

2020 Presidential Candidate HIV Questionnaire

Presented By The Act Now: End AIDS Coalition, AIDS United, GMHC (Gay Men's Health Crisis), Health GAP, Housing Works, The International Association of Providers of AIDS Care, LAMBDA Legal, Positive Women's Network-USA, Prevention Access Campaign, Sero Project, Transgender Law Center, The US People Living With HIV Caucus, and 41 other community based organizations

The Presidential candidates in 2020 have a unique opportunity to make history. For the first time since the Centers for Disease Control originally reported a few HIV cases in its Morbidity and Mortality Weekly Report 38 years ago, **we are able to end the HIV epidemic in the United States**. 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.

Over one million Americans are living with HIV, and annual HIV diagnoses continue to hover around 40,000 new HIV transmissions each year due in part to increases in injection drug use across the country that are resulting in new HIV outbreaks, especially in areas with scarce public health resources. 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, July 19th. 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. Earlier this year, the Trump administration introduced their plan for ending the HIV epidemic in the United States by 2030. While the HIV community welcomes the increased financial resources and attention being paid to HIV by the administration, we also understand that to end the HIV epidemic we must address the social determinants of health and inequities that have led to a high-burden of transmission for HIV, STDs, and associated illnesses within vulnerable populations. Please describe what you would do to increase access to HIV prevention and

treatment services, and outline your approach for addressing the social determinants of health and promoting racial justice.

Over 38,000 Americans received an HIV diagnosis in 2017, bringing the latest estimate of Americans living with HIV to 1.1M.¹ About 15% are not aware of their diagnosis. To ensure that we are adequately addressing HIV, we need to be certain we are working with marginalized communities with higher rates of HIV. Increased financial resources is a start, but to bring an end to this epidemic, we need to do more. That is why I would push several policies:

- **Support the Repeal HIV Discrimination Act. This would direct the Justice Department to review state laws which impose criminal liability on individuals with HIV. These rules stigmatize HIV and deter people from getting the help they need.**
- **Work with community organizations including community health centers and all healthcare providers to ensure HIV testing and treatment information is available to all patients with an increased focus on marginalized communities. We need to make sure we are meeting people where they are.**
- **Lower costs of HIV prevention and treatment drugs, including PrEP and PEP, to ensure that all Americans have access to these critical resources**

2. 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 HIV research funding to promote treatment advances, prevention efforts, and attempts to identify a vaccine and a cure?

I fully support providing additional funding for HIV research. This research is what has led to life-altering drugs like PrEP and PEP and we must continue to invest in this critical research until we have eradicated HIV.

What, if any, changes to the current HIV prevention and research funding levels would you propose?

The U.S. spends \$35 billion on HIV -- but only 10% goes to domestic prevention and research². It's clear we need to maintain and increase our focus on research and development. I would convene experts in the field, including activists who have been fighting for decades, to ensure that we devote the right level of funding for this important work.

3. The opioid and HIV epidemics are two of the most pressing public health challenges of our time and they are increasingly intertwined. With 41,000 new cases of hepatitis C in the United States in 2016, of which, up to 70% occurred among people who use drugs, injection drug use

¹ <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/hiv-in-america>

² <https://www.kff.org/hiv/aids/fact-sheet/u-s-federal-funding-for-hiv-aids-trends-over-time/>

is continuing to be a major factor fueling the domestic HIV epidemic. Do you support the use of federal funds to implement evidence-based substance misuse prevention and treatment strategies, including federal funding for the syringes provided at syringe exchange programs, to help address opioid addiction? What will your strategy be to extend medication to combat overdoses (i.e. naloxone) and medication-assisted treatment (MAT) to reach everyone experiencing opioid disorders?

The drug epidemic is a major health challenge that needs to be addressed. As President, I will engage and listen to healthcare experts and take the necessary steps to address this crisis, including:

- **Increase funding for state substance abuse grants and incentivize grants that go to the hardest-hit rural areas.**
- **Increase investments in “return to work” programs that help those who have struggled with addiction return to the workforce.**
- **Work with Congress and HHS to provide funding for proven substance misuse prevention and treatment programs**
- **Work with states that have yet to expand Medicaid to pass expansion which is one of the most successful tools ensuring access to health, mental health and addiction care.**

4. 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?

Yes, I strongly support the Ryan White HIV/AIDS program and its goals of providing healthcare, essential support services, and medications for low-income people living with HIV. As President, I would work with experts to determine the right level of funding for the program, and increase the funding as recommended.

5. Although millions of individuals have been insured through the implementation of Medicaid expansion and the Affordable Care Act, lack of access to healthcare is still a major driver of the HIV epidemic. If elected, how will you ensure that all people living with and affected by HIV have access to affordable healthcare? Please state your position on the ACA, and outline your views on the best ways to extend high-quality, low-cost healthcare to everyone, regardless of age, income, immigration status, or pre-existing condition--including in states that have not expanded Medicaid.

