

A&DSWatchSM

POLICY BRIEF 2024

March 17-19, 2024

Washington, D.C.



AIDSWatch

The logo for AIDSWatch, featuring the word "AIDSWatch" in a bold, white, sans-serif font. The "A" and "I" are stylized, with the "I" having a small registered trademark symbol. The background of the logo is a photograph of a diverse group of people, some wearing face masks, smiling and interacting.

POLICY BRIEF

AIDSWatch, hosted by AIDS United in partnership with the U.S. People Living with HIV Caucus and the Center for Health Law and Policy Innovation, is the largest constituent-led HIV advocacy event in the country. For 31 years, those of us living with HIV and our allies have advocated on the state, local and national level for policies that will end the HIV epidemic in the U.S. As we look toward the upcoming election cycle, we continue this advocacy work, prioritizing policies related to quality of life, health care access, civil rights, aging with HIV, HIV decriminalization and federal funding.

The theme of this year's event, "We're in This Together!" will highlight the critical need for collective action. It emphasizes the interconnectedness of individuals living with and vulnerable to HIV, whose multiple identities are currently under attack. The theme prioritizes the meaningful involvement of people living with and vulnerable to HIV, as these principles ensure that the communities most affected by HIV are involved in decision-making, at every level of the response — and that includes policy.

We are pleased to share with you several policy priorities that can make a profound impact on the health and well being of people living with HIV. Thank you for your help in information-sharing and educating.



Health and Social Issues

Why are health and social issues still important to HIV advocates?

Thanks to advances in science and the tireless advocacy of people living with HIV, we live in a time where we have the tools and ability to ensure that people living with HIV can live healthy, full lives and end the HIV epidemic.

The gains we've made over the last three decades are not guaranteed though. We must make sure that health and social issues remain a priority so that everyone living with HIV can access life-saving care and we can fix the broken systems that leave people behind.

What health and social issues are we concerned about?

We need universal access to robust and reliable health care coverage. This ensures we can get the medications (including HIV treatment and prevention) and services we need when we need them.

We need to fight back against attempts to undermine and underfund the programs and agencies that help us access health care, like Medicaid and the Ryan White HIV/AIDS Program.

We need to support efforts that address the whole person, including social determinants of equity (e.g., racism, transphobia), social determinants of health (e.g., access to economic opportunities, language and literacy skills), and health-related social needs (e.g., housing instability, food insecurity). We need health care that is compassionate, evidence-based, and free from stigma. It should meet our needs throughout our lifespan and rise above political and religious ideologies.

What do we need from Congress?

- Full funding for the health and social initiatives that serve our communities, including the Ryan White HIV/AIDS Program and other safety net programs such as the Supplemental Nutrition Assistance Program (SNAP).
- Bolster efforts that increase access to PrEP and PEP, such as the **PrEP Access and Coverage Act** (H.R. 4392/S. 2188).
- Support the bipartisan **Help Ensure Lower Patient (HELP) Copays Act** (H.R. 830/S.1375) to protect patients from harmful insurance and pharmacy benefit manager practices that raise patient out-of-pocket drug costs.
- Endorse efforts to expand health care access and coverage for disenfranchised populations, such as the **Reentry Act** (H.R.2400/S.1165) and the **Due Process Continuity of Care Act** (H.R.3074/S.971).



- Oppose efforts to undercut Medicaid and support efforts to close the Medicaid coverage gap.
- Support housing as an essential aspect of health care by funding HOPWA, the **Housing Opportunities for People living With HIV/AIDS** program, at \$600 million. This increased request does not reflect the United State's true need, as nearly an estimated 100,000 people living with HIV are experiencing homelessness, but would begin a vital investment in support of people living with HIV and towards ending the epidemic.
- Reauthorize the **Older Americans Act** (H.R. 4120/S. 1979) and include language that designates older adults living with HIV and LGBTQ+ older people as populations of "greatest social need."
- Congress should pass the **Medicare For All Act** (H.R. 3421) to establish a national health insurance program.

The Political Landscape

Why is understanding the political environment important for HIV advocates?

The political environment – which political party has majority control of the House or Senate, and the size of that majority – usually determines which bills get voted on.

