

2016 Presidential HIV/AIDS Questionnaire

Hillary Rodham Clinton



According to the Centers for Disease Control and Prevention (CDC), 1.2 million people are living with HIV in the United States and approximately 40,000 people are newly diagnosed annually. Although HIV was once considered a life-threatening illness, as a result of scientific advances, today people living with HIV can live a normal lifespan. Despite this progress, significant work lies ahead to ensure quality care for people with HIV, reduce new HIV infections, and protect the human rights of those affected by the epidemic. **The next five years provide an incredible window of opportunity to fast-track the response and end the HIV epidemic.**

To better understand how presidential candidates will take advantage of the moment to seek an end to the HIV epidemic, a coalition of organizations sent a survey to all of the candidates who were running for president at that time. Candidates responses have been published without edits. As of right now, the candidates who responded to the survey and their responses are published below. The coalition producing the survey has sought to review campaign literature, speeches or other positions of the candidates who have not responded to determine their positions. However, we have not found information that is directly related to the issues of HIV/AIDS discussed in the survey. As such the positions of the candidates who have not answered, in our opinion, are either unclear or undetermined. We urge all remaining candidates to complete the survey and the coalition will publish responses from the other presidential candidates as they are sent in.

The survey is intended to assess the positions of all candidates running for President concerning HIV/AIDS regardless of party. The ultimate goal is to learn where candidates stand on critical issues in the epidemic, and to educate the hundreds of thousands of individuals who care deeply about ending the loss and suffering caused by HIV/AIDS. The non-partisan coalition of organizations that created this survey (listed below) do not endorse any candidate or political party.

Hillary Rodham Clinton's Responses:

U.S. HIV research investments have saved millions of lives and prevented countless new infections. Do you support continued robust HIV research funding to promote treatment advances and efforts to identify a vaccine and a cure? What, if any, changes to the current HIV research agenda or funding levels would you propose?

This issue matters to me deeply. And I've always tried to do my part in the fight against this disease, and the stigma and pain that accompanies it. At the 1992 Democratic National Convention, when my husband accepted the nomination for president, we marked a break with the past by having two HIV-positive speakers—the first time that ever happened at a national convention. As First Lady, I brought together world leaders to strategize and coordinate efforts to take on HIV and AIDS around the world. In the Senate, I put forward legislation to expand global AIDS research and assistance and to increase prevention and education, and I proudly fought to defend and protect the Ryan White Act. And as Secretary of State, I launched a campaign to usher in an AIDS-free generation through prevention and treatment, targeting the populations at greatest risk of contracting HIV. I have also emphasized the fight against HIV and AIDS in my philanthropic work and am proud of the progress the Clinton Foundation has made. Almost 10 million people with HIV or AIDS around the world have benefited from more affordable medicine because of the Foundation. And since 2002, the Clinton Health Access Initiative has reduced the cost of HIV and AIDS medications in many countries from over \$10,000 per person per year to just \$100 to \$200 per person per year.

I believe there's even more we can—and must—do together. We are currently living in a time of amazing scientific breakthroughs related to AIDS research, due in large part to American investments in research at the National Institutes of Health (NIH). We should continue to increase HIV and AIDS research and invest in the promising innovations that research is producing. For example, in 2010, the iPrex study showed that giving HIV negative individuals a reduced dose of HIV medications, when taken daily, reduced the risk of HIV infection by 90 percent when used as pre-exposure prophylaxis (PrEP). Subsequent studies have confirmed the effectiveness of PrEP and also highlighted challenges with supporting adherence. In March, the Centers for Disease Control (CDC) announced \$125 million over three years in grants to state and local health departments to increase knowledge about and uptake of PrEP among high-risk population, including transgender people and black men who have sex with men (MSM). As President, I will increase the CDC investment to ensure populations at greatest risk of infection have access to the drug, and encourage states to follow suit.

Researchers at NIH and elsewhere are poised to make even more progress towards curing HIV, developing long-acting treatments that do not require daily pill taking, and better understanding the social and structural factors that can support or hinder peoples' ability to access HIV prevention and care services. As President, I will support robust funding for this progress to continue.

