

2024 Presidential Candidate HIV Questionnaire

Presented By AIDS United and the 57 members of AIDS United's Public Policy Council, which is the largest and longest-running community-based HIV/AIDS national policy coalition in the United States.

The Presidential candidates in 2024 have a unique opportunity to make history. Thanks to over 40 years of advocacy and investment in HIV prevention, treatment, and research, nations across the world are demonstrating that ending the HIV epidemic is possible in the near future. Scientific advances and groundbreaking HIV research have shown us that it is not only possible for people to live long, healthy lives with HIV, but that people on antiretroviral medication who have achieved (and maintain) an undetectable viral load cannot transmit the virus to others (commonly referred to as "undetectable equals untransmittable," or U=U). Period. This knowledge is powerful, yet there is much more needed to affect the change we need.

We have seen an encouraging 12% decrease in new HIV transmissions in the United States between 2017 and 2021, but there is still much more we need to do to truly get this epidemic under control. It is only through significant federal investment in the following programs and an unyielding commitment to providing access to the support services needed to ensure populations impacted by HIV adhere to their care and treatment that we will be able to end the HIV epidemic

To better understand how presidential candidates will take advantage of the moment to seek an end to the epidemic, many organizations within the HIV/AIDS community have signed on in support of this questionnaire. We ask that your campaign review and complete this survey by close of business on Friday, September 29th. This will allow us to compile and release the results in the early stages of the primary campaign. We will publish the responses without any editing. Thank you very much for your participation in this questionnaire. Please send your responses or any questions you have about the questionnaire to policy@aidsunited.org

1. Over the past four decades, major HIV interventions have been crucial in saving millions of lives and bringing us closer to ending the epidemic by 2030. However, the COVID-19 pandemic slowed our momentum, and we continue to experience systemic inequities in HIV outcomes. Please describe what you would do to ensure that we are able to meet our goal of ending the HIV epidemic in the United States by 2030?

2. Any viable path to ending the HIV epidemic in the United States must involve meaningfully tackling our nation's overdose and viral hepatitis epidemics as well. As overdose deaths and hepatitis C incidence soar to record levels, and with 1 in 10 new HIV diagnoses occurring via injection drug use, it has never been more important to provide evidence-based health care to people who use drugs. In what ways would you support the implementation of prevention, treatment, recovery and harm reduction interventions to address the HIV, overdose, and viral hepatitis epidemics? Would you help prevent the spread of infectious disease among people who use drugs by expanding access to syringe services programs, including working with Congress to ensure that federal funding be made available to such programs for the purchase of syringes?
3. The Ryan White HIV/AIDS Program provides care and treatment for people living with HIV in the United States who are uninsured or underinsured and has demonstrated its success at linking and retaining people in care, improving both individual health outcomes for enrollees and a reduction in new HIV transmissions. Do you support increased funding for the Ryan White Program and for networks of people living with HIV that provide peer support and combat stigma? What changes, if any, would you make to the program and its funding?
4. Pre-exposure prophylaxis, shortened as PrEP, has revolutionized HIV prevention, because PrEP has 99% efficacy in preventing HIV acquisition for those who remain adherent to the regimen. However, the HIV sector is navigating the aftermath of the Braidwood v. Becerra ruling, where access to PrEP through private insurance is being challenged. If elected, how will you ensure that all people living with and vulnerable to HIV have access to affordable health care regardless of insurance or immigration status?
5. Please outline your views on the best ways to extend high-quality, low-cost health care to everyone, regardless of age, income, immigration status or preexisting condition, including in states that have not expanded Medicaid. What changes, if any, would you make to the Medicaid program? What is your position on Medicaid work requirements?
6. Systemic racism has consistently and consciously placed Black and Brown lives in grave danger in the United States. Since the beginning of the HIV epidemic, Black and Brown communities have been disproportionately impacted by HIV. Public narratives of the epidemic centered white people living with HIV (and especially white gay men), and we saw a robust marshaling of resources to well-connected and often white-led community-based organizations at the

expense of Black and Brown communities that were most impacted. The Minority AIDS Initiative was created in 1998 to combat this phenomenon, and yet the program has never been funded at sufficient levels. What is your strategy to end the HIV epidemic in Black and Brown communities? How will you combat HIV stigma that is particularly salient in these communities? What level of investments are you willing to make to fundamentally improve the quality of life for Black and Brown people with HIV?