- A narrow margin of control by Republicans in the U.S. House of Representatives has meant that many progressive policies proposed by the Biden-Harris Administration and supported by the Senate Democratic majority have stalled.
- We cannot protect HIV funding or pass bills that protect our communities, if we don't have enough votes to pass legislation or defeat legislative attacks.

The party a Member of Congress belongs to often determines which issues they publicly support, which bills they support, and what funding levels they support.

What issues are included in "political environment?" What do advocates need to know about this topic?

The "political environment" is a way to describe the various pressures on a politician to take a certain position on policies or funding.

There are many elements that can create a political environment. These may include, which political party is in control of the legislative chamber, which political party controls the White House, which special interests make campaign contributions to the Member of Congress, whether the Member is up for re-election and the competitiveness of that race, whether constituents back home support or oppose a policy, and how vocal and organized advocates are with regard to specific policies. Not only does the environment influence the votes politicians take, but it also influences how they talk about public policy issues in the legislative chamber, in speeches, and on tv.

Advocates need to know that because there are many influences on a policymaker to take a position on an issue, we must be creative in developing strategies to reach them. Tactics may include attending Congressional meetings in Washington, D.C., attending meetings in district offices, inviting Members to local site visits, building long-term relationships with legislative staff, understanding the constituents the Member of Congress considers trusted advisors, creating a grassroots and grasstops program, and organizing and registering voters.

What do we need from Congress?

We need Members of Congress to support HIV funding, preserve non-discrimination policies, and protect the policies outlined in this document. It is up to advocates to find common ground with members of both parties – sometimes possible and sometimes not.

Civil and Human Rights

Why are civil and human rights issues important to HIV advocates?

From the beginning of the epidemic, HIV/AIDS has been driven by stigma and discrimination related to race and ethnicity, gender, gender identity, sexual orientation, immigration status, and social and economic injustice. There continues to be a coordinated attack on the advancement of civil/human rights and there is a concerted effort to roll back these advancements, which is impacting the current legislative agenda.

Black and Latina cis-gender women and transgender women continue to be impacted heavily by HIV. LGBTQIA+ people of all races and ethnicities face discrimination, particularly in housing and employment, that can limit their access to health care. Gay, bisexual, same-gender loving, and two-spirited men of color continue to be impacted disproportionately by HIV, including less PrEP access.

As of 2021, Black/African American communities accounted for 14% of the U.S. population but 40% of new HIV diagnoses due to barriers to accessing competent health care and lower service utilization. Any cut to the Minority HIV/AIDS Fund, as proposed by House Republicans would only serve to increase these gaps.



What civil and human rights issues are we concerned about?

Voting rights: We are seeing unprecedented threats to the right to vote. Voter suppression is growing in strength during each state's legislative session. In 2021, 18 states passed 34 laws restricting access to voting. The trend to restrict access to voting is continuing in 2024.

Criminalization: HIV criminalization laws contribute to people living with HIV being targeted and punished beyond the courtroom, and contribute to deterred testing and care. Data from states with these laws provide evidence of racial and gender bias in their application, disproportionately penalizing marginalized communities.

Molecular HIV surveillance: Molecular HIV surveillance collects individual treatment resistance information to assess how patients would respond to drugs that a clinician might prescribe. Clinicians are then required to report individualized resistance information to health departments, which use the information to map highly detailed networks of HIV transmission in a process the CDC refers to as cluster detection and response. The community and policymakers are assessing how to utilize the benefits of this technology while protecting individual privacy rights.

LGBTQ+ rights: LGBTQ+ communities can't wait any longer for clear and comprehensive equality under the law considering the unprecedented volume of state-level bills specifically targeting and attacking transgender and LGBTQ+ communities. In 2023, there were over 600 anti-LGBTQ+ bills filed during state legislative sessions. Equal and equitable access to services such as health care, housing, and employment are critical to ending the HIV epidemic.

Gender justice: Cisgender and transgender women account for about a quarter of the domestic HIV epidemic. The single largest percentage increase in the number of people living with HIV from 2014 through 2018 by gender was among transgender women. Gender disparities are also racialized and geographic: Black, Latinx, and other women of color represent a majority of women living with HIV in the United States and a majority of new HIV acquisitions.

