

AIDS United

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.

I believe that every person in the country should be treated with dignity and respect -- and that includes having the right to live a healthy life. As a country, we have made incredible strides and medical advancements toward ending the HIV epidemic, but there are still around 1.1 million people in the U.S. today living with HIV. A majority of these people are LGBTQ+, are from communities of color, and are contending with multiple barriers that prevent them from accessing the care they should have. We must demand more for them and for their futures.

There is no single answer to ending this epidemic -- we must use every tool at our disposal. That includes Medicare for All, expanding HIV research and treatment, ensuring everyone has access to PrEP and HIV testing, holding drug companies accountable and lowering drug prices, ending the opioid crisis, ensuring that community health centers receive robust funding, and reinstating our position as global leader in public health. It also means expanding economic opportunities, tackling the housing crisis, banning private prisons and exploitative contractors, overturning HIV-status criminalization and discrimination laws and regulations, and ensuring comprehensive, inclusive reproductive and sexual health education and services.

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

Yes, and it starts by investing more in the National Institutes of Health to conduct research in treating HIV and finding a cure. With the Medical Innovation Act, I called on Congress to penalize rule-breaking pharmaceutical companies by reinvesting a portion of their profits into the NIH, and I've fought against the sequester of funds for medical research. I also introduced the National Biomedical Research Act, a bill that would establish a reliable funding stream for the NIH by establishing a \$5 billion Biomedical Innovation Fund at the NIH. And I co-sponsored the HOPE (HIV Organ Policy Equity) Act that supported additional research and opened the door for the nation's first-ever transplant of an HIV-positive organ to a person living with HIV.

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 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?

My colleague Representative Elijah Cummings and I have introduced comprehensive legislation to end the opioid crisis and fight substance abuse. The CARE Act commits \$100 billion over 10 years, including \$2.7 billion to the hardest hit communities and \$1.1 billion for organizations working with underserved populations, such as those living with HIV. The CARE Act also includes \$500 million to expand access to naloxone and to train first responders and health providers.

We need evidence-based solutions to combat the opioid epidemic and if the science shows that supervised injection helps reduce death and get people into treatment programs, then I will support what the science shows. When we have proven ways to reduce harm connected to HIV/AIDS – like needle exchanges to address the multiple use of needles – then I support it.

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?

The Ryan White HIV/AIDS Program is an exemplary program for how to ensure that marginalized people have access to care in times of public health crises. It took bipartisan, political courage to enact and continues to serve as a model -- including for the CARE Act. I have consistently supported boosting funding for the Ryan White program, for the Minority HIV/AIDS initiative and HIV/AIDS treatment and cure research at the National Institutes of Health.

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.

Health care is a human right. But when insurance companies are sucking out billions in profits, while people are unable to access insurance or are paying copays and premiums that are through the roof, that right is threatened.

People living with HIV have historically faced particular barriers to accessing care because of pre-existing conditions, exclusions, restrictive eligibility requirements, and high costs from insurance companies. This is unsustainable. The system we have now isn't working. It doesn't work when insurance companies suck out billions in profits. It doesn't work when executives are getting paid six and seven and eight figure salaries. It doesn't work when people are discriminated against and barred

from accessing critical care.

We need to change the system and make sure that everyone has coverage. That's why I support Medicare for All and why I believe it should be the law of the land.

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 making it easier for all Americans to have access to safe and affordable housing. I have consistently supported providing robust funding for the HOPWA program, including providing \$410 million in funding for HOPWA for fiscal year 2020, an increase of \$17 million from this fiscal year, to ensure that those living with HIV can access supportive housing. Additionally, my Housing Plan for America, would invest \$500 billion over the next decade, to create more than 3 million new low- and moderate-income housing units, bringing rents down by 10% and ensuring that people can afford to live in the communities they call home.

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?

