

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

Miguel

Q20. Candidate Last Name

Levario

Q2. State Where Candidate is Running

Texas

Q21. Congressional Chamber in Race

- Senate
 House

Q22. Candidate District

19

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 strongly support the federal government's role in funding and supporting HIV research so we may advance treatment and promote prevention efforts. I will safeguard and expand the federal government's funding levels.

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?

I support evidence-based policies and the use of federal funds to stem substance abuse and promote proven treatment strategies that address opioid addiction.

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?

After reviewing your financing reports, I recognize a steady decline in funding. The federal government should be committed to public health and supporting proven programs like the Ryan White HIV/AIDS Program.

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?

The federal government should support funding for housing assistance and related supportive services for low-income people living with HIV and their families.

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 support and improve the ACA, especially the provisions that protect people with pre-existing conditions. I believe expanding Medicaid will insure more people in underserved areas. By improving the ACA, we put ourselves on a trajectory to guaranteed healthcare for everyone.

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

We must focus on serving people and not restricting services to those who need help.

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 support legislation in Congress calling for the review of all HIV criminal laws.

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

I do support the 340B Drug Pricing Program. I want to ensure that our most vulnerable have affordable medication.

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

I support a review on the criminalization of sex work. I think we need to find ways to protect sex workers from abuse, assault, and public health threats.

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?

Transgender rights are human rights. We need to protect our most vulnerable.

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 am not familiar with PrEP. I would have to do more research.

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 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?

I most certainly support substantial federal funding for family planning services. All medical options concerning pregnancy, including abortion care, should be provided to patients.

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?

Yes, regardless of their citizenship status they deserve care.

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?

Migrants pay taxes which support the programs listed. They should be entitled to care as all taxpayers.