

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

Michael

Q20. Candidate Last Name

Mullen

Q2. State Where Candidate is Running

Massachusetts

Q21. Congressional Chamber in Race

- Senate
- House

Q22. Candidate District

Third

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'm supportive of current funding level. The expansion of the opioid epidemic is impacting HIV infection and therefore I believe we need to understand where investments in managing and stopping the scourge of opioids can help on the HIV front as well.

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 believe it is critical to fund MAT programs as it relates to the opioid epidemic. These have been proven to be the most effective way to treat opioid addiction and reduce the likelihood of relapse. In addition to direct funding in this area I would introduce legislation to remove the requirement that providers need a special waiver to prescribe Buprenorphine, Methadone and other drugs used in this type of treatment. I'm in favor of syringe service programs similar to what was instituted to help combat HIV infection. I believe doing pilot programs to better understand safer injection facilities is warranted as well.

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?

I believe this is an important part of the federal governments support of HIV/AIDS related services. I believe we need to continue funding for the foreseeable future. While I would not make immediate changes to the program I would monitor to ensure that should there be any changes to the ACA that would negatively impact this program, for example through reduction in Medicaid expansion, that other funding mechanisms be identified to support the Ryan White program go forward.

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 think this is an important program as it has been shown there is a strong correlation between housing stability and health outcomes. I would advocate to modernize the funding formula to reflect current realities of HIV compared to when the bill was first enacted in 1990

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 think the ACA was an important step in the right direction to expand access to healthcare. I'm in favor of moving to a Medicare/Medicaid for all program that could potentially be supplemented with private insurance.

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

I'm not in favor of the work requirement as I view the Medicaid program as a health program which should be independent of employment. I'm in favor of a Medicare/Medicaid for all program that would expand access to care further.

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 be supportive of revisiting outdated and stigmatizing criminal laws as it relates to HIV.

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

I support the 340B drug pricing program that allows discounted purchase of drugs for eligible entities. I would look to expand this to other areas such as Medicare.

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

I believe that the majority of those involved in sex work are being exploited and are participating as the result of some form of coercion (physical, emotional, economic or other). I believe we need to focus on those underlying issues and provide opportunities and support to these individuals.

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?

In Massachusetts anti-discrimination legislation was passed in 2016 to ensure transgender rights were protected. This fall there is a ballot question on whether we should keep this law or repeal it. I'm voting Yes on 3 which is a vote support of keeping the legislation. I believe this law could be a model for other states and for the federal government as well.

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?

While generally in favor of preventative measures this would not be a priority for me at the current time due to costs and other areas that need resources as well. I would encourage providers treating those with opioid use disorder to make patients aware of PrEP Truvada if the patients were using needles.

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?

In general I support preventative efforts such as this that help reduce the spread of the disease. I need to better understand at what point it the crisis we are to make an informed decision on if this is the best place to spend scarce resources at this time.

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 support efforts to protect and provide substantial federal funding for family planning services. I believe this is not only the right thing to do but makes economic sense as well. When families are planned I believe society benefits economically through increased productivity and decreased spending in other areas. I'm against the proposed rule change to Title X in general for the reduction in availability for these services and specifically due to the likely disproportionate impact to low income individuals.

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.

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?

I think this needs to be discussed in the context of comprehensive immigration reform. When elected I will push for taking on comprehensive immigration reform as priority for 116th Congress