Reproductive rights: Culturally relevant, non-stigmatizing, and comprehensive sexual and reproductive health care is essential to the quality of life of people living with and vulnerable to HIV. Since the overturn of Roe v. Wade in 2022, many states have banned abortion outright and have sought to restrict access to care even more broadly. The right to bodily autonomy is a fundamental right and protecting care is critical to ending the HIV epidemic.

Sex Work: Sex workers have long been among the communities most impacted by HIV. Sex workers are at an increased risk for violence in the community and from law enforcement, and bear the brunt of HIV-related prosecutions, convictions and sentence enhancements. To end the HIV epidemic, competent and non-stigmatizing HIV services must be provided to sex workers, and sex workers must be able to benefit from other publicly funded programs without fear of judgment, criminalization, exclusion, or confidentiality violations.

Immigrant rights: Immigrants face significant challenges in accessing health care because of legal and regulatory restrictions. These barriers have fueled medical mistrust and service avoidance among some immigrants living in the U.S. Barriers must be removed to enable immigrants of any legal status to access health care, and the right to communicate in the language one is most comfortable with must be honored.





What do we need from Congress?

Voting Rights asks: Pass the **Freedom to Vote Act** (H.R. 11/S.1) and the **John R. Lewis Voting Rights Advancement Act** (H.R. 14), which would reform voter registration, integrity and voting access and strengthen legal protections against discriminatory voting policies and practices.

HIV Criminalization asks: Support legislation that encourages and supports states to act to repeal their HIV criminalization laws, such as the **Repeal Existing Policies that Encourage and Allow Legal (REPEAL) HIV Discrimination Act**.

LGBTQ+ rights asks: Support legislation to protect non-discrimination protections for people living with and vulnerable to HIV and/or LGBTQ+ people, such as the **Equality Act** (H.R. 15/S.5)

Gender justice asks: Pass the **LGBTQ Data Inclusion Act** to ensure lawmakers and federal agencies have the comprehensive data they need to address LGBTQ+ issues. Support the **Chyna Gibson Stop the Transgender Murder Epidemic Act** (H.R.4960), to establish a Commission to address the pervasive, and targeted epidemic of fatal violence, economic discrimination, and other factors disproportionately impacting the transgender community.

Reproductive rights ask: Support legislation that expands reproductive rights, access and affirming comprehensive sexual health education, such as the **Real Education and Access for Healthy Youth Act** (REAHYA) (H.R.3583/S.1697). Pass the **Equal Access to Abortion Coverage in Health Insurance (EACH) Act** (H.R.561/S.1031), which would require federal health insurance plans to provide coverage for abortion services.

Sex Work asks: Investigate the harms done by the Fight Online Sex Trafficking Act (FOSTA) and the Stop Enabling Sex Traffickers Act (SESTA) by reintroducing the **SAFE SEX Workers Study Act**. Oppose legislation that threatens internet privacy and further criminalizes and stigmatizes sex workers, including the **Eliminating Abusive and Rampant Neglect of Interactive Technologies (EARN IT) Act** (H.R.2732/S.1207).

Immigrant rights asks: Support the **Health Equity and Access under Law (HEAL) for Immigrant Families Act** (H.R. 5008/S.2646), which removes cruel and unnecessary barriers to health care for immigrants of all statuses. Congress should pass the **U.S. Citizenship Act** (H.R.3194), which would expand paths to citizenship for some immigrants and modernize the immigration system and processing. Support legislation that addresses health injustices with a racial justice lens that disproportionately impacts communities of color, like the **Anti-Racism in Public Health Act** (H.R.2904/S.1317).

Syndemics

What is a syndemic?

Syndemics are epidemics that interact with each other and by that interaction increase their adverse effects on the health of communities that face systemic, structural, and other inequities.