I'm a co-sponsor of the Equality Act, which would amend the Civil Rights Act to grant explicit protections from discrimination based on sexual orientation or gender identity at work, in health care, in schools, and in publicly-serving private enterprises. I led the fight against the discriminatory ban on blood donations from gay and bisexual people and pushed the FDA to change its policies. And I've introduced legislation to bring to light workplace harassment and discrimination disputes against publicly-traded companies.

My Housing Plan for America expands the Fair Housing Act to prohibit discrimination on the basis of sexual orientation, gender identity, marital status, veteran status, and the source of one's income, like a housing voucher. Landlords shouldn't be able to reject tenants based on what they look like, how they identify, or who they love. It also includes payment assistance to first-time home buyers living in formerly redlined neighborhoods and invests \$2.5 billion to build or rehabilitate 200,000 homes on tribal lands.

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?

26 states still have laws on the books that criminalize HIV exposure, permitting discrimination against those living with and those believed to have HIV. These laws aren't supported by science or evidence, discourage people from getting tested and treated, and result in increased stigmatization and discrimination against already marginalized populations. To fight this, I've co-sponsored the REPEAL (Repeal Existing Policies that Encourage and Allow Legal) HIV Discrimination Act to review all federal and state laws and regulations that criminalize people living with HIV and to eliminate discriminatory laws.

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. The only thing that matters when it comes to allowing military personnel to serve is whether or not they can handle the job. Advances in care and treatment have made it possible for individuals living with HIV to serve and deploy, and the Pentagon's policies should be updated to reflect these advances in medical science.

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?

Right now, Washington works great for the big pharmaceutical companies and it's not working for people who are trying to get a prescription filled. Americans are drowning in prescription drugs costs, causing them to skip doses or leave prescriptions unfilled. Last year, Americans spent more than \$500 billion on prescription drugs. The cost of Truvada has gone up by 45% over the last few years, making it unaffordable for many who need it. And we must not forget when a pharmaceutical executive increased the price of Daraprim, a drug with few generic manufacturers, by 5,000%. This is unacceptable.

I've fought to bring down the cost of prescription drugs and support efforts to impose price controls. That's why I introduced the Affordable Drug Manufacturing Act, which would allow the government to manufacture a generic drug when no company is manufacturing a drug, where only one or two companies is manufacturing the drug and prices are spiking, where there is a shortage of the drug, or where the medicine is essential and faces limited competition and high prices.

I've also introduced the Capping Prescription Costs Act, which would cap family prescription costs at

\$500/month, eliminating cost as a barrier to accessing needed prescriptions. And I've proposed banning insurance companies from changing cost-sharing or dropping coverage for a drug in the middle of a plan year. I'm also a co-sponsor of the Prescription Drug Price Relief Act, which would require the Secretary of Health and Human Services to peg prescription drug prices to median prices of comparable countries. And I've co-sponsored the Affordable Medications Act, which would allow Medicare to negotiate lower drug prices, block anticompetitive behavior, crack down on a range of practices that brand-name and generic drug manufacturers use to keep prices high, and support innovation. Every person should be able to afford life-saving medication. But even more than that, every person should be able to afford to see a doctor and get the lab tests that are often required for prescriptions for medications like PrEP. That's why I'm fighting for both fair prescription drug prices and Medicare for All.

Finally, in market after market, competition is dying as a handful of giant companies spend millions to rig the rules, insulate themselves from accountability, and line their pockets at the expense of American families. I will appoint trustbusters to the Federal Trade Commission and Department of Justice who will hold the line on anticompetitive mergers and closely scrutinize the growing number of vertical mergers including in the pharmaceutical industry.

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 a reinterpretation of Section 1557 of the ACA as covering transgender people and 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?

Discrimination against transgender Americans is unconstitutional and we need to fight back. HHS's proposed reinterpretation of Section 1557 rolls back critical nondiscrimination protections, allowing health insurance companies to refuse to cover and health care providers to deny health services to transgender people, particularly those with HIV/AIDS, and to those who have had or are seeking an abortion. It also removes requirements to make information language-accessible, which will harm transgender immigrants. As President, I will direct HHS to interpret Section 1557 under its 2016 guidance, to fully uphold civil rights and nondiscrimination protections. I will also direct the CDC to collect accurate data on the health of transgender people and am a co-sponsor of the Equality Act, which bans discrimination against transgender individuals in health care and housing.

