LOS ANGELES COUNTY
COMMISSION ON HIV

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PUBLIC POLICY COMMITTEE
Virtual Meeting

Monday, May 3, 2021

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

***Meeting Agenda + Packet will be available on our website at:**
http://hiv.lacounty.gov/Public-Policy-Committee

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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. 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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LOS ANGELES COUNTY
COMMISSION ON HIV

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

PUBLIC POLICY COMMITTEE

MONDAY, MAY 3, 2021 | 1:00 PM – 3:00 PM

To Join by Computer: https://tinyurl.com/2dwpwu6f
Link is for non-committee members only

To Join by Phone: 1-415-655-0001
Access code: 145 885 5898

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton, (Alternate)	Jerry D. Gates, PhD
Gerald Garth	Eduardo Martinez (Alternate)	Nestor Kamurigi	Isabella Rodriguez
Ricky Rosales	Martin Sattah, MD	Tony Spears (Alternate)	
QUORUM: 6			

AGENDA POSTED: April 29, 2021

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
   b. Ending the HIV Epidemic Activities and Feedback

6. Co-Chair Report 1:25 PM – 1:40 PM
   a. Act Now Against Meth (ANAM) Update
   b. "So, You Want to Talk about Race" by I. Oluo Reading Activity
      Selected Excerpts from Chapters 4 & 5

V. DISCUSSION ITEMS

7. Legislative Docket **MOTION #3** 1:40 PM – 2:10 PM

8. Policies Priority – Priorities 2:10 PM – 2:25PM

9. State Policy & Budget Update 2:25 PM – 2:35 PM

10. Federal Policy Update 2:35 PM – 2:40 PM

11. County Policy Update 2:40 PM – 2:50 PM
a. Transgender Wellness and Equity Fund Support
b. Reassessing the County's Response to the STD Epidemic

VI. NEXT STEPS 2:50 PM – 2:55 PM

12. Task/Assignments Recap

13. Agenda development for the next meeting

VII. ANNOUNCEMENTS 2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT 3:00 PM

15. Adjournment for the meeting of May 3, 2021

PROPOSED MOTIONS	
MOTION #1	**Approve the Agenda Order as presented or revised.**
MOTION #2	**Approve the Public Policy Committee minutes, as presented or revised.**
MOTION #3	**Approve 2021-22 Legislative Docket as presented or revised.**

LOS ANGELES COUNTY
COMMISSION ON HIV

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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 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)**

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/4/21

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	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	**Raquel**	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing (meth)
			Transitional Case Management-Jails
			Transportation Services
COFFEY	**Pamela**	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	**Michele**	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	**Frankie**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	**Luckie**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	**Gerald**	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	**Jerry**	AETC	Part F Grantee
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	**Grissel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	**Damontae**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
JOHNSON	**Diamante**	Unaffiliated consumer	No Ryan White or prevention contracts
KAMURIGI	**Nestor**	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LEE	**David**	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	**Eduardo**	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
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
MORENO	**Carlos**	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			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
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	**Juan**	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	**Joshua**	Unaffiliated consumer	No Ryan White or prevention contracts
RODRIGUEZ	**Isabella**	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	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

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)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SPEARS	**Tony**	Capitol Drugs	No Ryan White or prevention contracts
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts
ULLOA	**Maribel**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	**Justin**	California State University, San Bernardino	No Ryan White or prevention contracts
VELAZQUEZ	**Guadalupe**	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	**Kayla**	No Affiliation	No Ryan White or prevention contracts
WALKER	**Ernest**	Men's Health Foundation	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
WILSON	**Amiya**	Unique Women's Coalition	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

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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

April 5, 2021

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	COMM STAFF/ CONSULTANTS
Lee Kochems, MA, *Co-Chair*	Nestor Kamurigi	Cheryl Barrit, MPIA
Katja Nelson, MPP, *Co-Chair*	Ricky Rosales	Carolyn Echols-Watson, MPA
Alasdair Burton, *(Alt.)*	Tony Spears (Alternate)	Catherine LaPointe (Intern)
Gerald Garth		Abdul-Malik Ogunlade (Intern)
Eduardo Martinez (Alternate)		
Isabella Rodriguez		
Martin Sattah, MD		

*Members of the public may confirm their attendance by contacting Commission staff @hivcom@lachiv.org.

** Meeting minutes may be corrected up to one year from the date of Commission approval.

CONTENTS OF COMMITTEE PACKET

1) **Cover Page**: Public Policy Committee Virtual Meeting Flyer, *4/5/2021*
2) **Agenda**: Public Policy Committee Agenda, *4/5/2021*
3) **Minutes**: Public Policy Committee Meeting Minutes, *02/01/2021, 03/01/2021*
4) **Document:** Code of Conduct *4/11/2019*
5) **Table:** Commission Member Conflicts of Interest, *3/4/2021*
6) **Table:** Draft 2021-2022 Legislative Docket, *4/5/2021*
7) **Fact Sheet:** AB 19 (Santiago) Extended Unemployment
8) **Information Document:** AB 71 LAC Homeless Initiative
9) **Bill Excerpt:** AB 328 Reentry Housing Program
10) **E-Mail:** Sacramento – Pursuit of County Advocacy Position on State Legislation Related to Unaccompanied Women Experiencing Homelessness, *3/15/2021*
11) **E-Mail:** Washington **–** Pursuit of County Advocacy Position in Support the George Floyd Justice in Policing Act of 2021, *3/2/2021*
12) **E-Mail:** Washington – Pursuit of County Advocacy Position on Legislation Related to Immigration, *3/17/2021*
13) **Document:** Protecting Immigrant Families – Public Change Rule
14) **Letter:** Budget Request RE Strengthening Health Care Services for the Transgender Community, *02/26/2021*

15) **Notice:** Senate Subcommittee #3 on Health and Human Services Hearing, *3/5/2021*
16) **Letter:** STD letter to DPH, B. Ferrer, Department Head with attachment.
17) **Information Document:** Achieving Functional Zero in Los Angeles County
18) **PowerPoint:** Methamphetamine Use and HIV in MSM in Los Angeles: Biology and Behavior, *7/21/2020*
19) **PowerPoint:** Methamphetamine: Update, *03/23/2021*
20) **PowerPoint:** Methamphetamine in Los Angeles County
21) **PowerPoint:** Intersection of Methamphetamine and Key HIV and Syphilis Indicators: A Challenge to "Ending the HIV Epidemic" Progress, *3/23/2021*
22) **Article:** Big Idea – Improving the Health of People Who Use Drugs and People in Recovery is Essential for Ending the HIV Epidemic, *3/2021*
23) **Article:** Big Idea in Brief - Improving the Health of People Who Use Drugs and People in Recovery is Essential for Ending the HIV Epidemic, *3/2021*
24) **Notice:** Notice of Public Hearing Extension of the Public Comment Period DP-18-015, Syringe Exchange Program Regulatory Consistency
25) **Notice:** Notice of Proposed Rule Making Title 17, California Code of Regulations, DPH-18-015 Syringe Exchange Program Regulatory Consistency Published: *2/19/2021*
26) **Proposal:** End the Epidemics, FY 2021-22 End the Epidemics Budget Proposals, *02/01/2021*
27) **Document:** Presidential Advisory Council on HIV/AIDS, Resolution-on-Ensuring Equity and Justice in Ending-the-HIV-Epidemic*, 3/9/2021*

CALL TO ORDER, INTRODUCTIONS AND CHECK-IN, CONFLICT OF INTEREST STATEMENTS: Ms. Nelson welcomed all and called the meeting to order. Attendees introduced themselves and stated their conflicts of interest.

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 2/1/2021 and 3/1/2021 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 FUTTURE 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
   Cheryl Barrit, Executive Director (ED) reported the following.

   New members Gerald Garth and Isabella Rodriquez were welcomed to the PPC.

Committee members were encouraged to complete the Health HIV survey to assess the effectiveness of the Commission as a planning council. If a 90% response rate is achieved, each Commissioner will receive a $20 gift card.

The Planning, Priorities and Allocations (PP&A) Committee will review Commission directives to the Division HIV/STD Programs (DHSP) at the April 20, 2021 meeting. PP&A ranks services and funding allocations. The directives provide specific instruction on how to meet the recommend rankings and allocations. PPC has identified multi community needs through policy priorities and bills selected for the legislative docket. These actions intersect with directives.

The Committee was informed of the following meetings.

- Standard and Best Practices Committee meeting scheduled for Tuesday, April 6, 2021 from 10AM to Noon.
- Aging Task Force scheduled for Tuesday, April 6, 2021 from 1 to 3PM.
- Full Commission meeting scheduled for Thursday, April 8, 2021 9AM to 1PM.
- Consumer Caucus meeting scheduled for Thursday, April 8, 2021 3 to 4:30PM.
  Alasdair Burton, Co-Chair of the Consumer Caucus invited PPC members to the Thursday's Consumer Caucus meeting.

The Commission will continue working with the Human Relations Commission to encourage and inform members on communication skills for discussing difficult subjects such as racism. The Commission is encouraging discussion initiated by Committee and Commission readings from "So You Want to Talk about Race" be shared at full Commission meetings.

HIV STD surveillance data will be available at the May 2021 Commission meeting. Members were encouraged to ask DHSP questions related to surveillance data at the April Commission meeting for inclusion in the May presentation.

Black/African American Community (BAAC) Task Force (TF) Co-Chairs will meet with Commission Committees. Staff is working with co-chairs on logistics.