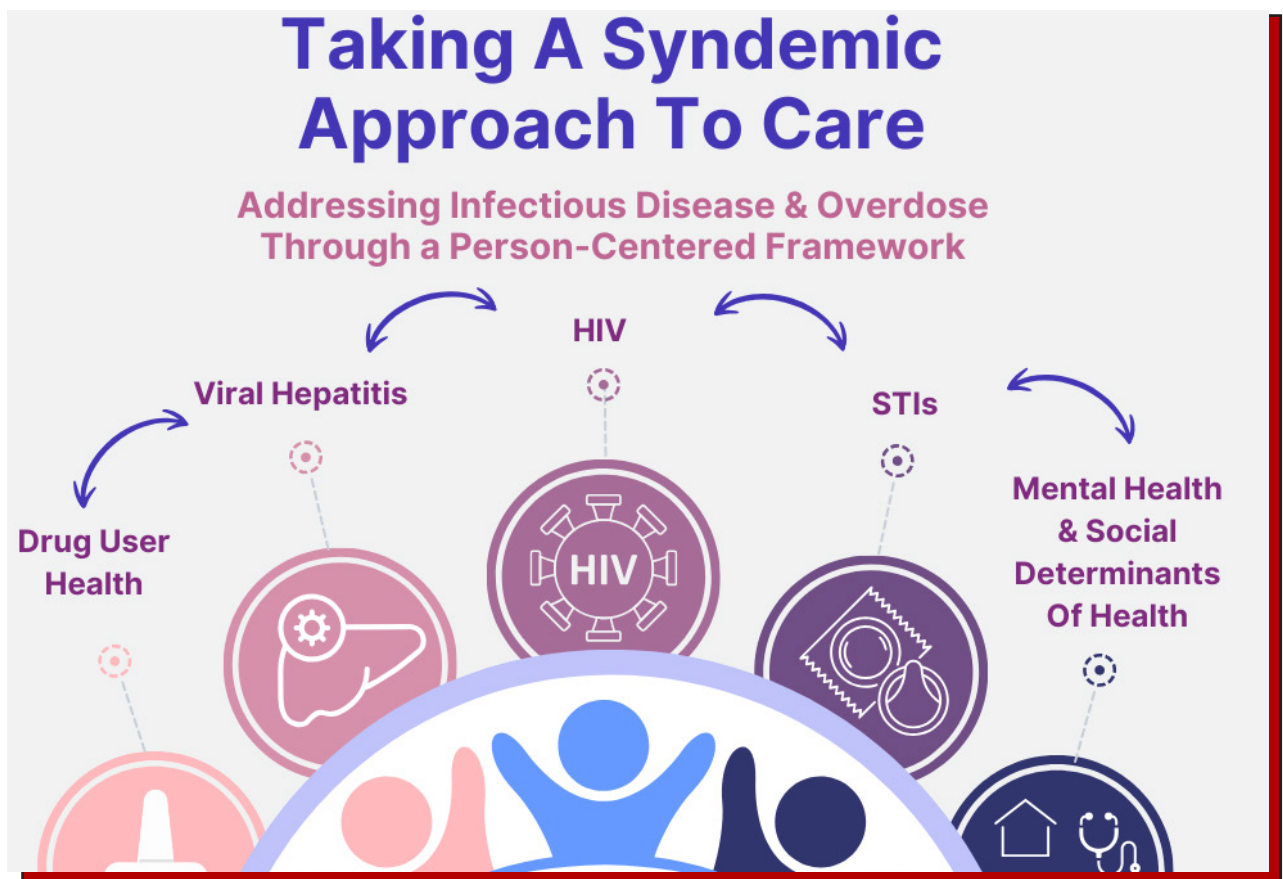
The syndemic of HIV, viral hepatitis, sexually transmitted infections (STIs), drug overdose, tuberculosis, COVID-19, mpox, and other health conditions has a compounding effect on each disease state.

What is a “Syndemics Approach” & why does it matter to HIV advocates?

