

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

Benjamin

Q20. Candidate Last Name

Hernandez

Q2. State Where Candidate is Running

Texas

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?

The federal government needs to be involved in funding and supporting HIV research, prevention, and advancing the effort toward a vaccine and cure. Texas has made strides, but there still remains a lot of work to do, especially in minority populations. I would like to see increased funding for HIV Outreach and Case Management and I would also encourage legislation to include funding for routine opt out testing.

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 have to support evidence-based strategies to combat the current epidemic this country is experiencing. MAT (Medication Assisted Treatment) services are proven to be an effective treatment for individuals with opioid disorders. As an overdose reversal drug, Naloxone (and others) have saved countless of individuals lives. As a public health measure, I also think that syringe services and safer injection sites are good strategies to reduce risk of transmission of disease.

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?

Ryan White is a great program. I would look to increase funding where necessary especially in Texas and other areas that didn't expand Medicaid.

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 support HOPWA and would want to ensure that it remains a program that is provided regardless of immigration status.

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).

The Affordable Care Act was a good start and the next step is moving toward a single payer system that will cover people in our country and over the long run bring down the cost of healthcare. However, if we don't get there soon, at minimum, we need to: stabilize the insurance markets, work with states to expand Medicaid, close the coverage gap, drive down costs of prescription medications, legislate inclusion of pre-existing conditions and ensure that our most vulnerable have long term access to healthcare through the Children's Health Insurance Program.

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

Most Medicaid recipients already work. The current Administration's efforts for inclusion of a work requirement for a small group of people will (even with the proposed exemptions) impose onerous requirements on the Medicaid population as a whole. Instead of just requiring employment, more efforts should be put in assisting this group with job skills and training programs to improve the probability of obtaining higher wage employment.

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?

Yes, I will cosponsor existing legislation or introduce new legislation. I would be an advocate to review current laws and to acknowledge that a lot of them were put in place before current advancements that reduce the risk of transmission. This is especially true of state laws that criminalize behavior with no risk (or negligible risk) of transmission or that alter transmission risk (condom use, antiretroviral, or PrEP).

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

Yes, it is used in a lot of public health settings to provide access to much needed medications to vulnerable and indigent populations. I am not aware of any changes needed to the program but would be open to listening to areas of the program that can be expanded.

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

I think every community or state has to decide what works for them, but I think from a public health perspective that the decriminalization of sex work can increase protections for those engaged in sex work as well as the community. For example, in addition to the stigma and social exclusion experienced by sex workers, current unregulated environments increase risk of transmission for HIV and other sexually transmitted infections.

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?

We need to reduce the stigma surrounding gender identity in our country. One step is to amend the Civil Rights act of 1964 to specifically include protections to ban discrimination based on sexual orientation and gender identity in employment, housing, education and other areas of society. I support the Equal Rights Act and the Every Child Deserves a Family Act which extends the same protections in foster care and adoptions.

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?

Yes. – I would support expanding access to PrEP as it's an effective tool in the prevention of HIV for at risk groups.

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?

Yes, not only the scientific consensus but also the informational campaign around the U=U movement to spread the message about the effectiveness of viral suppression. Expanding access to services to help as many people as possible to achieve undetectable viral loads and ending the epidemic is an achievable goal that I support.

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?

This is a public health issue more than anything and we should treat it as such. I support providing federal funds for family planning services. I don't support any rule change that limits people's range of medical options.

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?

Healthcare providers should be a safe space. Regardless of legal status, people should be able to access these critical services. Not doing so puts the larger community at risk. I think that the current administration's rhetoric and proposals that penalize access to services will in the long run harm the health of our communities.

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?

Health is a human right. Regardless of country of origin, people should be able to access affordable health care services. Jeopardizing a person's future because they sought much needed health services is inhumane. Additionally, proponents of that view are being myopic and overlook the costs to society of caring for individuals that do not have access to proper preventive care.