The Committee was requested to consider Ending the HIV Epidemic (EHE) as a standing agenda item to review committee efforts in achieving EHE plan goals. Dedicating time to understand the supporting role of the Committee/Commission in the EHE plan. There was discussion about requesting a DHSP EHE plan representative to attend Committee meetings for input and an overview of the EHE plan. DHSP EHE Program Manager, Julie Tolentino will attend the Consumer Caucus meeting on Thursday, April 8, 2021

- ➲ The Committee agreed to add EHE as a standing item on the PPC agenda.
- ➲ ED will follow-up with Julie Tolentino. Committee members were encouraged to send specific questions to staff to be addressed at the May 2021 PPC meeting.

6. CO-CHAIR REPORT

The Co-Chair open the floor for new members Gerald Garth and Isabella Rodriguez. Both describe their legislative experience.

a. Act Now Against Meth (ANAM) Update
   The Wall Las Memorias
b. "So, You Want to Talk about Race" by I. Oluo Reading Activity"
   Co-Chair Nelson read P.230 at the end of the book.

V. DISCUSSION ITEMS

7. LEGISLATIVE DOCKET

The Committee reviewed multiple bills. The following list outcomes of the review.

AB 15 COVID-19 Relief: Tenancy: Tenant Stabilization Act of 2021 &
AB 16 Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021

- Contact Chiu's Office and/or agency sponsor to request additional information and a possible presentation to PPC. Specifically, how local, state, and federal bills will interact with multiple COVID-19 Tenant Relief bills. (i.e., from legislatures office)

It was noted, LAHSA has requested a postponement of a performance report until July 2021, after canceling the 2021 homeless count.

AB 19 Unemployment Insurance Compensation COVID-19 Pandemic: Temporary Benefits

The bill has been postponed due to the federal government extending unemployment benefits through September 2021.

AB 65 California Universal Basic Income Program

- Contact Low's office for information on bill implementation.

AB 71 Homelessness funding: Bring California Home Act

- Contact Rivas' office for bill spending plan details.

AB 240 Local Health Department Workforce Assessment

- Include in Legislative Docket with a position of support with questions.
- Contact Rodriguez's Office for additional bill information including the bill spending plan and methods of maintaining accountability and/or monitoring.

Los Angeles County is watching this bill. The following link is to the legislative verbiage
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB240

AB 328 Reentry Housing Program

- Contact Chiu Office for a definition of Continuum of Care (CoC) as defined by the bill.

AB 439 Certificates of Death: Gender Identity

- Include in Legislative Docket with a position of support.

AB 835 Hospital Emergency departments: HIV testing

- Contact Nazarian's Office or AIDS Healthcare Foundation (AHF) for information about how the bill has evolved from the last iteration (AB 2439).
- Include in Legislative Docket with a position of support.

It was noted, the Commission, DHSP and the County have historically supported emergency room HIV testing. The following link is to the legislation
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835

AB 1344 State Department of Public Health: Needle and Syringe Exchange Services

- The Committee is in support.

AB 1400 Guaranteed Health Care for All

- The Committee is in support.

It was noted that financing for the program is not yet defined. The bill is supported by the Nursing Association.

AB1407 Health Care: Discrimination

- The Committee is in support.
- Contact Burke's Office for additional information on implicit bias training included in the bill.

SB 17 Public Health Crisis: Racism

- The Committee is in support.

SB 110 Substance Use Disorder Services: Contingency Management Services

- The Committee opposed unless Amended.
- Contact Weiner's Office for more information.

SB217 Comprehensive Sexual Health Education and Human Immune-Deficiency Virus (HIV) prevention education

- The Committee's position is opposed unless amended.

SB 221 Health Care Coverage Timely Access to Care

- The Committee is in support.

Discussion included the bill will encourage insurers to ensure person seeking services. Providers that do not provide services would be considered a criminal act. There was discussion on associated costs. The National Union of Healthcare workers supports the bill. The following is the link to SB 221 resource information https://sd11.senate.ca.gov/news/20210114-senator-wiener-introduces-legislation-strengthen-timely-care-mental-health-and

SB 225 Medical Procedures: Individuals Born with Variations in their Physical Sex Characteristics

- Include in Legislative Docket with a position of support.

The Transgender Caucus supports the bill. The Committee discussed the change in the age of decision in the bill and noted it was twelve years old from 6 years old. The following links are to legislative bill verbiage and ACLU position paper.
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB225
https://aclucaaction.org/sb-225-bodily-autonomy-dignity-and-choice-act/

SB258 Aging

- The Committee is in support.

SB 306 Sexually Transmitted Disease: Testing

- The Committee is in support.

SB 316 Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics

- The Committee is in support.

AB 683 Medi-Cal eligibility was supported on the Committee's legislative docket for 2020-21.

SB 357 Crimes: Loitering for the Purpose of Engaging in a Prostitution Offense

- Include in Legislative Docket with a position of support.
- The Committee requested feedback from the Transgender Caucus.

It was noted, the bill will decriminalize loitering as it relates to sex work. The current law impacts those most vulnerable to HIV transmission. Legislation information may be found at
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357

SB 464 California Food Assistance Program: Eligibility

- The Committee is in support.

It was noted, this bill will increase food security.

SB 523 Health Care Coverage: Contraceptives

- Include in Legislative Docket with a position of support.

The Committee noted this supports sexual reproductive health. Legislation information may be found at https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523

SB 803 Mental Health Services: Peer Support Specialist Certification

- The bill was signed by the Governor. The Committee will continue to follow the State budgeting process for funding approved for this legislation.

County Health Executives Association of California (CHEAC) provides additional information on bills related to health services. The information can be found at the following link https://cheac.org/wp-content/uploads/2021/03/3-26-Bill-Chart-5.pdf

H.R. 5 Equality Act

- The Committee is in support.

International Human Rights Defense Act of 2021

- The Committee is in support.

The Committee will monitor when the bill is introduced. The bill allows government to address LGBTQ issues in global affairs for LGBTQ. Additionally, the increase legislation will awareness and encourage positive actions on LGBTQ human rights issues.

- The Legislative Docket will be placed on the May 2021 meeting agenda as a motion for approval.

8. **STATE POLICY AND BUDGET UPDATE**
9. **FEDERAL POLICY UPDATE**
10. **COUNTY POLICY UPDATE**

VI. NEXT STEPS

11. **TASK/ASSIGNMENTS RECAP**: There was no additional discussion.
12. **AGENDA DEVELOPMENT FOR NEXT MEETING**:

- The Committee request the docket be placed early in the agenda to ensure completion and approval.

VII. ANNOUNCEMENTS

13. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**:

VIII. ADJOURNMENT

Meeting adjourned at approximately 3:30PM.

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT - 2021-2022 Legislative Docket

5/3/2021

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	*14-APR-21 From Committee: Do Pass and Re-Refer to Committee on Appropriations.*
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15	Support with questions	11-JAN-21 Referred to Committee on Housing and Community Development
AB 16 (Chiu)	Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16	Watch	13-JAN-21 Re-referred to Committee on Housing and Community Development