7. The Housing Opportunities for Persons with HIV/AIDS program is the sole dedicated funding source for housing assistance and related supportive services for low-income people living with HIV and their families. Currently, the program remains chronically underfunded despite the fact that housing has a greater impact on health outcomes for people living with HIV than any other factor, including demographics, substance use, mental health or access to social services. Do you support increased funding for the Housing Opportunities for Persons with HIV/AIDS program to meet the need for people living with HIV in this country?
8. U.S. HIV research investments have saved millions of lives, prevented countless new transmissions of the virus and placed us on a potential path to end the HIV epidemic. Do you support increasing dedicated community-centered HIV research funding to promote treatment advances, prevention efforts, and attempts to identify a vaccine and a cure? What, if any, changes to the current HIV prevention and research funding levels would you propose?
9. LGBTQ rights in the United States have been undermined by a deluge of anti-LGBTQ curriculum bans in K-12 schools, legislation that bans gender-affirming care for transgender and nonbinary youth and adults, and scapegoating bans on drag shows. What will your administration do to protect LGBTQ youth and adults from legislative, institutional, and community violence? How will you ensure that LGBTQ young people have access to evidence-based information to make their own health care choices?
10. Transgender people, and especially Black and Brown transgender women, in the United States are particularly vulnerable to a range of adverse health outcomes, including HIV diagnoses. According to the Centers for Disease Control and Prevention, an estimated four in ten transgender women in seven major cities are living with HIV. States continue to restrict access to health care for transgender youth in as many as 20 states and have begun efforts to restrict care for transgender adults. How would you protect the rights, well-being, and lives of

transgender people living in this country, while ensuring that they receive the health care and housing they need?

11. People living with HIV in the United States continue to be subjected to stigma and discrimination. Many are subjected to nonconsensual surveillance practices and outdated and stigmatizing criminal laws where they are susceptible to enhanced sentencing based upon their HIV status. Will you work with HIV decriminalization advocates to pass a law that ends the criminalization of HIV status? Will you work to extend federal protection from discrimination based on HIV status? What other steps, if any, would you take to help reduce HIV stigma and discrimination in the United States?
12. Pre-exposure prophylaxis (PrEP) can prevent HIV acquisition when taken daily, and highly effective antiretroviral therapy can render the viral load of a person with HIV undetectable and untransmittable. Together, these are 2 of the most highly effective tools we have to end the HIV epidemic. However, the ongoing impacts of HIV stigma and structural racism has limited PrEP uptake in communities most vulnerable to HIV, especially Black and Brown communities. Do you support the creation of a National PrEP program that would ensure equitable and affordable access to PrEP for all who need it?
13. Our political and social discourse marginalizes many immigrants in this country. This dynamic has an obvious impact on immigrants living with and vulnerable to HIV seeking out HIV and general medical care due to fear of deportation or denial of citizenship. Please state how you would ensure that health care spaces are safe for immigrants being screened for HIV? How will you ensure health care spaces will not be used for immigration enforcement?
14. The overturning of *Roe v. Wade* and the concomitant state-level abortion bans have placed reproductive rights in grave danger. The patchwork approach to reproductive rights means that pregnant people are forced to travel significant lengths to access an abortion or other reproductive health care. How will you ensure that all women and people of childbearing potential, regardless of income, geography or any other stigmatizing restriction will have unfettered access to all of their needed sexual and reproductive health services? Additionally, how will you communicate the government's full support of sexual and reproductive health, rights and justice of all people living with and vulnerable to HIV?
15. In recent years, the need for comprehensive prison and justice system reforms that focus on rehabilitation and the well-being of those who are incarcerated

rather than punishment has become clearer than ever. What will you do to ensure that incarcerated people living with and vulnerable to HIV receive uninterrupted, unfettered and fully funded access to health care and medications for treatment both while they are in prison or jail, and when they are released for re-entry into their communities?

16. Thanks to decades of investment in HIV treatment and research, the largest cohort of people currently living with HIV in the United States are those who are above the age of 50. However, while antiretroviral drugs have been developed to keep their viral loads undetectable, infrastructures to address the unique health issues experienced by older adults living with HIV have been slow to form. As president, how would you work with the Centers for Medicare and Medicaid Services, the Administration for Community Living, the Department of Health and Human Services, and other federal, state and private sector partners to improve the health and quality of life of older adults living with HIV?