The misuse of and addiction to opioids, such as heroin and prescription pain medications, is a serious and national public health problem with the potential to worsen both the HIV and hepatitis epidemics. Last year this issue became a national news story with one of the worst HIV outbreaks ever recorded in North America among people who use drugs in Indiana in part because their area at the time lacked a comprehensive syringe access program. Do you support increased federal funding to implement evidence-based substance abuse prevention and treatment strategies to help address opioid addiction? Which, if any, of the following do you support to address the opioid addiction epidemic: better prescription practices; deployment of medication to combat overdoses (such as naloxone); medication-assisted treatment (MAT) to treat opioid use disorders; and syringe access?

Nearly 23 million Americans suffer from a substance use disorder, yet only about one in 10 receive treatment. This is a problem that touches Americans everywhere, from our biggest cities to our smallest towns, and from our richest enclaves to our poorest neighborhoods. I am committed to tackling these challenges and offering every American the support they need. That is why I have proposed a \$10 billion federal-state partnership that empowers state and local leaders to tailor substance use treatment and rehabilitation programs to their communities.

Under my plan, states that put forth specific plans for confronting our nation's substance use epidemic will be eligible to receive \$4 of federal support for every dollar they commit. These plans will focus on five areas: prevention, treatment and recovery, first responders, prescribers, and criminal justice reform.

The plan will incentivize states to implement preventive programming for adolescents about drug use and addiction. It will help expand in-patient and out-patient services, increase the pipeline of trained providers, and push states to fully enforce our mental health and addiction parity laws so that insurance practices are not a barrier to treatment. It will help ensure that naloxone is in the basic toolkit for every first responder. It will push states to require licensed prescribers to have a minimum amount of training and consult a prescription drug monitoring program before writing a prescription for controlled medications. And it will incentivize states to prioritize rehabilitation and treatment over prison for low-level and nonviolent drug offenses and end the era of mass incarceration.

I have also called for immediate federal action, including increasing the Substance Abuse Prevention and Treatment Block Grant, ensuring federal insurance parity laws are enforced, removing obstacles to reimbursement, and directing the Attorney General to issue guidance on prioritizing referral and treatment over imprisonment for nonviolent, low-level drug offenders. And I have long supported syringe service programs, which are essential tools in our public health efforts to reduce the transmission and spread of HIV.

The current National HIV/AIDS Strategy (NHAS or the Strategy) provides a roadmap to guide our collective response to the U.S. HIV/AIDS epidemic from 2015 through 2020. Its goals are to: reduce new infections; increase access to care and improve health outcomes for people living with HIV; reduce HIV-related health disparities and health inequities; and achieve a more coordinated national response to the HIV/AIDS epidemic. Do you support the continued implementation of the current Strategy? What additional steps, if any, would you take to advance the Strategy further?

While the United States has made great progress in the treatment and prevention of HIV and AIDS, our job is not done. As Secretary of State, I began an ambitious campaign to usher in an AIDS-free generation, and as President, I will continue to drive towards that goal. The National HIV/AIDS Strategy provides an important roadmap to get there. As President, I will make it a key priority to build on the work of President Obama by continuing to implement the NHAS. Essential to successfully implementing the Strategy is ensuring a wide range of advocates and stakeholders are advising the Office of National HIV/AIDS Policy on execution. Equally essential, is ensuring that scientific research and HIV and AIDS services funding do not fall victim to Republican budget brinksmanship and sequestration.

The White House Office of National HIV/AIDS Policy (ONAP) serves as a liaison between the HIV/AIDS community and the Office of the President. It is the office that primarily develops NHAS and holds agencies accountable for meeting NHAS's goals. Are you committed to maintaining ONAP within the Executive Office of the President?

If we are going to usher in an AIDS-free generation, the White House Office of National HIV/AIDS Policy must continue to play a critical role in coordinating federal efforts. That's why, as President, I am committed to maintaining ONAP within the Executive Office.

The Ryan White HIV/AIDS Program provides HIV-related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV. The program fills gaps in primary medical care and essential support services not met by other payers. The program is highly successful at linking and retaining people in health care resulting in both improved individual health outcomes and reduction in new HIV infections. Do you support current levels of funding of the Ryan White HIV/AIDS Program necessary to address gaps in care and essential services? Would you consider increases in the future? Will you pledge to work with the HIV community to continue to enhance and adapt the Ryan White Program to support its maximum effectiveness? Are there specific changes to the Ryan White Program that you would seek to implement?

The Ryan White HIV/AIDS Program provides health and supportive services to assist those living with HIV and AIDS to engage in HIV medical care. As President, I will continue to support and protect the Ryan White program to ensure we address gaps in care and essential services. In doing so, I will continue to work with the HIV community to make the program even more effective going forward. This includes working to

adapt the program to respond to new scientific breakthroughs and ensuring that we are leveraging all of the program's HIV expertise to strengthen the quality of HIV care nationwide.

