

2020 Presidential Candidate HIV Questionnaire

Presented By The Act Now: End AIDS Coalition, AIDS United, GMHC (Gay Men's Health Crisis), Health GAP, Housing Works, The International Association of Providers of AIDS Care, LAMBDA Legal, Positive Women's Network-USA, Sero Project, Transgender Law Center, The US People Living With HIV Caucus, and 41 other community based organizations.

*The Presidential candidates in 2020 have a unique opportunity to make history. For the first time since the Centers for Disease Control originally reported a few HIV cases in its Morbidity and Mortality Weekly Report 38 years ago, **we are able to end the HIV epidemic in the United States.** Scientific advances and groundbreaking HIV research have shown us that it is not only possible for people to live long, healthy lives with HIV, but that people on antiretroviral medication who have achieved (and maintain) an undetectable viral load cannot transmit the virus to others (commonly referred to as "undetectable equals untransmittable," or U=U). Period. This knowledge is powerful, yet there is much more needed to affect the change we need.*

Over one million Americans are living with HIV, and annual HIV diagnoses continue to hover around 40,000 new HIV transmissions each year due in part to increases in injection drug use across the country that are resulting in new HIV outbreaks, especially in areas with scarce public health resources. It is only through significant federal investment in the following programs and an unyielding commitment to providing access to the support services needed to ensure populations impacted by HIV adhere to their care and treatment that we will be able to end the HIV epidemic.

Below are excerpts pulled from the complete candidate survey responses, [available here.](#)

Elizabeth Warren

- There is no single answer to ending this epidemic -- we must use every tool at our disposal. That includes Medicare for All, expanding HIV research and treatment, ensuring everyone has access to PrEP and HIV testing, holding drug companies accountable and lowering drug prices, ending the opioid crisis, ensuring that community health centers receive robust funding, and reinstating our position as global leader in public health. It also means expanding economic opportunities, tackling the housing crisis, banning private prisons and exploitative contractors, overturning HIV-status criminalization and discrimination laws and regulations, and ensuring comprehensive, inclusive reproductive and sexual health education and services. [Q1]
- 26 states still have laws on the books that criminalize HIV exposure, permitting discrimination against those living with and those believed to have HIV. These laws aren't supported by science or evidence, discourage people from getting tested and treated, and result in increased stigmatization and discrimination against already marginalized populations. To fight this, I've co-sponsored the REPEAL (Repeal Existing Policies that Encourage and Allow Legal) HIV Discrimination Act to review all federal and state laws and regulations that criminalize people living with HIV and to eliminate discriminatory laws. [Q8]
- Right now, Washington works great for the big pharmaceutical companies and it's not working for people who are trying to get a prescription filled. Americans are drowning in prescription drugs costs, causing them to skip doses or leave prescriptions unfilled. Last year, Americans spent more than \$500 billion on prescription drugs. The cost of Truvada has gone up by 45% over the last few years, making it unaffordable for many who need it. And we must not forget when a pharmaceutical executive increased the price of Daraprim, a drug with few generic manufacturers, by 5,000%. This is unacceptable. [Q10]

Pete Buttigieg

- I will revitalize the White House Office of National AIDS Policy (ONAP) — which was shut down by the current administration — to assure that all health (and related social) policy has an HIV lens. Within the first six months, ONAP will develop a revised National HIV/AIDS Strategy that truly embraces all elements of what it takes to end the epidemic. [Q1]
 - The core principles of such a strategy are simple. First, everyone with HIV should be in treatment so they can lead longer and higher quality lives and so they won't transmit HIV, since we know that U=U (undetectable equals untransmittable). Second, we must make sure that PrEP (and other primary prevention interventions) is readily accessible to all who are at risk and need it. Third, we must assure that all at risk for HIV — men who have sex with men, transpeople, injection drug users, women, people of color — have restored to them the civil rights protections to which they are legally entitled and receive health care in settings that are culturally competent. And fourth, we must address the stigma and other social determinants (poverty, lower income, housing insecurity, etc.) that often make accessing preventive and care services more challenging.
- We cannot think about ending the AIDS epidemic without addressing directly the substance use disorder (SUD) epidemic in the United States. While opioids have fueled the immediate epidemic of overdose deaths and new HIV infections as a result of needle sharing, we should treat this as a SUD epidemic — whether through opioids, fentanyl or methamphetamine. [Q3]
- Insurance coverage is essential, but as all those preventing and treating HIV know, the nature of the care and the benefits provided are equally important. I will make sure that all the regulatory levers of the federal government over Medicaid, Medicare, and the exchanges (as well as 4 self-insured plans regulated by the Department of Labor) assure quality services for people living with and at risk for HIV. This includes assuring that experienced HIV providers are part of all networks, that state-of-the-art HIV drug treatment, PrEP, and substance use disorder treatment are available without bureaucratic hurdles, and that civil rights protections are enforced for LGBTQ beneficiaries. [Q5]
- The global goal to end the HIV/AIDS epidemic by 2030 is not only laudable, but achievable in the US if we can confront the disease head-on with proven, effective preventive treatments like PrEP... To make PrEP available to every American who needs it, we need to also address its cost. My administration will do this by ensuring that PrEP and associated testing costs are fully covered by insurance plans, and will giving the federal government broader authority to negotiate lower prices for PrEP and antiretrovirals more generally; if those negotiations fail to make substantial reductions in price, we will enforce existing rules on compulsory licensing to take over drug company patents and lower drug prices." [Q10]