Access to healthcare shouldn't depend on the size of your paycheck. It should be a right for all. But with over [27 million](#) Americans still uninsured, we have work to do.

As Governor, I passed Medicaid expansion twice through a Republican legislature providing access to quality health care for nearly 100,000 Montanans. The Affordable Care Act (ACA) is not perfect, but it's been the foundation for improving healthcare in Montana.

To ensure high quality, universal healthcare access, we must take bold action to make care more affordable while expanding access and improving existing coverage. This can be done by building on the success of the ACA.

I would take several actions to ensure all people, including those living with and affected by HIV have access to affordable healthcare:

- **Provide a public option to improve access and ensure competition in the marketplace and for those who live in states without Medicaid expansion, in addition to allowing a Medicare buy-in for Americans 55 and over.**
- **Increase subsidies to defray the cost of buying health insurance on the ACA exchange for families whose income is below 400% of the federal poverty level.**
- **Ensure more families can access care by automatically enrolling those who are Medicaid eligible or eligible for a 100% cost subsidy on the ACA exchange.**
- **End the Trump Administration's attacks on Obamacare and fully implement the ACA by encouraging all states to expand Medicaid.**
- **Continue to protect health coverage for people with preexisting conditions and eliminating lifetime caps.**
- **Work with states that have yet to expand Medicaid to pass Medicaid expansion.**

6. The Housing Opportunities for Persons with HIV/AIDS (HOPWA) 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, HOPWA 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 HOPWA program and other programs that provide housing for people living with HIV?

I support increased funding for the HOPWA program and other programs that provide housing for people living with HIV.

7. What will you do to prohibit discrimination based on sexual orientation, racial and gender identity in housing, healthcare, the workplace, the legal system, privately-owned businesses, and access to federal benefits?

It is frightening that millions of Americans can still be fired merely because of who they love. As President, I will sign an executive order ensuring that any federal contractor prohibits discrimination based on sexual orientation, racial, and gender identity. I will also work with Congress to pass the Equality Act to end discrimination in housing, healthcare, the workplace, and access to benefits.

8. Americans living with HIV continue to be subject to stigma and discrimination, and many are subject to outdated and stigmatizing criminal laws where they are susceptible to enhanced sentencing based upon their HIV status. These laws violate the human rights of people with HIV, sometimes imposing extremely severe punishments on people with no intent to harm and behaviors that pose no risk of HIV transmission. Moreover, these statutes discourage those at risk from learning their HIV status and subsequently beginning treatment to extend their longevity and quality of life. Will you work 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/AIDS stigma and discrimination in the United States?

I support the Repeal HIV Discrimination Act. This would direct the Justice Department to review state laws which impose criminal liability on individuals with HIV. These rules stigmatize HIV and deter people from getting the help they need. We should be making sure that Americans living with HIV are living free from discrimination and can seek necessary treatment without stigma or bias.

9. Given the advances in medical treatment available to all servicemembers for over two decades, do you support lifting unnecessary restrictions that prevent individuals living with HIV from enlisting, being commissioned as an officer, or deploying in the Armed Forces of the United States?

Yes, I support lifting the outdated restrictions preventing individuals living with HIV from being in the Armed Forces of the United States. This policy, enacted in the 1990s, is based on an outdated and inaccurate understanding of HIV.

10. Despite the existence of antiretroviral medications that can render the viral load of a person living with HIV undetectable (and therefore untransmittable), and prevent transmission of the virus through pre-exposure prophylaxis (PrEP) many people in need of such medications cannot access them because of their high cost. In other instances, our insurance premiums go up, and/or taxpayers are stuck holding huge costs. If elected, how will you reduce excessive drug prices in the United States, through executive action, as well as legislation? Will your plan make use of government purchasing power to negotiate lower prices and work towards policies similar to all other developed countries to limit abuses of the patent monopoly system?

Reducing prescription drug prices in the United States is one of my top priorities. As I mentioned previously, I would take several actions to accomplish this:

- **Work with Congress to take on the pharmaceutical industry and negotiate drug prices to bring down the cost of prescription medicines.**
- **Strengthen Medicare by negotiating and capping drug costs. As Governor, Bullock negotiated lower costs between our hospitals and the state insurance plan, leading to significant savings. It's long past time for the federal government to take action to lower drug costs.**
- **Increase funding for state substance abuse grants and incentivize grants that go to the hardest-hit rural areas.**
- **Increase investments in “return to work” programs that help those who have struggled with addiction return to the workforce.**
- **Work with Congress and HHS to provide funding for proven substance misuse prevention and treatment programs**

11. According to the CDC, an estimated 14% of transgender women are living with HIV, with an estimated 44% identifying as Black/African-American, 26% Hispanic/Latinx, and 7% White. The number of transgender people who received a new HIV diagnosis was 3 times the national average. If elected, would you support the original interpretation of Section 1557 of the ACA as covering transgender people and would you champion the passage of the Equality Act? How would you protect the rights, well-being, and lives of transgender people living in this country, while ensuring that they receive the healthcare and housing necessary to be virally suppressed?