But it's not enough to just stand with the Ryan White Program and the over half a million people it helps each year. We need to do more. It is an abomination that a pharmaceutical company can raise the price of medicine for HIV and AIDS patients by more than 5,000 percent. The recent controversy surrounding Turing Pharmaceuticals is just one example—there are other drug companies gouging Americans with higher prices than they charge other people around the world. That's why I've announced a plan to hold the pharmaceutical industry accountable and to achieve lower drug costs for Americans, including medications that help to prevent and treat HIV. As President, I would stop direct-to-consumer advertising subsidies, require drug companies to invest in research, cap monthly and annual out-of-pocket costs for prescription drugs, ensure American consumers are getting value for their drugs, and allow Medicare to negotiate lower drug prices.

Housing Opportunities for Persons with HIV/AIDS (HOPWA) currently provides funding for housing assistance and related supportive services for tens of thousands of low-income people living with HIV and their families. Stable housing is widely recognized as a necessary prerequisite for successful adherence to complex HIV/AIDS drug therapies. Do you support ongoing or increased levels of HOPWA funding? Would you change the HOPWA funding formula so that it is based on the numbers of persons currently living with HIV/AIDS in a particular area rather than on cumulative AIDS cases? Are there changes to the HOPWA program that you would seek to implement?

I know how critical access to safe, affordable, stable housing is for all Americans, and the especially crucial role it plays for people living with HIV or AIDS and their families. I am committed to preserving dedicated funding like HOPWA that supports housing access for low-income people with HIV or AIDS. I am also committed to ending housing discrimination against people with HIV or AIDS, and will make sure that my Department of Justice enforces fair lending and fair housing laws, including the Fair Housing Act's Section 504 protections.

And we must do more to broaden housing access for all communities struggling under the weight of historical discrimination, poverty, and lack of opportunity. There is simply not enough affordable rental housing in many parts of the country to keep up with new demand, driving prices in these areas to a level that is unaffordable for large segments of Americans. That's why I will work hard to grow the supply of affordable rental housing by increasing incentives for new affordable rental housing development and easing the local barriers to building affordable housing in areas of economic opportunity. I'll defend the current supply of Low Income Housing Tax Credits and provide additional credits in communities where the demand for these credits far exceeds the supply. And I'll help put families on the path to sustainable homeownership by funding programs that match up to \$10,000 in savings for responsible homeowners

who earn less than area median income to put towards a down payment on a first home. This will both incentivize savings and put the opportunity of homeownership within the reach of more families.

The Affordable Care Act (ACA) has provided previously uninsured individuals with public and private health insurance. Do you support the full and continued implementation of the ACA? If not, what steps would you take to provide health care coverage to those newly insured under the ACA? If you do support the ACA, how would you build upon advances of the ACA to extend health care coverage to those who remain uninsured?

Throughout my career, I have led the fight to make access to quality, affordable health care universal. The Affordable Care Act (ACA) was an historic achievement, and as President I will continue to defend it from Republican attacks and build on its success. I will work to slow the growth of overall health care costs by providing a new, progressive refundable tax credit of up to \$5,000 per family for excessive out-of-pocket costs. I will require health care plans to provide three sick visits without counting toward deductibles every year. And I will curb the runaway costs of prescription drugs by requiring health insurance plans to cap covered out-of-pocket prescription drug costs at \$250 per month. To make Medicare more affordable, I will allow the federal government to negotiate lower drug prices and will stop direct-to consumer advertising subsidies for drug companies—reinvesting those funds in research.

Importantly, I will continue to fight for Medicaid expansion, which is particularly critical for Americans living with HIV. Before the enactment of ACA, an individual was eligible for Medicaid only if he or she was low-income and determined to be of “categorical need”. Many childless low-income adults with HIV failed to qualify as categorically needy because asymptomatic HIV did not render a person “disabled” for purposes of Medicaid. This created a pernicious catch-22: HIV-positive individuals needed access to care before their health deteriorated but were not deemed Medicaid-eligible until their disease progressed to full blown AIDS. As Senator, I cosponsored the Early Treatment for HIV Act to fix this loophole. With the passage of the ACA, however, Medicaid was reformed to no longer tie eligibility to a finding of “categorical need”; income status alone now triggers eligibility. An analysis of the ACA’s impact on persons living with HIV estimated that of 70,000 persons with HIV who were uninsured before the law, roughly 47,000 would be newly eligible for Medicaid. However, with the Supreme Court’s ACA decision, these new eligibility criteria only apply in states that accept Medicaid expansion. As a result, childless low-income Americans in non-expansion states remain ineligible for Medicaid if they contract asymptomatic HIV. I will fight until every state extends Medicaid coverage and provides life-saving health care to people living with HIV.