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 19 (Santiago)	Unemployment insurance compensation: COVID-19 pandemic: temporary benefits	This bill would require the Employment Development Department to provide, until July 1, 2022, following the termination of assistance pursuant to Pandemic Unemployment Assistance (PUA) and Pandemic Emergency Unemployment Compensation (PEUC) or any other federal or state supplemental unemployment compensation payments for unemployment due to the COVID-19 pandemic, in addition to an individual's weekly benefit amount as otherwise provided for by existing unemployment compensation law, unemployment compensation benefits equivalent to the terminated federal or state supplemental unemployment compensation payments for the remainder of the duration of time the individual is unemployed due to the COVID-19 pandemic, notwithstanding the weekly benefit cap. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB19	Watch with more information	11-JAN-21 Referred to Committee on Insurance
AB 32 (Aguiar-Curry)	Telehealth	The bill would authorize a provider to enroll or recertify an individual in Medi-Cal programs through telehealth and other forms of virtual communication. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB32	Support	*28-APR-21 From Committee: Do Pass and Re-Refer to Committee on Appropriation*
AB 65 (Low)	Low. California Universal Basic Income Program	This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65	Watch	*27-APR-21 From Committee: Do Pass and Re-Refer to Committee on Appropriation*
AB 71 (Luz Rivas)	Homelessness funding: Bring California Home Act	This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB71	Support	*20-APR-21 From committee: Do Pass and Re-Refer to Committee on Housing & Community Development*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the *State Department of Health Care Services*. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	26-MAR-21 Re-referred to Committee on Health
AB 218 (Ward)	Change of gender and sex identifier	This bill would recast these provisions relating to new birth certificates to provide for a change in gender and sex identifier and to specify that a person who was issued a birth certificate by this state, rather than a person born in this state, may obtain a new birth certificate. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB218	Support	*28-APR-21 In Committee: Set, First Hearing. Referred to Suspense File*
AB 240 (Rodriguez)	Local health department workforce assessment.	This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240	Support with Questions	*14-APR-21 In Committee: Set, First Hearing. Referred to Suspense File*
AB 245 (Chiu)	Educational equity: student records: name and gender changes	This bill would require a campus of the University of California, California State University, or California Community Colleges to update a former student's records to include the student's updated legal name or gender if the institution receives government-issued documentation, as described, from the student demonstrating that the former student's legal name or gender has been changed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB245	Support	*15-APR-21 Read Second Time. Ordered to Third Reading.*
AB 328 (Chiu)	Reentry Housing Program	This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care, as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328	Support	*21-APR-21 In Committee Set, First Hearing. Referred to Suspense File*
AB 369 (Kamlager)	Medi-Cal: street medicine and utilization controls	This bill would require the department to implement a program of presumptive eligibility for individuals experiencing homelessness, under which an individual would receive full-scope Medi-Cal benefits without a share of cost. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB369	Support	*27-APR-21 Re-Referred to Committee on Appropriation*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 439 (Bauer-Kahan)	Certificates of death: gender identity	This bill would authorize the decedent's gender identity to be recorded as female, male, or nonbinary. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB439	Support	*19-APR-21 In Senate. Read First Time. To Committee on Rules for Assignment.*
AB 453 (Garcia)	Sexual battery: nonconsensual condom removal	This bill would additionally provide that a person commits a sexual battery who causes contact between a penis, from which a condom has been removed, and the intimate part of another who did not verbally consent to the condom being removed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB453	Oppose	*19-APR-21 In Senate. Read First Time. To Committee on Rules for Assignment*
AB 789 (Low)	Health care facilities	This bill would require a primary care services in an outpatient department of a health facility or a primary care clinic, as specified, to offer a patient receiving health services a hepatitis B screening test and a hepatitis C screening test, as specified. The bill would also require the practitioner to offer the patient follow up health care or refer the patient to a health care provider who can provide follow up health care if the screening test is positive or reactive, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB789	Support	*28-APR-21 In Committee: Set, First Hearing. Referred to Suspense File.*
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835	Support	*21-APR-21 In Committee: Set, First Hearing. Referred to Suspense File.*
AB 1344 (Arambula)	State Department of Public Health: needle and syringe exchange services	This bill would expressly exempt needle and syringe exchange services application submissions, authorizations, and operations from review under the California Environmental Quality Act. Further, the bill would provide that the services provided by an entity authorized to provide those needle and syringe exchange services, and any foreseeable and reasonable consequences of providing those services, do not constitute a public nuisance under specified existing law. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1344	Support	*12-April-21 Re-referred to Committee on National Resources and Water Committee Pursuant to Assembly Rule 96.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1400 (Kalra)	Guaranteed Health Care for All	This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400	Support	22-FEB-21 Read first time.
AB 1407 (Burke)	Nurses: implicit bias courses.	This bill would state the intent of the Legislature to enact legislation that would address discrimination in health care. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1407	Support	*28-APR-21 From Committee: Do Pass and Re-Refer to Committee on Appropriation.*
AB 2218 (Santiago) (Formerly)	Transgender Wellness and Equity Fund	This law establishes the Transgender Wellness and Equity Fund to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers.	In Support of Transgender Wellness Fund	26-SEP-20 Approved by the Governor
SB 17 (Pan)	Public health crisis: racism	This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17	Support	*21-APR-21 Set for Hearing May 3.*
SB 56 (Durazo)	Medi-Cal: eligibility	This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56	Support	22-MAR-21 March 22 hearing: Placed on Appropriations suspense file.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57	Support	*22-APR-21 In Assembly Read First Time. Held at Desk.*
SB 110 (Weiner)	Substance use disorder services: contingency management services	This bill will expand substance use disorder services to include contingency management services, as specified, subject to utilization controls. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB110	Opposed Unless Amended	*22-APR-21 From Committee: Do Pass and Re-Refer to Committee on Appropriation.*
SB 217 (Dahle)	Comprehensive sexual health education and human immuno-deficiency virus (HIV) prevention education.	This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217	Opposed Unless Amended	*16-APR-21 Set for Hearing April 28.*

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 221 (Wiener)	Health care coverage: timely access to care	The bill would require both a health care service plan and a health insurer to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan or a health insurer to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a follow up appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB221	Support	*21-APR-21 Set for Hearing May 3.*
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225	Support	*05-APR-21 April 5 Set for First Hearing Canceled at the Request of the Author.*
SB 258 (Laird)	Aging	The bill would revise this definition "greatest social need" to include human immunodeficiency virus (HIV) status as a specified noneconomic factor. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB258	Support	*26-APR-21 Read Third Time and Amended.*
SB 306 (Pan)	Sexually transmitted disease: testing	This bill would require a health care provider to include "expedited partner therapy" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB306	Support	*19-APR-21 From committee: Do Pass and Re-Refer to Committee on Appropriation*
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316	Support	22-MAR-21 March 22 hearing: Placed on Appropriations suspense file.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	*21-APR-21 Set for Hearing May 3.*
SB 464 (Hurtado)	California Food Assistance Program: eligibility	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	*21-APR-21 Set for Hearing May 3.*
SB 523 (Leyva)	Health care coverage: contraceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	*20-APR-21 Set for Hearing April 28.*
SB 803 (Beall) (Formerly)	Mental health services: peer support specialist certification	This law requires the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB803	Requires funding to implement. The State has proposed $4.7 million for 22-23 fiscal year. LAC is in support of the proposal.	25-SEP-20 Approved by the Governor
FEDERAL BILLS				
H.R.5 (Cicilline)	Equality Act	This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. https://www.congress.gov/bill/117th-congress/house-bill/5	Support	25-FEB-21 Passed in House

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 1201 (Lowenthal-Markey)	International Human 5 Rights Defense Act of 2021	The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally. https://www.congress.gov/bill/117th-congress/house-bill/1201/text	Support	*02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights*

LOS ANGELES COUNTY
COMMISSION ON HIV

PUBLIC POLICY COMMITTEE
2021-22 LEGISLATIVE DOCKET
FOLLOW-UP ACTIONS/RESPONSES
AS OF 5/3/2021

BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/RESPONSES
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	Contact Representative Chiu's office and/or agency sponsor to provide additional information and a possible presentation to the Committee.	Representative Chiu's office has been contacted. Awaiting a response.
AB 16 (Chiu)	Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	Contact Representative Chiu's office and/or agency sponsor to provide additional information and a possible presentation to the Committee.	Representative Chiu's office has been contacted. Awaiting a response.
AB 19 (Santiago)	Unemployment insurance compensation: COVID-19 pandemic: temporary benefits	Additional information requested.	Additional information provided in the April 5, 2021 PPC meeting packet.

BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/RESPONSES
AB 65 (Low)	Low. California Universal Basic Income Program	Contact Representative Low's office for more information on how the bill would be implemented.	Representative Low's office was contacted. Awaiting a response The bill requires … **18 years of age or older** …, would receive a universal **basic income of $1,000 per month**. The … … **lived in the state for at least the last 3 consecutive years** and that the resident's **income to not exceed 200% of the median per capita income for the resident's current county of residence, as determined by the United States Census Bureau**. … define universal basic income to mean unconditional cash payments of equal amounts issued monthly to individual residents of California with the intention of ensuring the economic security of recipients.
AB 71 (Luz Rivas)	Homelessness funding: Bring California Home Act	Contact Representative Rivas' office to determine how the funding will be spent.	Representative Rivas' office was contacted. Awaiting a response.
AB 240 (Rodriguez)	Local health department workforce assessment	Contact Representative Rodriguez' office for additional bill information to include how funds will be spent and what accountability/monitoring will exist.	Representative Rodriguez office was contacted. Awaiting a response.

BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/RESPONSE
AB 328 (Chiu)	Reentry Housing Program	Contact Representative Chiu's office for a Continuum of Care definition.	Representative Chiu's Office was contacted. Awaiting a response. Documentation defining Continuum of Care was proved in the April 5, 2021 PPC packet
AB 453 (Garcia)	Sexual battery: nonconsensual condom removal		
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	Contact Nazarian's office or AHF for more information about how the bill has evolved from the last iteration. AB 835 bill https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835 AB 2786 Previous bill https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB2786	It appears the significant difference between the initial bill and the current bill are initially the bill required the development of protocols for hospital emergency departments and HIV testing. The current bill requires every patient who has blood drawn at a hospital emergency room to be offered HIV testing. Refer to the links shown in the previous column.
AB 1407 (Burke)	Nurses: implicit bias courses.	Contact Representative Burke's office for additional information on if implicit bias training is offered through the bill and if so specifics on the training provided.	Representative Burke's Office was contacted. Awaiting a response. Language in the bill states. The bill would require… one hour of direct participation in an implicit bias course….

BILL	TITLE	COMMITTEE CONCERN/REQUESTS	FOLLOW-UP ACTIONS/REPSONSE
SB 217 (Dahle)	Comprehensive sexual health education and human immuno-deficiency virus (HIV) prevention education	Contact Dahle's office for more information on the bill	An information sheet is included in the May 3, 2021 meeting packet.
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	Request Transgender Caucus review the bill at their next meeting and provide their recommendation.	The Transgender Caucus met March 23, 2021 and agreed to support SB 225.
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Request Transgender Caucus review the bill at their next meeting and provide their recommendation.	The Transgender Caucus will meet on May 25, 2021 and will discuss this bill at the meeting.

SB "217" (Dahle): Youth Instructional Materials Transparency & Accessibility Act

PURPOSE

The bill would require that schools post their sexual education curriculum and materials, as required by the California Healthy Youth Act, on the internet.

This bill makes instructional materials more readily accessible for parents of school aged children enrolled in public and charter schools. Further, it requires school districts to make any adopted curriculum available on their websites with reasonable accommodation for non-English speaking parents to provide resources in the appropriate language spoken by those parents.

BACKGROUND

The California Healthy Youth Act requires school districts, defined to include county boards of education, county superintendents of schools, the California School for the Deaf, the California School for the Blind, and, commencing with the 2019–20 school year, charter schools, to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education, as specified. The act authorizes a school district to provide that education earlier than grade 7 with age-appropriate and medically accurate information.
The CHYA does not require school districts to make such curricula available on their websites before it is taught in the classroom, so the materials are not readily accessible to parents – especially during these times of distant learning. In districts with a substantial number of parents who are non-English speaking, there is an additional barrier to transparency, as school policies and notices are not necessarily made available in the primary language spoken by these parents. This inhibits the ability of parents, including non-English speaking parents, to have equitable access to review curricula and make informed decisions regarding their child's education.

