

2024 State Level 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 candidates running in statewide races 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 statewide 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 the agreed upon date. 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 legalizing syringe service programs in the state, removing syringes from the state's drug paraphernalia laws and working with the state legislature to ensure that adequate funding be made available to such programs?

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. Part of the Ryan White HIV/AIDS Program includes the AIDS Drug Assistance Program (ADAP), which provides HIV-related medications and insurance coverage for people living with HIV. Do you support increased funding for the Ryan White HIV/AIDS Program? What changes would you make to the Ryan White Program? What will you do to ensure that there is adequate funding for your state's AIDS Drug Assistance Program (ADAP)?
4. Pre-exposure prophylaxis (PrEP) has revolutionized HIV prevention, because PrEP when taken daily orally or through long-acting injectables, has 99% efficacy in preventing HIV acquisition for those who remain adherent to the regimen and renders the viral load of a person with HIV undetectable and untransmittable. This is among the most effective tools we have to end the HIV epidemic. Unfortunately, there are considerable gaps in access to PrEP in part due to lack of awareness by both providers and people who could benefit from PrEP, differences in insurance, lack of providers who feel competent to provide PrEP and reimbursement issues. Do you support statewide funding for PrEP that would ensure equitable and affordable access to PrEP for all who need it (HIV advocates, the Administration and Members of Congress support a National PrEP Program)? Do you support policies that would increase PrEP uptake, such as authorizing pharmacists to prescribe PrEP and removing the prior authorization requirements for PrEP?
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. Ten states have still not expanded Medicaid, which leaves 1.5 million people without healthcare coverage. What changes, if any, would you make to the Medicaid

program? What is your position on Medicaid work requirements? 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?

6. Systemic racism has consistently and consciously placed Black, Latino/a, Indigenous and other marginalized lives in grave danger in the United States. Since the beginning of the HIV epidemic, Black, Latino/a, Indigenous and other marginalized communities have been disproportionately impacted by HIV. The ongoing impacts of HIV stigma and structural racism has also limited PrEP uptake in communities most vulnerable to HIV, especially Black, Latino/a, Indigenous and other marginalized communities. 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, Latino/a, Indigenous and other marginalized 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, Latino/a, Indigenous and other marginalized 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, Latino/a, Indigenous and other marginalized people with HIV?
7. The Housing Opportunities for Persons with HIV/AIDS program is the sole funding source for housing assistance and related supportive services for low-income people living with HIV and their families. Stable housing allows people living with HIV to access comprehensive healthcare and adhere to HIV treatment. 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. What would you do to ensure the availability of quality and affordable housing and promote housing stability for people living with HIV and vulnerable communities?
8. The Affordable Care Act prohibits insurers from denying or charging more for insurance coverage for patients with pre-existing conditions, however, insurers still deny patients life or disability income insurance coverage solely because a person is living with HIV or is prescribed PrEP to prevent HIV. What action will you take to prohibit insurers from coverage discrimination against individuals based on HIV status?

9. LGBTQ rights in the United States have been undermined by a deluge of anti-LGBTQ bills, including 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. 2024 has seen 550 anti-trans bills introduced across the country. What will you do to protect LGBTQ youth and adults from legislative, institutional, and community violence? How will you ensure that LGBTQ youth have access to evidence-based information to make their own health care choices?
10. Transgender people, and especially Black, Latino/a, Indigenous and other transgender people, 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 10 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. HIV stigma is negative beliefs and attitudes about people living with HIV, where HIV discrimination is the act of treating people living with HIV differently than those without HIV. A Kaiser Family Foundation 2019 survey found that one in five Americans still report that they would not feel comfortable working with a person living with HIV. 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. Stigma, discrimination and criminalization prevents people vulnerable to HIV from getting tested or entering HIV treatment. Will you work with HIV decriminalization advocates to pass a law that ends the criminalization of HIV status? Will you work to extend statewide 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. 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?

13. The overturning of *Roe v. Wade* and the concomitant state-level abortion bans have placed reproductive rights in grave danger. Pregnant people have been forced to travel significant lengths to access an abortion or other reproductive health care, like HIV testing and treatment. Abortion bans and efforts to restrict reproductive healthcare are inextricably linked to ending the HIV epidemic. 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?
14. 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?
15. 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. 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?