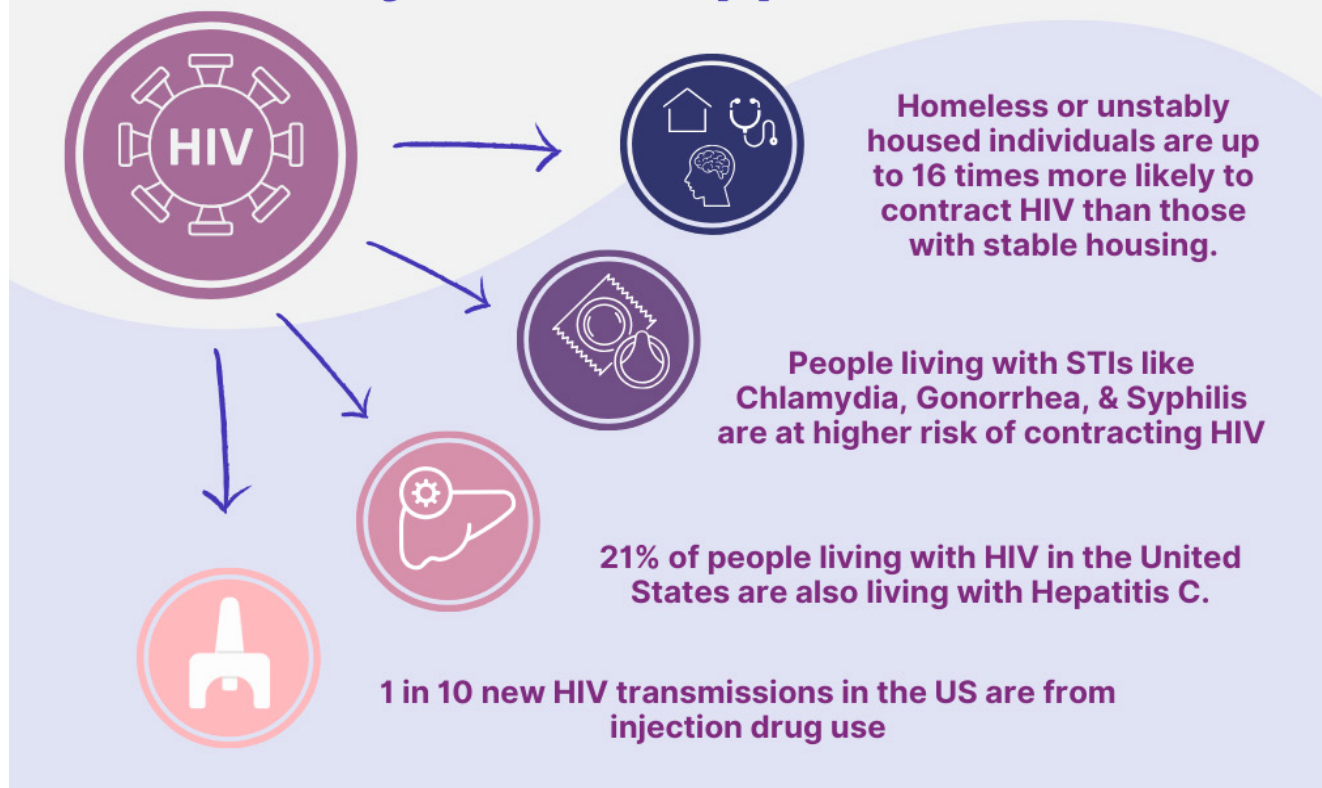
A syndemic approach acknowledges and works to counteract the compounding effect of a particular syndemic.

The driving force behind a syndemics approach is the understanding that we cannot end the HIV epidemic without also addressing other epidemics that also impact people living with and vulnerable to HIV.

For instance, we know that roughly 1 in 10 new HIV transmissions in the United States are the result of injection drug use & that people living with HIV are more likely to have a substance use disorder than the general population. So, it stands to reason that ending the HIV epidemic and improving quality of life for people living with HIV is intimately tied to providing care for people who use drugs.



Ending the HIV Epidemic Requires A Syndemic Approach



What issues are included in a Syndemics Approach?

A syndemics approach focuses on the intersection of HIV with viral hepatitis, sexually transmitted infections, drug overdose, tuberculosis, COVID-19 (including Long COVID), mpox, and other health conditions.

At the heart of a syndemics approach is an emphasis on harm reduction and comprehensive, person-centered care that recognizes that our health and well-being cannot be reduced to any one condition. It acknowledges that the broader societal factors and individual behaviors that impact our likelihood of being affected by one adverse health condition, also extend to many others.

How can we advocate for a syndemics approach with Congress?

