

AIDS United 2018 Midterm Election Candidate Questionnaire

Q23. Right now, we are closer to ending the HIV epidemic in the United States than at any time in almost four decades. To better understand how Congressional candidates will work to build on the progress we have made and ultimately end the HIV epidemic, AIDS United has created this questionnaire. We ask that your campaign review and complete this survey by close of business on September 24th. This will allow us ample time to compile and release the results well in advance of the general election in November. We will publish the responses without edits. Thank you very much for your participation in this questionnaire.

Q1. Candidate First Name

Dana

Q20. Candidate Last Name

Cottrell

Q2. State Where Candidate is Running

Florida

Q21. Congressional Chamber in Race

- Senate
 House

Q22. Candidate District

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Q3. Party Affiliation

- Democrat
 Republican
 Independent
 Other

Q4. Name of Party Being Represented

This question was not displayed to the respondent.

Q5. What are your views on the federal government's role in funding or supporting HIV research into potential treatment advances, prevention efforts, and attempts to identify a vaccine and a cure? What, if any, changes to the current HIV prevention and research agenda or funding levels would you propose?

I believe the federal government should play a role in the health care of its citizenship, and should support research and development. The FY 2018 budget saw a decline in R&D by 19%, and my question would be why the decrease in R&D, and if the National Institutes of Health requested less funding. R&D has made great inroads into allowing those with HIV to live independently and thrive, so continued funding of R&D is paramount at FY 2017 levels or higher.

Q6. What is your position on the use of federal funds to implement evidence-based substance abuse prevention and treatment strategies to help address opioid addiction? For example, what is your position on the use of medication to combat overdoses (i.e. naloxone) or medication-assisted treatment (MAT) to treat opioid disorders? Syringe services programs and safer injection facilities?

We should use federal funds to implement evidence-based substance abuse prevention and treatment strategies to help address opioid addiction. Federal funding should be in place to assist state programs in training of medical staff, law enforcement, and other emergency responders in the use of naloxone. I also agree with medication-assisted treatment (MAT) to treat opioid disorders, but also believe this should be a whole-patient approach, not just in isolation. The government should also have more oversight into the treatment programs popping up in the United States that care more about the insurance money than treating the patient. Syringe services programs and safer injection facilities, allow for a safer society overall on many levels, but it can also serve as outreach to those in need who we just might reach to assist in seeking healthier options.

Q7. The Ryan White HIV/AIDS Program provides HIV-related services in the United States for those 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. What is your view of the current funding levels allocated to the Ryan White Program? What changes, if any, would you make to the program and its funding?

The amount of money in the Ryan White Program has also been reduced in FY 2018 by 2.5%. However, the latest numbers (2015, report date of 2018) show a decline in annual infections of 8% from 2010 to 2015. It would make sense that if there is a decline in new cases, less money would be needed. FY 2018 did see a rise in the Medicaid funding (6.6%) and the Medicare funding (7.1%), which should offset some of the reductions in the Ryan White Program. Education is central to any initiative, and it is central to decreasing the rate of new infections. I believe access to information of the spread of HIV should be targeted to the communities most affected.

Q8. What is your view of the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program, which provides funding for housing assistance and related supportive services for low-income people living with HIV and their families. What changes, if any, would you make to the HOPWA program?

I would need additional information on this topic, specifically as to whether or not there is a waiting list for this program. Affordable housing has become a crisis for many American families, and we are seeing a trend in the overall increase in homelessness, and inability to afford to buy or rent a home. If there is a waiting list, then funding for this program should be increased. But, the overall issue of affordable housing must also be addressed.

Q9. The Affordable Care Act (ACA) has provided previously uninsured individuals with public and private health insurance. Please state your position on the ACA and outline your views on the best ways to expand coverage for people who cannot afford it or were denied coverage for some other reason (be it immigration status, pre-existing condition, etc).

I believe we should drop the ACA, and open Medicare for All. Medicare for all would be a buy-in option, and you would not need to wait until age 65 for eligibility. The buy-in would be on a sliding scale based on income, so it would take into account those now eligible for Medicaid and CHIP, which could eliminate the Medicaid system, as those who qualify for Medicaid would now qualify for Medicare for All. All would be eligible, no one exempt for pre-existing conditions.

Q10. What is your position on work requirements for Medicaid enrollees? What changes, if any, would you make to the Medicaid program?

I would like to see Medicaid rolled into Medicare for All.

Q11. Americans living with HIV are subject to outdated and stigmatizing criminal laws. Will you co-sponsor legislation in Congress calling for the review of all HIV criminal laws? What other steps, if any, would you take to help reduce HIV/AIDS stigma and discrimination in the United States?

I would co-sponsor legislation in Congress calling for the review of all HIV criminal laws to eliminate outdated and stigmatizing criminal laws. Education and awareness are two ways to help reduce HIV/AIDS stigma and discrimination in the United States.

Q12. Do you support the 340B Drug Pricing program? What changes, if any, would you make to the program?

Pharmaceutical rates for all are outrageous. As I proposed, the the 340B Drug Pricing program should be rolled into Medicare for All. When this entity has the negotiating power, I would hope to see the prices drop even more.

Q13. What is your position on the criminalization of sex work?

Sex work should not be criminalized. Criminalization does nothing to help sex workers.

Q14. More than 1 in 4 transgender women in the United States are living with HIV, and violence against transgender individuals is higher in 2018 than it ever has been. What do you think should be done to protect the rights and lives of transgender people living in this country?

First, we should never elect a President who promotes violence, encourages hatred, and promotes fear. Second, we should pass the ERA, and third we should educate and promote truth and diversity.

Q15. Are you familiar with Pre-Exposure Prophylaxis (PrEP), the preventative use of antiretroviral medication for people who do not have HIV, but are at a high risk of infection? Would you be supportive of expanding access to PrEP?

I was not familiar with this before today. I believe access to anything preventive is a good idea. It should be coupled with other preventive measures such as education to avoid exposure and condoms.

Q16. Similarly, are you aware of the recent scientific consensus around U = U, which stands for Undetectable = Untransmittable, that shows that a person living with HIV who is on antiretroviral medication & has an undetectable viral load cannot pass the virus to their partner? If enough people were able to achieve an undetectable viral load, the United States could begin to end the HIV epidemic in this country. Do you support expanding services to find and link as many people living with HIV as possible to treatment and to help people achieve an undetectable viral load through assistance with medication adherence programs?

I do support expanding services to find and link as many people living with HIV as possible to treatment and to help people achieve an undetectable viral load through assistance with medication adherence programs.

Q17. Do you support efforts to protect and provide substantial federal funding for family planning services? What is your position on the proposed rule change that would prohibit Title X funding recipients from providing their clients with a full range of medical options concerning their pregnancy, including abortion care, and increasing institutional capacity for HIV prevention services?

Title X should provide clients with a full range of medical options concerning their pregnancy, including abortion care, and increasing institutional capacity for HIV prevention services. This program should remain fully-funded.

Q18. 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. Do you believe that health care providers should be safe spaces for immigrants living with and affected by HIV to seek care?

Anyone who is sick, or in need of care should never be denied services.

Q19. 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?

Immigrants, who are in the United States legally pay into all the same systems citizens pay into, so they should be eligible for the same benefits with no negative impact on citizenship.

Q24. Thank you for your time. Click the arrow below to submit your responses.