Currently, the act prohibits a school district from requiring active parental consent.

SOLUTION

Given the new structure of our schooling system as changed due to COVID-19, we should encourage that parents actively participate in their child's development and instruction. The shift to internet-based and technology heavy education has forced schools to prevent parents from physically accessing the school campus during the pandemic. The recent school reopening plan does not indicate any change in this policy. As such, we need to ensure that parents and students have access to all of the material and curriculum being taught by the school.

SB 217 is a simple change to current law that requires school districts to post the content of adopted curricula online to allow both English and non-English speaking parents access to materials, and to assist them in engage in their childrens' education.

SUPPORT

None on file.

OPPOSITION

Desert AIDS Project (DAP) Health
APLA Health
Equality California
American College of Obstetricians and Gynecologists
ACLU – California
CA School Board Association (CSBA)
NARAL Pro-Choice California
Planned Parenthood of California
16 other organizations

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

PUBLIC POLICY COMMITTEE (PPC)
2021 POLICY PRIORITIES

(Approved 04/08/2021)

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 care and supportive 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. 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 and enhance HIV prevention and care service. This effort is to address negative impacts pre-COVID service levels, as well exceed 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 year 2021: (Issues are in no particular order.)

Racism

a. Health equity, 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; and income/wealth gaps.
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.

Housing

a. 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.

b. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
c. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

Mental Health

a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

Sexual Health

a. 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. 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, 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 to include 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.

Consumers

a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWHA) and those at risk of acquiring HIV. This includes young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color, transgender and the aging.

Aging

a. Create and expand medical and supportive services for PLWHA ages 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.

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** disincentives 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.

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.

Criminalization

a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS.

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.

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.

Fact Sheet:
California Law and Syringe Services Programs

California law prohibits the sale, distribution, or possession of materials defined as "drug paraphernalia." However, for many years the state has recognized the scientific consensus that access to sterile syringes and other safer drug use equipment protects people from HIV and viral hepatitis infection, injury, and other negative health consequences. Consequently, state law makes several broad exceptions to drug paraphernalia laws, allowing staff and volunteers of syringe services programs (SSPs), physicians, and pharmacists to legally distribute such equipment, and people who use drugs to legally possess them.

SSPs also commonly distribute the opioid overdose antidote naloxone, a safe, nontoxic, easy-to-administer medication that can reverse an overdose and prevent death. California law allows dispensing and possession of naloxone without a patient-specific prescription.

1. Syringe Possession

Access to new, sterile syringes interrupts HIV and viral hepatitis transmission and reduces the risk of other infections and injury among people who inject drugs. Enabling people who use drugs to protect their health and safety is essential to meet California's public health goals.

Key Points:

- It is lawful to possess syringes for personal use in California. Syringes possessed for personal use are not defined as "drug paraphernalia" pursuant to Health and Safety Code Sections 11364 and 11364.5.
- It is also lawful to possess syringes that have been containerized for safe disposal (e.g. in a sharps container). However, syringes do not need to be containerized in order to be lawful to possess.
- There is no limit on the number of syringes a person may possess.
- There is no age restriction on syringe possession.
- It is lawful to possess syringes obtained from any source.
- The law does not require people to have documentation of where they obtained syringes, such as a receipt, prescription, or identification card.

State Law Excerpt:

Health and Safety Code Section 11364:

(a) It is unlawful to possess an opium pipe or any device, contrivance, instrument, or paraphernalia used for unlawfully injecting or smoking (1) a controlled substance specified in subdivision (b), (c), or (e) or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (14), (15), or (20) of subdivision (d) of Section 11054, specified in subdivision (b) or (c) of Section 11055, or specified in paragraph (2) of subdivision (d) of Section 11055, or (2) a controlled substance that is a narcotic drug classified in Schedule III, IV, or V.

(b) This section shall not apply to hypodermic needles or syringes that have been containerized for safe disposal in a container that meets state and federal standards for disposal of sharps waste.

(c) Until January 1, 2026, as a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among persons who use syringes and hypodermic needles, and to prevent subsequent infection of sexual partners, newborn children, or other persons, this section shall not apply to the possession solely for personal use of hypodermic needles or syringes.

2. Syringe Distribution

SSPs are California's primary response to injection-related public health issues, and syringe access opens doors to a wide range of other support and care. Physicians and pharmacists may also dispense syringes without a prescription, and are an important source of safer injection supplies and care, especially in places where SSPs do not exist.

Key Points:

- Syringes may be dispensed without a prescription by physicians, pharmacists, or staff and volunteers of SSPs authorized by CDPH or a city or county government.
- There is no limit on the number of syringes that may be dispensed to a person by one of the entities described above.
- SSPs and pharmacies are required to make syringe collection and disposal services available when dispensing syringes.
- Physicians and pharmacists may dispense syringes to anyone age 18 or older.
- There is no age restriction to receive syringes from an SSP.

State Law Excerpt:

Syringe Distribution by SSPs (Health and Safety Code Section 121349):

(b) In order to reduce the spread of HIV infection and bloodborne hepatitis among the intravenous drug user population within California, the Legislature hereby authorizes a clean needle and syringe exchange project pursuant to this chapter in any city, county, or city and county upon the action of a county board of supervisors and the local health officer or health commission of that county, or upon the action of the city council, the mayor, and the local health officer of a city with a health department, or upon the action of the city council and the mayor of a city without a health department.

(c) In order to reduce the spread of HIV infection, viral hepatitis, and other potentially deadly bloodborne infections, the State Department of Public Health may, notwithstanding any other law, authorize entities that provide services set forth in paragraph (1) of subdivision (d), and that have sufficient staff and capacity to provide the services described in Section 121349.1, as determined by the department, to apply for authorization under this chapter to provide hypodermic needle and syringe exchange services consistent with state standards in any location where the department determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes.

Syringe Distribution by Physicians and Pharmacists (Business and Professions Code 4145.5):

(b) Notwithstanding any other provision of law, and until January 1, 2026, as a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among persons who use syringes and hypodermic needles, and to prevent subsequent infection of sexual partners, newborn children, or other persons, a physician or pharmacist may, without a prescription or a permit, furnish hypodermic needles and syringes for human use to a person 18 years of age or older, and a person 18 years of age or older may, without a prescription or license, obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist.

3. Other Safer Drug Use Materials Distributed for Public Health Purposes

Any materials in which drugs are prepared or administered may potentially transmit disease or cause injury if shared or reused. Consequently, California law allows CDPH and local health departments to approve the distribution and possession of such materials for public health purposes. Currently, these materials include, but are not limited to, cotton filters, containers for mixing injectable drugs (“cookers”), tourniquets, alcohol swabs, sterile water and saline, sharps disposal containers, pipes and foil suitable for smoking opioids or methamphetamine, straws, and other items.

Key Points:

- The California Department of Public Health (CDPH) and local health departments may designate materials for distribution by SSPs as necessary for disease, injury, or overdose prevention. Such materials are not considered "drug paraphernalia" and may be lawfully possessed by staff, volunteers, and participants of SSPs.
- The CDPH Office of AIDS designates all materials included in its Syringe Supplies Clearinghouse, which provides support for SSPs, as necessary for the prevention of disease, injury, or overdose.

State Law Excerpt:

Health and Safety Code Section 121349.1:

Staff and volunteers participating in an [SSP] authorized by the state, county, city, or city and county pursuant to this chapter shall not be subject to criminal prosecution for violation of any law related to the possession, furnishing, or transfer of hypodermic needles or syringes or any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability during participation in an [SSP]. Program participants shall not be subject to criminal prosecution for possession of needles or syringes or any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability acquired from an authorized [SSP].

4. Naloxone

SSPs play an important role in California's efforts to reduce opioid overdose deaths, including by distributing the opioid overdose antidote medication naloxone. California law allows for naloxone to be distributed by people who are not doctors or pharmacists under what are called 'standing orders,' including through a statewide order issued by CDPH.

Key Points:

- A licensed health care provider who is authorized to prescribe medication may issue standing orders for the distribution of naloxone to a person at risk of an opioid overdose or to a person who may provide first aid to someone experiencing an opioid overdose.
- SSP staff and volunteers may lawfully possess and dispense naloxone pursuant to a standing order from a licensed prescriber.

Key Points *(continued)*:

- Anyone may lawfully possess naloxone obtained through a standing order without a patient-specific prescription, and may lawfully administer it to someone they believe is experiencing an opioid overdose.
- Pharmacists may dispense naloxone without a prescription.

State Law Excerpt:

Standing Order Naloxone Dispensing and Personal Possession (Civil Code 1714.22):

(c) (1) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.

(2) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an opioid-related overdose by a family member, friend, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an opioid overdose.

(f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.