Continue to advocate for the things that you and the broader HIV community already advocate for, and explain how these concerns are all related. Help members of Congress and their staff understand the ways in which our different policy priorities are connected in our communities and our lives.

Not all congressional offices are going to be familiar with or naturally interested in the issues that you think are the most important. But, if you can find an issue area that is a priority for the member of Congress you are meeting with, you can potentially get them to take an interest in your priority issues by connecting them with issues they are already committed to.

Oppose the **Halt All Lethal Trafficking of Fentanyl (HALT) Act** (H.R. 467/S.1141), which would revive failed, punitive drug policies by issuing new mandatory minimums for all fentanyl-related substances while also hampering our ability to do research.

Reintroduce and pass the **CARE Act**, which establishes programs to address areas affected by opioid/stimulant substance use, including grants for treatment, recovery, and harm reduction services.

Support national efforts to end the hepatitis C epidemic, which overlaps substantially with the HIV epidemic. To fully address the health care needs of people living with and at risk for HIV, we also need to address hepatitis C.



ADVOCACY IS NECESSARY

Advocacy is essential, particularly when it's intersectional and reflects our lived experiences. People living with and impacted by HIV are continuously hit from all directions and advocacy is a tool to fight back. Advocacy for people living with and impacted by HIV is important for access to health care, as transforming conversations strengthen health care systems and expand coverage, which contribute to better outcomes.

AIDSWatch culminates in an advocacy day on Capitol Hill, but it does not end there. Continued advocacy can take place anyday, or at any time.

Successful advocacy can be the following:

- **Social Media** (Facebook, Instagram, Twitter: post or repost and call our decision makers to action or provide education/awareness to the community)
- **Petitions**: create a call to action or sign on to change policy
- **Action Alerts**: create a call to action email, literature, or letter to change policy
- **Meetings with Decision-Makers**: Meet directly with policymakers and tell them your story
- **Grassroots Organizing**: Help to organize your community and connect people with phone banking, Block walking, or canvassing opportunities to create awareness about an issue or political candidate
- **Partnerships and Alliances**: Find or create community, city, or state coalitions to help advance policies or spread awareness
- **Volunteerism**: Find ways to support your local community
- **Voting**: Vote and encourage others to vote. Help inform your community about issues they care about





Advocacy should always be framed around your own experiences, whether from your lived experience or those around you.

Storytelling allows a picture to be viewed in a short period of time, and is designed to make decision makers take action. Advocacy allows you to take an impactful issue and connect the dots to a legislative ask with a focus on any topic – access and inclusivity, LGBTQIA+ health care, reproductive justice, HIV criminalization, medication access, budget/appropriations, safety net programs, and economic issues like housing, etc.