I support the original interpretation of Section 1557 of the ACA, which covers transgender people. Changing this interpretation is dangerous for many transgender Americans. I also strongly support the Equality Act.

We need to do more to protect transgender Americans and show that we stand with them. That is why I would:

- **Allow Transgender Americans to serve openly in the military**
- **Ensure that U.S. outposts abroad — embassies and consulates — stand with advocates working throughout the world to secure equality for LGBTQ people**

12. Many documented and undocumented immigrants living with and affected by HIV are refraining from seeking out HIV and general medical care due to fear of deportation or denial of citizenship. Please state how you would encourage this population to be screened for HIV and initiate treatment if diagnosed, and how to ensure healthcare spaces are safe spaces for immigrants and health providers from immigration enforcement? What are your views on

potential changes to the “public charge” rule that would make any use of a very wide range of benefits (including healthcare programs such as the Affordable Care Act marketplace subsidies, Children’s Health Insurance Program and potentially some Medicaid benefits) detrimental to an immigrant’s chances at becoming a U.S. citizen?

The first thing that we need to do is work with Congress, business, agriculture, and the immigrant community, to pass comprehensive immigration reform. We must create a pathway to citizenship for undocumented people living in America in part to ensure we do not have a population of people living in fear. I will not support changes to the public charge rule that create two types of Americans.

13. The escalating pace of the introduction and passage of federal and state bills that restrict legally protected health care services, including abortion and some forms of contraception, is already having adverse effects on young people, women, and people living with HIV. How will you ensure all women and people of childbearing potential that, regardless of income, geography, or any other stigmatizing restriction, they 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 HIV and those who may be vulnerable to contracting HIV?

There is no debate: a woman’s right to make her own healthcare decisions is under attack in America today. As Governor of a state with a Republican legislature, I’ve stopped every attempt to curtail this right. As President I will reverse the Trump administration’s recent changes to Title X banning funding recipients from referring women to abortion providers. The government should not be deterring medical professionals from providing the best possible healthcare advice. Further, I will appoint federal judges who share my values.

14. In recent years, the need for comprehensive prison and justice system reforms that focus on rehabilitation and the wellbeing of those who are incarcerated rather than punishment has become clearer than ever. What will you do to ensure that incarcerated people living with HIV and those who may be vulnerable to contracting HIV receive uninterrupted, unfettered and fully funded access to healthcare and medications for treatment both while they are in prison or jail, and when they are released for re-entry into their communities?

Incarcerated Americans deserve healthcare access. Period. I will direct the Department of Justice to ensure that the Bureau of Prisons and state prison-health providers are providing healthcare that meets established standards, and we will investigate serious allegations of healthcare issues in state prisons. Additionally I will work with the states that have yet to expand Medicaid to do so, which provides increased healthcare for incarcerated people.

15. Ending the HIV epidemic in the United States is also dependent on ending the HIV epidemic across the globe. Traditionally, the US has taken a leadership role in funding for both PEPFAR and The Global Fund, but recent years have been characterized by flat-funding and the threats of massive cuts in funding for fighting these pandemics. Would you commit to launch a stepped up effort to end the deadliest pandemics, including AIDS, and prepare for and prevent epidemic threats of the future with expanded results-oriented programming, doubled US investment in fighting pandemics, and US leadership to rally the world to join us in this effort?

When I am President I will re-engage in the international community and again bring American leadership to global health. I will support increased US funding for PEPFAR and the Global Fund, and ensure the US remains a leader in intervention of global pandemics.

Organizations Supporting This
Questionnaire

A Family Affair AIDS Action Baltimore
AIDS Alabama AIDS Foundation of
Chicago AIDS Vaccine Advocacy
Coalition (AVAC) Amida Care APLA
Health Aliveness Project
Brotherhood, Inc. Callen-Lorde Community Health Center Capitol Area
Reentry Program, Inc. Cempa Community Care Center for Popular
Democracy CenterLink: The Community of LGBT Centers Cero VIH PR
Clare Housing Comprehensive AIDS Network Comprehensive Care Center
of SWLA/Southwest Louisiana AIDS Council CrescentCare DC Fights Back
Desert AIDS Project Fenway Health Full Circle Recovery Center Hawaii
Health & Harm Reduction Center Hepatitis C Allies of Philadelphia
(HepCAP) Howard Brown Health Intercambios Puerto Rico Iowa Harm
Reduction Coalition Legacy Community Health Mazzoni Center Mississippi
Positive Network National Equality Action Team PITCH (Positive Iowans

Taking Charge) Positive Women's Network - USA - Ohio Chapter Prism
Health North Texas Region II Consumer Action Coalition Sexuality
Information and Education Council of the United States (SIECUS) The Well
Project Thrive Alabama Thrive SS TransSOCIAL, Inc Twin City Harm
Reduction Collective

[Click Here to See The Individual HIV Advocates Supporting This
Questionnaire](#)