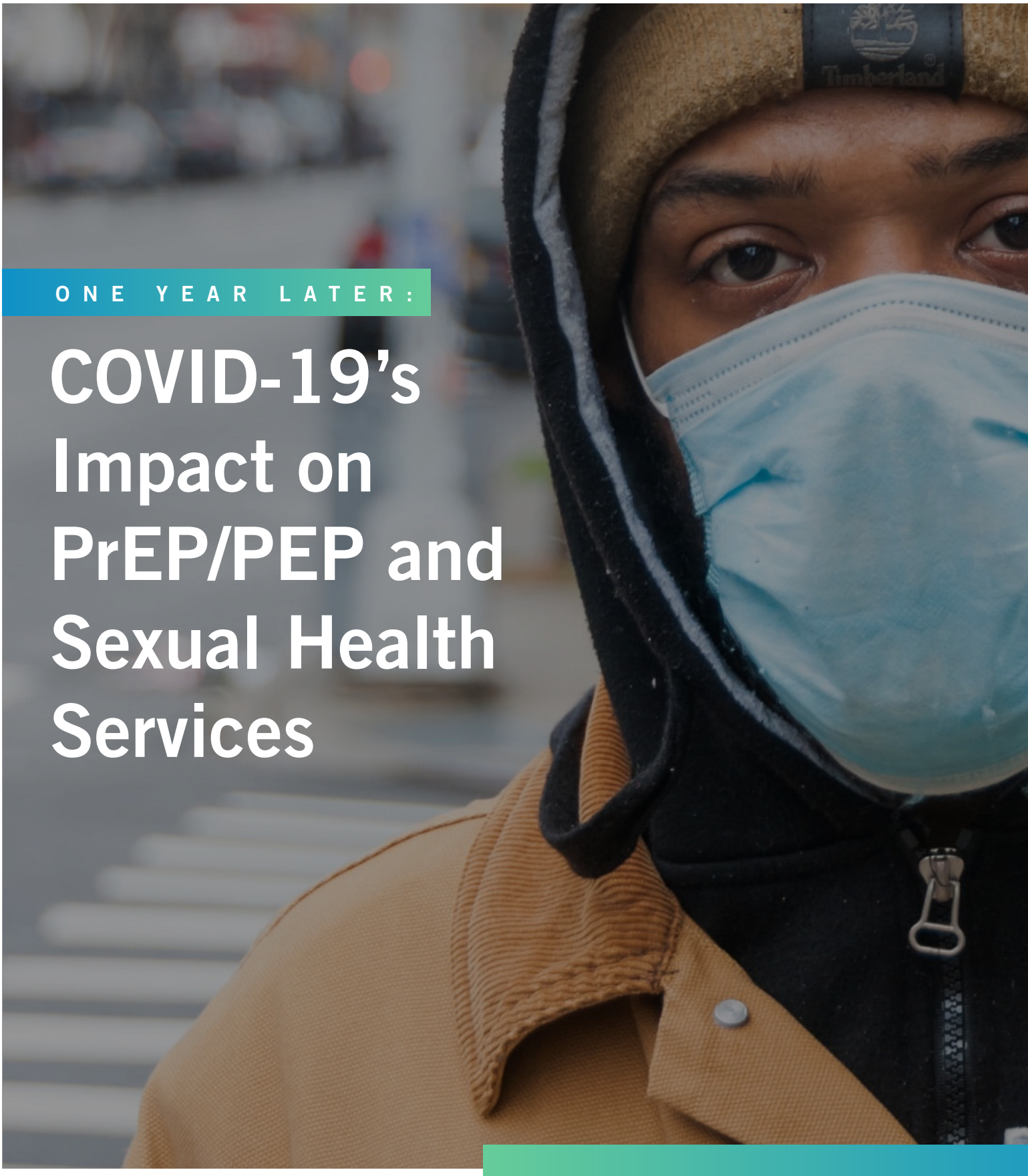
Nonprescription Naloxone Dispensing by Pharmacists (Business and Professions Code 4052.01):

(a) Notwithstanding any other provision of law, a pharmacist may furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities.

OFFICE OF AIDS
California Department of Public Health

National Coalition of STD Directors

NASTAD



ONE YEAR LATER:

COVID-19's Impact on PrEP/PEP and Sexual Health Services

EXECUTIVE SUMMARY

The United States has been in a state of emergency concerning the COVID-19 global pandemic since March 2020. With the country responding to the pandemic for over a year, the National Coalition of STD Directors (NCSD), in collaboration with NASTAD, examines the impact COVID-19 has had on PrEP/PEP and sexual health services, particularly in the South.

Throughout the nation's response to the pandemic, sexual health programs were uniquely impacted.

- Much of the sexual health workforce was pulled into COVID-19 detail, causing significant service disruptions.
- Sexual health programs implemented harm reduction practices to mitigate COVID-19 risks when serving clients.
- PrEP and PEP programs were impacted across the care continuum, from awareness to adherence. Jurisdictions are tasked with ending an epidemic during a pandemic. Ending the HIV Epidemic: A Plan for America (EHE) goals may be affected due to the challenges COVID-19 has had on the health care system.

As jurisdictions continue addressing both the HIV epidemic and the COVID-19 pandemic, the following recommendations can improve PrEP/ PEP access during this time.

- TelePrEP programs can significantly increase PrEP access during COVID-19 and beyond. Many jurisdictions are working to implement telePrEP programs to assist with client's PrEP maintenance, and initiation to PrEP.
- HIV/ STD self-testing programs can help individuals complete their routine PrEP screenings, reducing barriers for clients.

INTRODUCTION

COVID-19 cases have totaled more than 26 million with over half a million deaths occurring in the United States[1]. While the entire country has been impacted by COVID-19, the southern United States has significantly, making up about a third of new cases in January 2021. With a significant number of new cases being reported in the South, its healthcare systems experienced considerable strain. Structurally, the South leads in having the nation's lowest physician per patient rate. For instance, Mississippi has a 191.3 active physicians per 100,000 population, as opposed to Massachusetts's 449.5 active physicians per 100,000 population.[2] Dually, southern hospital systems in states such as Georgia reported that their hospitals were at maximum capacity for COVID-19 patients. Many southern states experienced daily case counts surpassing the previous average daily counts from summer 2020.[3] In further consideration, the South is also known to have populations with higher morbidities from chronic disease than other Americans not living in the South, such as diabetes, cancer, and hypertension which are risk factors of COVID-19.[4] These higher incidences of morbidity also extend to HIV and other STDs. The South, before COVID-19, had the highest HIV diagnosis and death rates as well as ranking in the top five highest number of STDs cases such as primary and secondary syphilis, congenital syphilis, chlamydia, and gonorrhea.[5] Furthermore, the rate of pre-exposure prophylaxis (PrEP) usage in the South is lower than any other region in the country, with a PrEP to Need ratio (PnR) of 3.0.[6] This score indicates fewer PrEP users in the South relative to the need for PrEP in this region.

There are many contributing factors for these health outcomes. The South has the highest poverty rate in the nation and leads in the number of Americans without health insurance. For instance, eight of the 16 southern states have not expanded Medicaid, creating barriers to accessing health care even greater.[7] The history of racism and poverty in the South stems from chattel slavery to Jim Crow. It has led to some of the reasons why southerners disproportionately experience worse health outcomes.

of the United States' population lives in the South

of new HIV cases each year occur in the South

Along with having higher disease rates, the South incarcerates more of its population than elsewhere in the United States.[8] Incarceration has been identified as a risk factor for COVID-19 and having COVID-19 related complications. Those who are incarcerated do not typically have access to adequate hygiene and protective measures against COVID-19 such as masks, social distancing, and frequent hand washing. As southern prisons, such as those in Louisiana, experience spikes in COVID-19 cases weekly[9], there are no policies in place to better protect those imprisoned through measures such as decarceration. According to UNAIDS, reducing overcrowding in prisons can help to prevent the spread of COVID-19. This can help to reduce the amount of people at risk for becoming infected with COVID-19 and require the provision of continuing HIV care for patients that are still incarcerated and those that are released during the COVID-19 pandemic. This continuation of HIV care recommended by UNAIDS, also encourages "close collaboration with public health authorities, to allow people to continue their treatments without interruption at all stages of detention and upon release. They also recommend for jurisdictions to take a health systems approach, where prisons are not separated from the continuity-of-care HIV pathway but integrated with community health services."[10]

Since the beginning of the pandemic, COVID-19 has greatly impacted the delivery of sexual health services throughout the United States. The intersection of COVID-19 and the impact on sexual health includes: Interruptions of STD/HIV services, sexual health clinic closures/patient visit frequency, PrEP/PEP implementation and retention, as well as the ability for public health jurisdictions to plan and achieve their Ending the HIV Epidemic goals.

To further explore the impact COVID-19 has had on the provision of sexual health and HIV prevention services, the National Coalition of STD Directors (NCSD), in collaboration with NASTAD, developed this paper to detail the many challenges, and opportunities, COVID-19 has brought to the HIV/STD prevention field, particularly in the southern United States.

COVID-19'S IMPACT ON SEXUAL HEALTH

COVID-19 has greatly impacted the sexual health workforce and caused significant service disruptions.

When COVID-19 was declared a national emergency in March 2020, sexual health clinics' doors were closed off from the public to comply with the nationwide shutdowns. NCSD sought to collect data from STD programs, sexual health clinics, and Disease Intervention Specialists (DIS) to assess the impact of COVID-19 response on the STD field through three "COVID-19 & The State of STD Field" surveys.

NCSD used these surveys and targeted weekly calls to identify challenges experienced by our membership secondary to COVID-19. Information sharing calls for the Clinic and DIS communities occurred from March to August 2020.