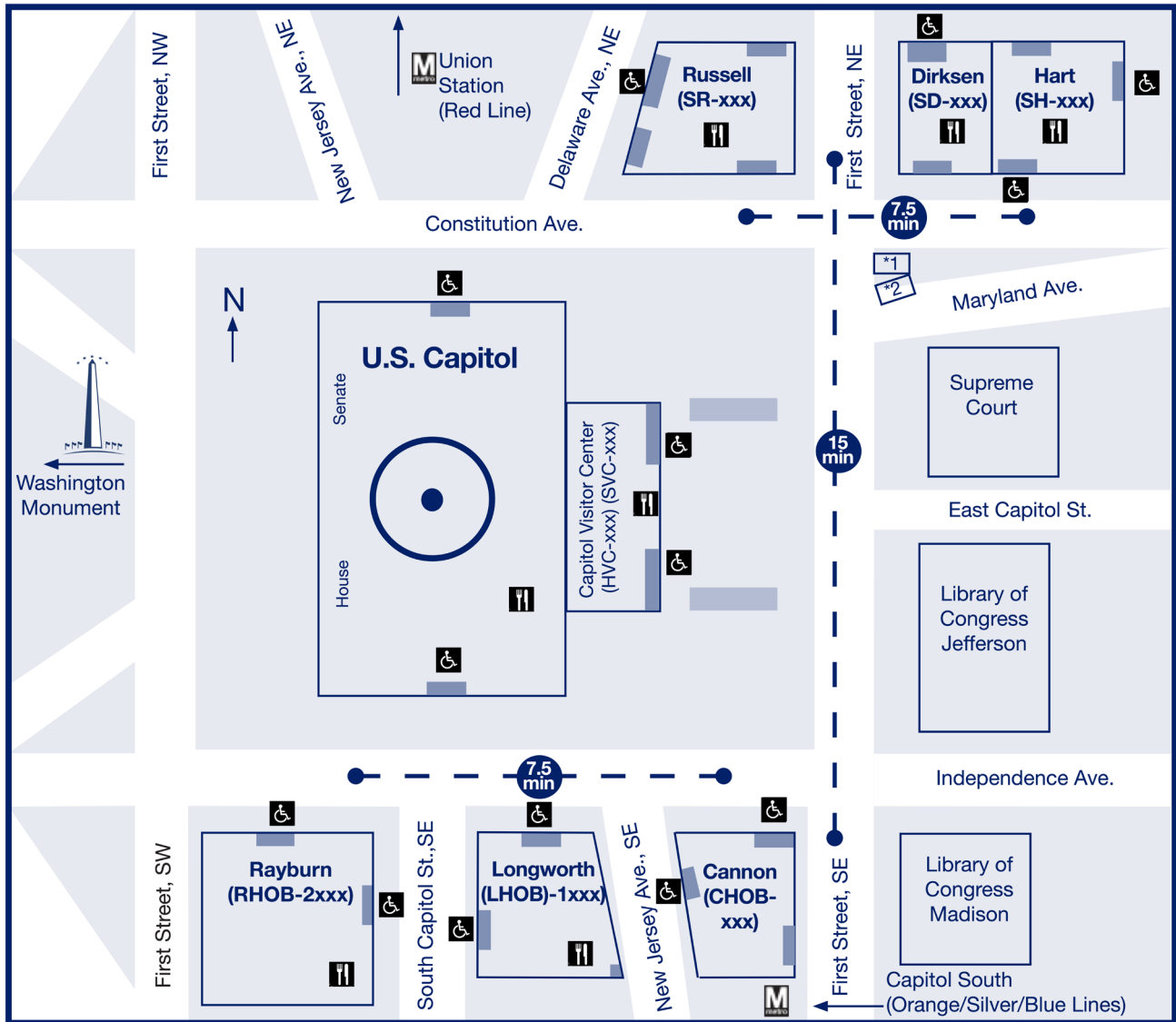
Our planning partners — AIDS United, the U.S. People Living with HIV Caucus, and the Center for Health Law and Policy Innovation — thank you for the action you’ve taken on the state, local and national level for people living with and vulnerable to HIV. While there has been tremendous progress since that first AIDSWatch, the need for vigorous action on the HIV epidemic is critical, and your attention to your communities’ needs continues to be invaluable.

Thank you for your help in information-sharing and educating about issues impacting people living with HIV. We look forward to continuing to work with you to ensure Congress provides us with the tools necessary to address the needs of people living with and vulnerable to HIV.

For further information about AIDSWatch and our community’s priorities, please visit: aidsunited.org/aidswatch/aidswatch-2024-policy-brief, or be in touch with the AIDS United Policy Department at policy@aidsunited.org with questions about these policy recommendations or for further support on HIV/AIDS policy.



Map of Capitol Hill



Senate Office Buildings

SH-xxx Hart
SD-xxx Dirksen
SR-xxx Russell

House Office Buildings

CHOB-xxx Cannon
LHOB-1xxx Longworth
RHOB-2xxx Rayburn

Capitol Visitor Center

HVC-xxx House Side
SVC-xxx Senate Side

*1 Reserve Officers Building
*2 United Methodist Building

Estimated walking times

-  Entrance
-  Wheelchair Access
-  Food/Dining

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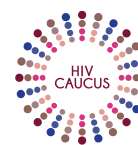
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PLANNING PARTNERS



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The background of the entire image is a photograph of the U.S. Capitol building in Washington, D.C. In the foreground, two men are walking towards the camera. The man on the left is wearing a dark jacket, a black shirt, and sunglasses. The man on the right is wearing a dark suit, a red tie, a patterned scarf, and sunglasses. A large red semi-transparent box covers the top half of the image, containing the main text.

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