

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

Lisa

Q20. Candidate Last Name

Ring

Q2. State Where Candidate is Running

Georgia

Q21. Congressional Chamber in Race

- Senate
 House

Q22. Candidate District

GA-01 Congressional District

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?

It is the responsibility of the federal government to support and fund HIV research. I would propose increased levels of funding and expanded commitment to preventing, treating, and curing HIV.

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?

There are no easy answers or any one-way that solves our public-health crises. I fully support all researched measures to address opioid addiction. This includes MAT, lifting the appropriations ban on syringe services programs, overdose reversal medications, and overall investment in health and addiction treatment facilities.

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?

In recent years, funding for the Ryan White HIV/AIDS Program has been reduced. Combined with cuts to Medicaid (and lack of expansion), and the weakening of the ACA marketplace, we are less able to meet the funding needs of HIV/AIDS research, prevention, and treatment. Fully funding and increasing funding of the Ryan White Program are crucial to the health and future of people living with HIV, AIDS, and our nation's health.

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 increased funding to provide housing assistance and support services to meet the needs of low-income people living with HIV. I would expand the program to meet our current need.

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 the ACA was the first step to ensuring healthcare as a right for all and not a privilege for some. Now is the time for us to implement a single-payer, universal healthcare system in this country. We have been fighting for this for over a hundred years and it is time for us to catch up with the rest of the world. If we have a single-payer, universal healthcare system we will be able to provide healthcare for every person from birth to death, as a human right.

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

I am against work requirements. If we implement a Medicare for All system of healthcare, Medicaid will be unnecessary. In the meantime, we must invest in the care of all who need it, without limit.

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 would call for a review of all HIV criminal laws. I would also promote civil rights protections and anti-discrimination policies on all levels, including our healthcare system, our criminal justice system, and our immigration system. Removing the stigma of HIV and AIDS relies on public education, which I would advocate and fund.

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

I support the intent of the 340B Drug Pricing program but recognize that it does not cover many people in need. We must create a federal program that negotiates much lower drug prices for all who need them, which would be part of a Medicare for All healthcare system.

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

The criminalization of sex work leads to discrimination, injustice, and oppression and has no positive impact on society.

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 must enact protections from discrimination of all people, and specifically include gender identity and expression under the Civil Rights Act of 1964. We should expand these protections to include service in the military, and repeal all recent discriminatory legislation impacting the LGBTQ community, including passing HR1739 the REPEAL HIV Discrimination Act. Public education and protection of access to resources is also imperative.

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 familiar with PrEP and I would certainly support expansion of access, including greatly reducing the cost from its current average (without insurance coverage) of \$2,000 per month.

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, I support expanding services to help people achieve an undetectable viral load.

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 oppose any changes to Title X funding that prohibit discussion of all health options, including abortion, or that limits services, such as HIV prevention. I support the protection and expansion of all family planning and health services.

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 able to treat all patients, and patients should be able to seek care without fear of any negative implications. A patient's medical history should be protected by privacy laws and should not be shared with any other government entity. It certainly should not be used as reason to deport or deny citizenship.

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 strongly oppose use of assistance benefits, including healthcare assistance or participation in the ACA with marketplace subsidies, as cause for deportation or the denial of citizenship.