In the spring of 2020,

- **83%** of STD programs were deferring STD services or field visits
- **62%** of STD programs could not maintain their HIV and syphilis caseloads
- **66%** of clinics reported a decrease in sexual health screening and testing
- **60%** of clinics experienced reduced capacity to treat STDs
- **22** clinics reported that their capacity was reduced by more than half

Similarly, NASTAD conducted a request for information (RFI) with its' members to assess the impact COVID-19 was having on HIV and hepatitis programs, one in May 2020 and a second in August 2020. Of the 49 respondents from May's RFI, 13 were from the South. Findings from NASTAD's August RFI show that 90% of jurisdictions report staff being detailed to COVID-19, a significant increase from May's RFI results. Additionally, respondents shared that due to social distancing and local restrictions, HIV prevention programs had a "decreased ability to continue outreach and engagement activities" and are working on innovative ways to continue outreach for prevention activities. Because of service disruptions related to COVID-19, surveillance data still does not and likely will not match actual STD rates. As of January 2021, CDC estimates that 1 in 5 individuals in the US has a sexually transmitted infection.[11] Summer is a popular time for testing outreach events at pride festivals and community-based outreach which were largely cancelled due to COVID-19.

The public health emergency response to COVID-19 caused mass scale disruptions to the sexual health field including screening, diagnoses, and treatment. While STD clinic staff were eager to lend their expertise to the COVID-19 response, the work's enormous scope and taxing nature made it challenging for sexual health clinics to sustain their response without additional resources. With STDs at an all-time high, redeployment due to COVID-19 threatened an already over-burdened and under-resourced STD prevention network. A southern state whose STD staff has been mostly redeployed to COVID-19 emergency response shared:

> ***"STD and DIS staff are working 7 days a week and are doing their very best to help save lives like they always have. But this effort is not sustainable; staff are burned out, tired, overwhelmed and scared."*** [12]

NCSD's January 2021 survey report found that the proportion of STD clinic staff redeployed on COVID-19 response decreased from 78% in March 2020 to 37% in January 2021. Moreover, 90% of respondents report their jurisdiction is conducting COVID-19 contact tracing and 87% of these programs are leading, staffing, assisting or supporting their jurisdiction's COVID-19 contact tracing efforts. However, COVID-19 redeployments are continuing to interfere with STD programs' ability to provide DIS services including a 28% decrease in chlamydia services, 23% decrease in syphilis services and an 18% decrease in gonorrhea services as of January 2021. Of the 39 respondents from that survey, there was representation from six jurisdictions in the South. Additionally, 29% of jurisdictions are utilizing DIS in COVID-19 vaccine distribution including Tennessee and Fulton County, Georgia. Another 8.7% are not currently utilizing DIS in vaccine distribution response but plan to soon, which further detracts from their ability to provide sexual health contact tracing services.[13]

SEXUAL HEALTH CLINICS

Sexual health clinics quickly pivoted to provide services, yet many challenges persisted.

66% of sexual health clinics reported decreased sexual health screening and testing, and added restrictions on patients' eligibility for appointments, such as: Patients must be symptomatic, need treatment, or be a current PrEP patient. Clinics were performing telehealth appointments only and limiting the number of patients to maintain social distancing. STD treatment capacity was also impacted, with 22% of clinics reporting that their clinical capacity to provide STD treatment reduced by half. Challenges to treatment included: Limited pharmacy capacity and drug availability, identifying alternative oral regimens for

chlamydia and gonorrhea, to reduce in-person visits, and identifying ways to treat syphilis cases, usually requiring injectable treatment. In April of 2020, CDC issued updated treatment guidance in response to COVID-19 clinic closures outlining therapeutic options for symptomatic patients and their partners when in-person clinical evaluation is not feasible.[14] In December 2020, CDC released updated treatment recommendations for gonococcal infection.[15]

Many clinics closed at the start of the pandemic. Those that remained open struggled with acquiring personal protective equipment (PPE), modifying clinic flows and layouts, and limiting the number of patients to ensure appropriate social distancing.

To mitigate COVID-19 risks, many sexual health clinics implemented preventive measures, including: Taking a patient's temperature, referring symptomatic patients to a local testing site, performing pre-appointment phone interviews to screen for household COVID-19 symptoms, offering services by appointment only, and eliminating walk-in hours and availability of sexual health services in their community.

As mentioned, in addition to affecting screenings, treatment was impacted as well. Beginning in the spring 2020, the availability of various medications used to treat STDs was unpredictable. These medication shortages were not due to inadequate production by manufacturers but rather fragilities within the supply chain and problems with logistics and distribution.

When COVID-19 hit the US in early March 2020, STD test manufacturing companies quickly shifted production to multi-test swabs. In addition to STD testing, they were the primary collection device for COVID-19 assays. This decreased production capacity for unisex and urine collection tubes was not a challenge initially as sexual health clinics decreased testing capacity. However, this contributed to test kit shortages across the country as STD testing picked up. These companies have resumed urine/unisex kits production, with new production lines coming online over the next several months, but shortages persist across the country. Sexual health clinics also faced a surplus of expiring test kits in the Summer of 2020 as sexual health services began to resume across the country. A bulk of their test kits were left unused due to service interruptions caused by COVID-19. Virtual elimination of asymptomatic, routine screening can have devastating consequences, reducing routine HIV screening of individuals seeking STD testing/ treatment, potentially leading to increased HIV rates.[16] Some jurisdictions have received reports of a severe form of gonorrhea, called disseminated gonococcal infection, which is an uncommon but significant complication of untreated gonorrhea.

COVID-19'S IMPACT ON PREP/PEP IMPLEMENTATION

COVID-19 has greatly impacted PrEP and PEP services across the care continuum[17], from awareness to adherence.

As sexual health clinics reported clinic closures, reduced clinic hours and services, STD testing kit shortages, and diminished laboratory capacity, the initiation and retention of PrEP patients as well as access to PEP was disrupted throughout this past year. In May 2020, the CDC released a "Dear

Colleague" letter to provide guidance on PrEP provision during clinic disruptions. Their guidance included the recommendation of home specimen collection kits for HIV and STDs, or an at-home HIV self-test.[18]

It was also recommended to extend 30-day prescriptions of PrEP to 90-days, to ensure patients had access to their medication. As of this writing, NCSD has reported an increase in seroconversions, during the intermittent COVID-19 lockdowns, of patients on PrEP before the COVID-19 pandemic. To address the barrier COVID-19 has on delivering in-clinic PrEP services, some clinics have employed telehealth visits for PrEP.

Another challenge impacting PrEP/PEP uptake and provision is COVID-19's impact on unemployment, triggering a loss in health insurance and an added barrier for paying for PrEP/PEP services and prescriptions. In April 2020, the unemployment rate reached its highest point (14.8%) at an unprecedented level, not seen since data collection started in 1948, before declining to a still-elevated level in December (6.7%).[19]

To address this unemployment disparity, sexual health clinics have continued to encourage and assist PrEP patients to apply for PrEP Assistance programs that are not employer-based, such as Ready, Set, PrEP and other medication assistance programs.

As mentioned above, sexual health services have been greatly impacted, resulting in decreased testing for HIV and STDs. As PrEP is recommended for individuals who have been diagnosed with an STD within the past six months, decreases in screenings not only reduces the number of people aware of their status but also reduces those that have been identified as eligible for PrEP.[20] While this is an example of challenges to PrEP initiation, PrEP has been impacted across the continuum, from awareness to adherence.

- Research presented during the 2020 International AIDS Conference (IAC) in July showed a one third decrease in PrEP usage during the COVID-19 shut down.[21] Many of the study participants reside in the Northeast and the West coast regions, however, southern states were represented in this study. Of the 394 survey respondents, approximately 89% stopped PrEP as they felt they would "no longer engage in risky behaviors", eight percent shared they could no longer access the medication due to either losing their insurance, couldn't receive a prescription or refill, or couldn't complete the necessary labs. While a majority of the PrEP users surveyed stopped voluntarily, additional barriers posed by COVID-19 did impact PrEP usage among users. This raises the question, how many individuals not surveyed have experienced similar challenges?

- Another finding presented at the 2020 IAC was a study conducted by Fenway Health in Massachusetts.[22] During the study period of January 2020 to April 2020, findings identified lapses in PrEP refills "surged" by 191 percent, while new PrEP patients decreased by approximately 72 percent. While this study did not survey individuals from the South, it can be inferred that some of the challenges experienced by the PrEP cohort in Boston may have been compounded by additional barriers to PrEP experienced in the South. These challenges and more have led individuals to wonder how COVID-19 is overall impacting the EHE initiative.

- Lastly, in a national virtual cohort study of gender minority adolescents and young adults released February 2021, 3445 participants aged 13-34 years, mostly from the mid-west and southern regions were surveyed to asses COVID-19's impact on participant's emotional and financial well-being, and access to routine HIV/STD testing and PrEP. The survey results showed that a "significant minority of PrEP users (42.3%) reported changing or stopping PrEP during the pandemic, due to disrupted PrEP follow-up care (43.8%), while 20% reported difficulty accessing HIV/STD testing during the pandemic." These three studies all demonstrate the impact COVID-19 has had on PrEP uptake and utilization, directly affecting the goals to end the HIV epidemic.

These three studies all demonstrate the impact COVID-19 has had on PrEP uptake and utilization, directly affecting the goals to end the HIV epidemic.[23]

IMPACT ON ENDING THE HIV EPIDEMIC

COVID-19 is impacting jurisdiction's work on ending the HIV epidemic plans and reaching program goals.