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?

No person should be denied access to a doctor and critical health services because of their immigration status. I co-sponsored the Protecting Sensitive Locations Act to end the practice of arbitrary immigration enforcement in places like hospitals and schools.

I have also opposed the new public charge rule. When the draft rule change was published, I sent a letter to the Department of Homeland Security expressing my concerns about the devastating consequences this would have on immigrant communities and urging its withdrawal. The results of this policy are particularly devastating for immigrants living with HIV who rely on Medicaid for treatment. This proposal has already had a chilling effect -- immigrants and refugees are unenrolling themselves and their children from programs they qualify for out of fear that this will jeopardize their visa status. And the repercussions are harmful to entire communities. As president, I'll withdraw this rule.

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 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?

Everyone — no matter where they live, where they're from, how much money they make, the color of their skin, their gender identity, or their sexual orientation — are entitled to access high-quality, evidence-based reproductive and sexual health care. My Plan to Protect Choice calls on Congress to pass new federal laws that protect access to reproductive care. That includes creating federal, statutory rights that parallel the constitutional right in Roe v. Wade, and fully supporting Title X family planning funding. We must also repeal the Hyde Amendment, which blocks abortion coverage under federally funded health care programs like Medicaid, the VA, and the Indian Health Service. And we should ensure that all future health coverage — including Medicare for All — includes contraception and abortion coverage.

I'm also committed to evidence-based, inclusive sexual health education for students. That's why I'm an original co-sponsor of the Real Education for Healthy Youth Act, which would fund comprehensive sex education and would deny funding to programs that do not provide education on HIV, are not LGBTQ inclusive, or that focus on abstinence-until-marriage or other ineffective methods.

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?

No person should be denied access to health care. Private prisons and contractors are some of the worst violators of health rights in prison. They charge incarcerated people exorbitant fees for access to basic health services and contractors have had to pay millions of dollars from malpractice lawsuits.

And the exploitation doesn't end when individuals emerge from prison or detention. Current law pushes money into the hands of for-profit supervision companies, many of which are run by the same private prison corporations. That's why I proposed banning private prisons and detention facilities outright, stopping contractors from charging service fees for essential services, and holding contractors accountable by expanding oversight, transparency and enforcement. And I'll prohibit companies from charging for re-entry, supervision, and probation services, too — because no one should have to pay for their own incarceration, whether it's inside a facility or outside of one.

I support access to medically necessary services, including transition-related surgeries, in correctional facilities. I've also co-sponsored the Solitary Confinement Reform Act, which would reform the practice of solitary confinement and ban it as a practice to separate LGBTQ people and those living with HIV from the general population, as well as creating a Civil Rights Ombudsman tasked with protecting the civil rights of those who are incarcerated. I've also co-sponsored the Youth Access to Sexual Health Services Act to ensure marginalized young people, including those in juvenile detention, have access to sexual health services.

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?

The United States should strengthen its commitment to being a leader in the fight to end AIDS worldwide. That's why I've co-sponsored legislation to extend PEPFAR and the Global Fund. I'm also an original co-sponsor of the International Human Rights Defense Act, which would establish a Special Envoy for the Rights of LGBTQ people and would work in coordination with the Global AIDS Coordinator to ensure the protection of those living with HIV worldwide.

The American system of medical innovation has transformed the health of people around the world. New treatments have given hope to people diagnosed with diseases, like HIV, that were once a death sentence. But budget cuts to agencies, like the National Institutes of Health, have choked off support for research that could lead to breakthrough treatments for these conditions that affect millions around the world.

We also cannot run our country from one crisis to another. Congress is great about spending billions of dollars combating immediate health crises, but terrible about spending money to make sure we are ready for these crises before they happen. We must make investments early to prevent and fight pandemics and we must make significantly larger investments in medical and scientific research.