here, the federal defendants of the original lawsuit agreed with the plaintiffs that the ACA was unconstitutional. In 2018, the California Attorney General and sixteen other attorneys general filed a motion to intervene in the lawsuit and defend the ACA. Their appeal of the Fifth Circuit's decision regarding the constitutionality of the individual mandate has been consolidated with the Texas Attorney General's appeal of the severability decision. Documents filed in these cases are filed under "California v. Texas" and the appeals will be heard in one oral argument.

of Health and Human Services' (HHS) approval of the work requirements and a new administration could simply rescind this approval, rendering the case moot.

## The Rollback of Nondiscrimination Protections

In addition to *California v. Texas*, the Affordable Care Act is embroiled in federal litigation surrounding the Trump administration's "[Rollback Rule](#)" which revised HHS' prior interpretation of the nondiscrimination provision of the ACA (Section 1557). [As we discussed in June](#), this rollback poses a significant threat to the health care rights of transgender and gender non-conforming people. Section 1557 prohibits health care discrimination on the basis of race, color, national origin, sex, age, or disability. The Obama administration had interpreted Section 1557's incorporation of Title IX, which prohibits sex-based discrimination, to extend protections against discrimination on the basis of sex stereotyping or gender identity.

In line with a number of other Trump-era rules repealing protections for transgender and gender non-conforming people, the Trump administration rolled back the Obama-era rule in June 2020 and removed explicit protections against discrimination on the basis of gender identity and sex stereotyping (among other protections). Ignoring the Supreme Court's recent ruling in [Bostock v. Clayton County](#) which held that a sister non-discrimination statute (Title VII of the Civil Rights Act) protects individuals from workplace discrimination on the basis of sexual orientation and gender identity, the Trump administration promptly issued this Rollback Rule, interpreting Section 1557 to not extend protections to those who are discriminated against due to sex stereotyping, their gender identity, or their sexual orientation. Advocacy groups around the country filed suit.

- In [Walker v. Azar](#), Judge Block of the United States District Court for the Eastern District of New York issued a stay on the 2020 repeal of the 2016 definition of discrimination on the basis of sex. Judge Block requested further briefing from the parties to determine how much of the Rollback Rule should be stayed. Last week, he ruled that the stay applied to (1) the repeal of definitions for "on the basis of sex", "gender identity", and "sex stereotyping" and (2) the repeal of a particular section that requires health care providers to treat individuals consistent with their gender identities and to not deny or limit a patient's access to sex-specific care because they are transgender. The government is set to appeal.
- The plaintiffs in [BAGLY v. HHS](#) (supported by CHLPI) filed an amended complaint in September, arguing that the Rollback Rule "manifests a disregard for the intent of the law and the weight of contrary legal authority." The Trump administration has filed a motion to dismiss and Judge Saris of the United States District Court for the District of Massachusetts is set to hear arguments on January 26, 2021 at a virtual hearing.
- In [Whitman-Walker Clinic v. HHS](#), Judge Boasberg of the United States District Court for the District of Columbia issued a preliminary injunction on some of the Rollback Rule's provisions, including the enforcement of the "repeal of the 2016 Rule's definition of discrimination '[o]n the basis of sex'" and the enforcement of incorporating religious exemptions from Title IX. The government is set to appeal.

## Other Cases to Keep an Eye On

### *SCOTUS Justices Threaten Obergefell on Second Day of October Term*

At the beginning of this October term, the Supreme Court declined to hear a case involving Kim Davis, the former Kentucky county clerk who refused to issue marriage licenses in the wake of *Obergefell v. Hodges*, the 2015 case that recognized the right to same-sex marriage. Published alongside the denial to hear the case was a [concerning](#)

[opinion](#) from Justice Thomas, joined by Justice Alito. In it, Justice Thomas criticizes the *Obergefell* precedent, writing that in recognizing the constitutional right to same-sex marriage “the Court has created a problem that only it can fix.”

### ***Discriminatory Adoption Agencies Get New Day in Court***

A Christian adoption agency in New York sued the New York Office of Children and Family Services (OCFS), alleging a regulation prohibiting adoption agencies from discriminating on the basis of sexual orientation and marital status violated the Free Exercise, Free Speech, and Equal Protection Clauses of the Constitution. The district court dismissed the case, but in July the Second Circuit [reversed and remanded](#) the case back to the district court, concluding that the adoption agency had raised plausible claims under the Free Exercise and Free Speech clauses. A similar case, [Fulton v. City of Philadelphia, Pennsylvania](#), came out differently in the Third Circuit and was appealed up to the Supreme Court. The Supreme Court will hear oral argument for *Fulton* tomorrow on November 4th.

## Next Steps

### ***Vote!***

If you are a registered voter and haven't already voted in today's election, make a plan to vote! Make sure you leave yourself enough time to safely vote at your polling location and consider how your vote can impact the future of health care rights in this country.

### ***Listen to Oral Arguments!***

The COVID-19 pandemic caused the Supreme Court to begin hearing oral arguments by telephone conference for the first time back in March. The Court recently announced it will continue to hear oral arguments via telephone through November and December. The Court has been livestreaming these oral arguments, giving advocates unique access to the process. Make sure to tune in on November 4 for *Fulton v. City of Philadelphia* and November 10 for *Texas v. California*.

### ***Engage on Social Media!***

If the Supreme Court takes this opportunity to strike down the Affordable Care Act, it would be a devastating blow to health care. Over 20 million Americans [would likely be uninsured](#). The Supreme Court needs to know exactly what is at stake. Take this opportunity to encourage your coalitions and stakeholders to take to social media and share what the ACA means to them.

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