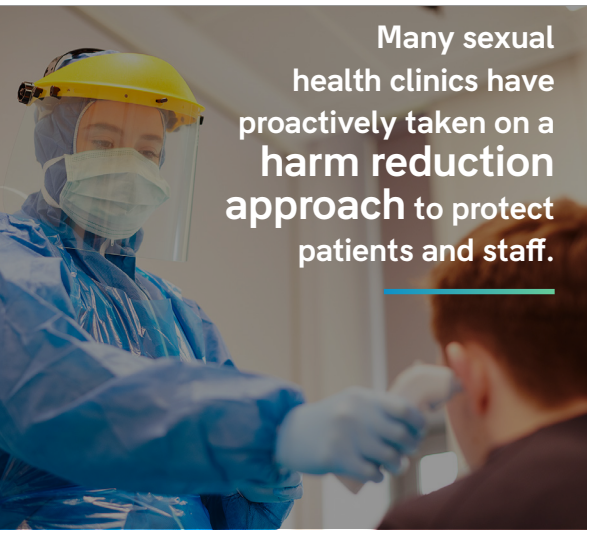
While the United States focuses on the COVID-19 global pandemic, work towards the Ending the HIV Epidemic: A Plan for America (EHE) continues. Announced by the federal government in 2019, the EHE plan focuses on four key strategies (also known as the four pillars): Diagnose, Treat, Prevent, and Respond to reduce new HIV transmissions by 75 percent in 2025, and 90 percent by 2030. The first phase of the EHE plan includes 57 high incidence jurisdictions, approximately half of which are in the South. The jurisdictions included in the EHE plan are also high prevalence areas for the COVID-19 pandemic. The prevent pillar includes proven interventions to prevent HIV transmission, including: PrEP, PEP, and syringe service programs. For this paper, PrEP and PEP will be the main focus when discussing this pillar. While COVID-19 has impacted each pillar of the EHE plan, the prevent pillar has been particularly impacted.

In a southern specific workshop held by NASTAD in November 2020, participants were asked to share some challenges they've experienced in ending the HIV epidemic during COVID-19. Participants shared that the staff bandwidth has decreased due to COVID-19 response, HIV and STD testing has decreased (due to less testing and appointment availability), and individuals shared challenges conducting community engagement due to social distancing. As community engagement was a significant component to developing EHE plans, jurisdictions had to get creative to receive necessary plan feedback in time to be submitted by December 31, 2020, the deadline for the final plans (an extension from the original due date). All EHE plans were submitted to the CDC and can be viewed on this map.

HOW CLINICS MAINTAINED ACCESS

Clinics implemented various harm reduction strategies to provide sexual health services safely.

Some of the best practices that have evolved during the pandemic are limiting routine screening, instituting appointment only policies for visits at clinics, advising patients with symptoms of COVID-19 to avoid coming in, and prioritizing higher risk patients with symptoms for treatment. For example, suppose a patient demonstrates COVID-19 symptoms and they require STD services. In that case, they are seen in a dedicated exam room by providers attired in full PPE. Some clinics have prioritized treatment for syphilis and resistant gonorrhea and have halted pharyngeal chlamydia and gonorrhea tests to reduce risk. The CDC has advised that safety measures and harm reduction practices need to be tailored for each context. Staff and provider safety should be the foremost priority.[24] Measures that do not require or minimize physical contact, such as phone calls, video chats, or texting are recommended.



Many sexual health clinics have proactively taken on a harm reduction approach to protect patients and staff. Sexual health clinics have also adopted practices such as asking patients to wait in the parking lot until their appointment, measuring temperatures at the entrance of facilities, limiting visit durations, requiring face masks, spacing out seating in waiting rooms to enable social distancing, and implementing enhanced cleaning procedures. Others have made staffing changes such as having only essential staff come into work, rotating staff workdays to limit exposure, and asking staff such as insurance navigators, PrEP coordinators, and DIS to work remotely.[25]

Some sexual health clinics decided early on to stay open to relieve the pressure on emergency departments and urgent care centers who were overwhelmed with COVID-19. Others have devised creative solutions to cope with PPE shortages. In addition to taking harm reduction measures, sexual health clinic providers and staff have demonstrated incredible courage by reporting to work despite serious concerns about their health or the health of vulnerable family members. Staff burnout has become a major concern for clinics around the country and many have implemented self-care programs. In light of the unprecedented challenges posed by the pandemic, many sexual health clinics have made contingency plans to provide services. Many have taken steps to ensure that groups that are already vulnerable and at higher risk - such as those without health insurance, older people, racial minorities, and sexual and gender minorities can access critical services.

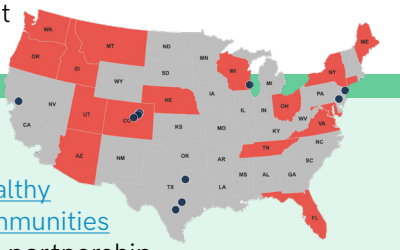
Sexual health clinics have played a crucial role in mitigating the COVID-19 pandemic by using their specialized resources and infrastructure such as DIS and contact tracers. However, there are concerns that COVID-19 will lead to the shutting down of sexual health clinics and interruption of services due to staff and resources diversion. There are also concerns about the long-term implications of reduced sexual health services, such as new and repeat infections not being identified and treated, likely overwhelming the public health infrastructure once widespread sexual health testing resumes. NCSD also identified significant leadership challenges, such as providing support to new contact tracing supervisors, and ensuring the health and overall wellbeing of clinic staff facing chronic trauma exposure and immeasurable amounts of stress.

INNOVATIVE PRACTICES: TELEHEALTH AND SELF-TESTING

Jurisdictions increased telehealth and HIV/STD self-testing services and started implementing new programs to meet client's needs.

As clinics continued to provide services, remote sexual health services, including PrEP uptake, became a major area of service expansion during the ongoing pandemic. Sexual health clinics around the country have implemented telehealth programs to conduct STD screenings, diagnose, and provide treatment by prescribing oral medications. To further promote telehealth during COVID-19, the federal government changed policies to assist with the provision of telehealth services across the country.[26] Under the COVID-19 public health emergency declaration, providers were given more HIPAA flexibility for telehealth technology, allowing providers to conduct virtual visits over "everyday technology", such as Zoom or Skype.[27] COVID-19 waivers and regulatory changes made it easier for providers to deliver telehealth services to Medicare and Medicaid patients by reimbursing providers for telehealth visits, expanding the list of services provided by telehealth, and allowing providers to deliver telehealth across state lines.[28]

Self-collection by mail or non-clinic-based testing has also emerged as a viable alternative to in-person HIV/STD testing. Supporting HIV/STD screening by relying on self-collection by mail testing presents many opportunities. However, there are challenges such as higher costs, accuracy issues, and regulatory barriers. Sexual health clinics around the country have established or expanded self-collect testing by mail services and many are utilizing EHE funding to support these efforts. However, we estimate fewer than 15% of jurisdictions are currently implementing such programs.



Building Healthy Online Communities (BHOC) in partnership with Emory University and NASTAD, developed the National Home Test Kits program for state and local health departments to offer confidential HIV and STD testing. This map developed by NASTAD shows states providing free at-home self-testing services, including those partnering with BHOC.

NCSD has hosted a series of webinars on self-collect by mail testing that covers the rationale, regulatory environment, examples of testing, an exploration of the range of possibilities, and discussion of cost as a barrier. NASTAD has also held webinars on self-HIV testing, as a part of the "Self-Testing Strategies

for HIV Testing and PrEP Access" series. While self-collection has shown to be a promising alternative to in-person testing, preliminary data presented at NCSD's 2020 Engage conference indicates that these innovative self-collection by mail programs do not elicit comparable STD morbidity rates to brick-and-mortar STD clinic prior to the pandemic, which suggests that there may be key demographics that are still not being reached through these innovations as the pandemic continues.

When evaluating PrEP access points and PrEP delivery models in the context of COVID-19, telePrEP programs come to mind immediately as providers seek to support PrEP maintenance while adhering to current public health recommendations for social distancing. Increased access to telehealth and HIV/STD self-testing has helped make it possible for more jurisdictions to add telePrEP programs to their offered services. NASTAD has seen an increase in telePrEP programs becoming available over the course of the pandemic, state-specific telePrEP services can be shown on this map. For programs interested in designing and implementing a telePrEP program, the telePrEP hub toolkit provides helpful resources to assist clinics getting stated.

CLINIC SPOTLIGHT

- When COVID-19 hit Jackson, Mississippi in the Spring of 2020, the **Express Personal Health Clinic** managed by the University of Mississippi Medical Center quickly pivoted to offering telePrEP to ensure patient adherence, particularly as a significant portion of the clinic's patient population were college students being sent home as campuses faced critical closures. The program had exceptional success keeping patients on PrEP from wherever they sheltered in place. The clinic continues to offer this convenience as a sustainable innovation in response to COVID-19.

- The **Testing123 program** housed in the Harris County Public Health HIV and STD Prevention in Houston, Texas, is an HIV prevention program in its fourth year that conducts rapid HIV testing and conventional syphilis testing 24 hours per day, seven days per week by way of a mobile van. Services are available by texting a phone number which prompts the van to come to the individual seeking testing at any location. The Testing123 program plans to expand due to decreases in traditional services secondary to COVID-19 and through support from EHE funding. Testing123 provides an immediate connection to on-call linkage to care services if needed around the clock.

TECHNICAL ASSISTANCE IS AVAILABLE

As part of NCSD's Clinic+ initiative, technical assistance is available to clinics around the nation. If you have clinic-related requests, questions, or responses, please contact NCSD's Jennifer Mahn.

CDC funded health departments and community-based organizations in the South are eligible to receive technical assistance and capacity building support! The South includes: AL, AR, Baltimore, DC, DE, FL, GA, Houston, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Capacity building in the South is provided by, My Brother's Keeper, Inc., the Latino Commission on AIDS, and NASTAD.