The World Health Organization, UNAIDS, and PEPFAR have demonstrated that if the world doubles the number of people on HIV treatment by 2020, we could end the AIDS epidemic by 2030. To achieve this goal, the United States would need to provide an estimated annual increase of \$450 million for our bilateral HIV programs for each of the next 4 years. However, these programs have been flat-funded since 2011. Will you commit to ensuring the necessary funding to double the number of people directly supported by the U.S. on life-saving HIV medicine by 2020?

As Secretary of State, I began an ambitious campaign to usher in an AIDS-free generation. I advocated for a comprehensive approach, incorporating both prevention and treatment—focusing on ending mother-to-child transmission, expanding voluntary medical male circumcision, and scaling up treatment for people living with HIV or AIDS. I advocated for, and was gratified when President Obama changed the US goal of supporting 4 million people with HIV on ART by the end of 2013 to 6 million people—a goal that we met and exceeded and is literally saving the lives of millions more people with HIV.

This work was possible because of the incredible impact programs like PEPFAR have had on our fight against HIV and AIDS. These efforts have created the framework for progress and have enjoyed bi-partisan support here at home and broad support around the world—as they should. As President, I am committed to continuing to lead that march towards ensuring we increase the number of people on life-saving ART. But it's not enough to make promises and set goals. Achieving results is going to take work and that's exactly what I intend to do—both by working with members of Congress and by engaging leaders around the world. As someone who has also lost friends and loved ones to AIDS, this fight is so important. I'm eager to get to work

Americans living with HIV are subject to outdated and stigmatizing criminal laws. Will you support current bipartisan legislation in Congress calling for the review of all HIV criminal laws? Would you take Executive action to end the criminalization of Americans based on HIV status? What other steps, if any, would you take to help reduce HIV/AIDS stigma and discrimination in the United States?

My entire campaign is focused on breaking down barriers, including barriers of discrimination that keep many Americans on the sidelines—and building ladders of opportunity in their place. We have made progress in America, but all too often, Americans living with HIV or AIDS are stigmatized or subject to discrimination. Many individuals also face additional barriers and discrimination due to their sexual orientation, gender identity, race, ethnicity, or immigration status.

To begin with, stigma and discrimination should never be enshrined in our laws. Stigma and discrimination are also dangerous. Stigma discourages those at-risk from being tested, and it makes it harder for those with HIV or AIDS to share their status with loved ones and seek treatment.

As President, I will work with advocates, HIV and AIDS organizations, and Congress to review and reform outdated and stigmatizing HIV criminalization laws—and I will call on states to do the same. I will continue to aggressively enforce the Americans with Disabilities Act and other civil rights laws to fight HIV-related discrimination. And I will ensure that my Administration releases the latest facts about HIV transmission and risk behaviors to counter unnecessary laws and work to educate prosecutors about the latest science of HIV to reduce unnecessary charges against people with HIV that are not scientifically valid

Military Service - As President and Commander in Chief of the Armed Forces, will you follow suit with our allies/partners such as Israel and South Africa removing the ban to service in the U.S. Armed Forces for people living with HIV and allow all qualified volunteers to serve their Nation regardless of HIV status?

America's Armed Forces are unmatched in the world precisely because of the brave and honorable people who choose to serve their country. I believe strongly that the choice to serve should be open to all qualified Americans.

Advances in medicine now allow someone who contracts HIV to live 20 to 30 years without adverse health effects, making treatment possible in environments outside the continental United States. I was encouraged to see the Department of Navy's willingness to reverse its HIV ban in 2012 based on these advances. As President, I will work with our other branches to build on this progress.

For more information, [CLICK HERE](#):

[http://www.aidsunited.org/Policy-0024-Advocacy/2016-Presidential-HIV002FAIDS-
Questionnaire.aspx](http://www.aidsunited.org/Policy-0024-Advocacy/2016-Presidential-HIV002FAIDS-Questionnaire.aspx)