This document was developed by NASTAD with support from the Centers for Disease Control and Prevention's Capacity Building Assistance Branch, grant number NU65PS923675.

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Gilead's HIV Drug Reimbursement Cut Will be Devastating, 340B Covered Entities Say

Drug manufacturer Gilead late last week announced a huge cut, effective Jan. 1, 2022, in pharmacy reimbursement for its HIV and hepatitis B medicines that uninsured individuals get for free through Gilead's Advancing Access patient assistance program (PAP). 340B HIV/AIDS clinics say the change could rock their finances to the core, and they are pushing back hard against it.

Gilead said in an April 8 statement that "dispensing pharmacies will be reimbursed for the amount paid for each bottle plus a dispensing fee and an administrative fee." The company said the change "will help strengthen the program model so we can help eligible people living with and at risk for HIV access their free Gilead medication for years to come, while also continuing to drive innovation that expands options for HIV treatment and prevention."

Sources who have attended stakeholder meetings with Gilead officials say the base reimbursement would be at acquisition cost, as opposed to the current usual and customary rate. The dispensing fee would be $2.75, while the administrative fee would be $80.

A Gilead spokesperson did not respond to a request for comment to confirm those numbers, although they were confirmed by multiple sources who had been in touch with the drugmaker.

Gilead initially said the reimbursement change would begin on Oct. 1. On April 9, it pushed the effective date back to Jan. 1 after pressure from 340B covered entities and HIV/AIDS advocacy groups. The company said it is committed to working with community organizations to end the HIV epidemic, and that it continues to strongly support the 340B program. But, to ensure its PAP's sustainability, it said "there will be no further delays."

In January this year, Gilead dropped a plan to make patients in its PAP get their free medicine exclusively by delivery from a single Gilead-designated specialty pharmacy. 340B covered entities said the change would have been unworkable for some patients, and would have caused them huge 340B revenue losses. Gilead confirmed on April 8 that it offers "both direct delivery (via an overnight shipping service) and retail pharmacy pickup as options to all program participants."

"Feedback from providers and community advocates reinforced the importance of also maintaining the program's unique retail fulfillment model," the company said.

Gilead's concessions are not enough to alleviate deep anxiety among covered entities and groups working to end the HIV epidemic. "Whether Gilead gives organizations six months or nine months to prepare, these changes will be harmful to our most vulnerable communities," said Carl Baloney, AIDS United's chief advocacy officer.

The financial fallout to 340B covered entities could be devastating, according to Ryan White clinics. Industry observers believe that Gilead's reimbursement changes could slash 340B savings by $1,200 to $1,500 per bottle of medication—a loss of up to $18,000 per patient per year. Those figures were confirmed by Shannon Stephenson, chief executive officer of Cempa Community Care, a 340B covered entity in Chattanooga, Tenn. Stephenson also serves as President of the national advocacy group Ryan White Clinics for 340B Access.

"Our organization relies on 340B savings generated through the Advancing Access program to provide necessary healthcare and case management services to our patients," Stephenson said. "The proposed change comes at a critical time when we are amid fighting a pandemic and facing attacks from third-party payers, pharmacy benefit managers, and other manufacturers attempting to usurp the benefits of the 340B program that Congress intended to reside with the safety-net provider."

Eric Paul Leue, vice president of prevention at Friends For Life, a covered entity in Memphis, Tenn., that focuses on the treatment of HIV and AIDS patients, said that under Gilead's reimbursement change, "direct costs such as labs, consultations, brick and mortar and/or mobile operations…as well as aligned services such as free STI testing and treatment, transportation, mental health services, and various other services that Community Based Organizations (CBOs) across the USA are using the 340B savings for would no longer be offset."

The Memphis area has the nation's highest rate of AIDS new diagnoses and the fourth-highest rate of HIV new case diagnoses. Shelby County has the highest rate of gonorrhea and chlamydia new infections in Tennessee.

"With insurers and PBMs increasingly requiring generic Truvada alternatives, the financial assistance program's 340B savings become the primary funding offset for direct and aligned services," Leue said.

"We are likely looking at least $100 million of funding being lost for direct and aligned HIV services nationwide," he said.

"While it is true that manufacturer patient assistance programs weren't likely intended to be sources of 340B program savings, Gilead's Advancing Access program has been a considerable source of critical funding for HIV prevention and care programs serving low-income and uninsured people living with and vulnerable to HIV," said Tim Horn, director of healthcare access with NASTAD, the association for state AIDS drug assistance program directors.

"This is going to be a major blow to our community and safety net organizations charged with expanded HIV prevention and care services essential to nationwide efforts to end the HIV epidemic, particularly in the absence of any other robust and sustainable funding sources." Horn added that he believes Gilead will accrue "considerable" cost savings once the changes are implemented.

Along with being a potential financial blow to 340B covered entities, the change in policy could hit particularly hard in states that have yet to expand

Medicaid eligibility under the Affordable Care Act. Many of those states are in the South, and they have large numbers of low-income living with HIV or at risk of being infected. Craig Pulsipher, associate director of government affairs for APLA Health in Los Angeles, notes that some clinics in non-Medicaid expansion states rely on 340B revenues from Gilead drug reimbursements for up to half their operating budgets.

"The patient outreach, education, medical, and support services at potentially all of those sites will be vastly reduced if not fully eliminated," he said.

Prism Health in Dallas treats about 8,000 patients either living with HIV or using Gilead drugs for prevention or care. Its CEO, Dr. John T. Carlo, estimates that 30% of them are uninsured because Texas has not expanded Medicaid eligibility.

"On top of this big change by Gilead, we are also going to have to manage anticipated shortfalls with the Texas ADAP program next year and changes anticipated with additional generic PrEP medications reaching the market," Carlo said. "All of these changes will impact the number of insured patients we can see, and without other new funding streams, our ability to continue providing services at this current level will be limited."

Carlo said Gilead's decision to push back the change until 2022 is critical.

"We have more time to re-imagine how we can continue providing necessary health services and psychosocial support for both people living with HIV and those receiving PrEP," he said.

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View in Browser

NCSD
National Coalition of STD Directors

NEW CDC DATA SHOW NUMBER OF BABIES BORN WITH SYPHILIS NEARLY QUADRUPLED IN THE LAST 5 YEARS

Congenital syphilis, an entirely preventable disease, is leading to an increase in newborn deaths and other severe health consequences

For Immediate Release: April 13, 2021
Contact: Iman Karnabi, ikarnabi@ncsddc.org, 336-830-2493

Washington, DC – Today, CDC released its 2019 STD Surveillance Report showing that STD rates in the U.S. reached all-time highs for the sixth consecutive year. Even more concerning, the report found that a growing number of babies in the U.S. are dying as a result of syphilis passed from mother to child during pregnancy (congenital syphilis) – all because women are not receiving simple, CDC-recommended testing and treatment.

Congenital syphilis is entirely preventable, but according to CDC's report, cases of congenital syphilis nearly quadrupled between 2015 and 2019. In 2019:

• More than **three-fourths (77%)** of all cases were due to gaps in testing and treatment during the mother's prenatal care – either when a mother was tested and diagnosed with syphilis but did not receive treatment, or when the mother

did not receive a timely syphilis diagnosis during her pregnancy.
• Nearly **two-thirds (65%)** of all babies born with congenital syphilis were Black or Hispanic, highlighting the stark disparities in testing and treatment.

This is entirely unacceptable given the dire ramifications of congenital syphilis. As we observe Black Maternal Health Week, we are calling for action to address this crisis and its disparate impact. Forty percent of babies born to women with untreated syphilis may be stillborn or die from infection as a newborn. Those that survive can suffer severe, life-long health consequences, including deformed bones, blindness, or deafness.

“Every single case of syphilis in a newborn baby is a heartbreaking symptom of our nation’s chronically underfunded public health system,” said NCSD Executive Director David Harvey. “Congenital syphilis is 100% preventable, and the failure to protect newborns from this disease reflects our failure to invest in public health and to care for our most vulnerable members of society. We can and must do better.”

Last week the President released his FY22 funding request, which includes $8.7 billion for CDC, the largest increase in decades. However, this does not go far enough to curtail decades of crippling funding cuts to federal, state, and local STD programs. These cuts have hampered our ability to respond to increasing numbers of syphilis cases and protect babies from the related consequences. Furthermore, while severe racial disparities in the COVID-19 pandemic have rightly been highlighted by public health leaders and the media, the reality is that Black Americans have long faced even starker disparities in STDs and HIV. STDs also continue to disproportionately affect Latinx and Indigenous communities, in addition to women, young people, gay and bisexual men, and transgender people of all racial and ethnic backgrounds.

NCSD calls on the President and Congress to dedicate at least $272.9M to CDC’s Division of STD Prevention (DSTDP) and fully implement the National STI Strategic Plan. In addition, NCSD calls on CDC to launch an urgently needed $20 million initiative to eliminate congenital syphilis, create the first-ever dedicated funding stream to directly support STD clinical services, and expand STD clinic funding to $20 million as part of the federal plan to end the HIV epidemic.

“The worrying trends in congenital syphilis are symptomatic of a raging STD epidemic in this country and a public health care system that hasn’t been given the resources to deal with it,” said Harvey. “Pregnant women going without lifesaving testing and treatment is inexcusable. We will not end congenital syphilis until we address these gaps and improve health equity for all.”

Web link to press statement

About NCSD

NCSD is a national organization representing health department STD directors, their support staff, and community-based organizations across 50 states, seven large cities, and eight US territories. NCSD advances effective STD prevention programs and services in every community across the country. For more information, go to ncsddc.org.