Kamala Harris

- There is no single strategy that is going to end the HIV epidemic, and we must utilize every tool available to tackle this critical public health issue. This includes robust funding for programs we know help get people services they need, such as the Ryan-White program to help low-income individuals pay for medication. It also means providing strong resources for prevention. I recently introduced the PrEP Access and Coverage Act to require public and private health insurers to cover PrEP so that access to this preventative medication is not determined by how much money someone has. Ensuring that PrEP, as well as the required tests and follow-up visits, are covered cost-free as part of all insurance plans (including Medicare and Medicaid) will help

make sure everyone who could benefit from the medication is able to take it and help increase awareness about steps we can take to prevent further transmissions. I will fight to pass this into law as president, along with my Medicare for All plan, which would also ensure that PrEP is covered. [Q1]

- I strongly believe affordable health care should be a right, not a privilege. But the truth is that today in America, the costs of health insurance, surprise bills, and prescription drugs are straining budgets and bankrupting families. We must do more to ensure affordable healthcare is a reality for every American. I believe the best way to do that is through Medicare-for-All. I have laid out a plan to get us to universal coverage, which will eliminate premiums and out-of-pocket costs and make sure that no one in this country lacks access to quality affordable health care. [Q5]
- I will take executive action as president to hold pharmaceutical companies accountable if they engage in price gouging and fight to give the Department of Health and Human Services the authority to set ceilings for prescription drug prices to put them in line with countries such as Canada and Germany. We simply must get a handle on the skyrocketing cost of prescription drugs in this country and, as president, I won't wait to bring relief to people who are currently struggling to pay for their medications. [Q10]

Bernie Sanders

- I have introduced legislation in the past to create a prize model to spur innovation for new HIV/AIDS medications. Essentially, a company bringing a truly innovative HIV/AIDS treatment to market would receive a cash prize instead of patent protection; the treatment would then be placed in the public domain, allowing generic versions to come onto the market quickly. This ensures companies are still compensated for their research and development, while keeping drug prices affordable for all patients. [Q2]
- He is working with Rep. Clyburn of South Carolina to fight to expand Community Health Centers and the National Health Service Corps so that more underserved communities can get the health care they need. [Q5]
- Protect the rights of LGBTQ+ people around the world by ensuring that written into the core text of all global trade agreements, are strong and binding human rights standards and strengthening the Special Envoy for LGBTQ+ Rights within the Dept. of the State [Q7]
- Taking steps back and cutting funding for critical programs like PEPFAR and the Global Fund are an abdication of American leadership and an international disgrace. [Q15]
- We must set a national goal of ending the HIV epidemic in the U.S. by the year 2025 so that HIV is no longer a public health threat to any community in the U.S. and that people with HIV are able to live long, healthy lives. [Q15]

Cory Booker

- Working with Congress to implement and pass comprehensive sex education legislation - like my Real Education for Healthy Youth Act - that is inclusive of all youth and provides information on a range of topics, including preventing STIs. [Q1]
- Immediately filling vacancies on the Presidential Advisory Council on HIV/AIDS and seek advice and recommendations from the council on strategies for prevention, treatment, and research for HIV. When appointing members of the council I would seek leaders who would center the

needs of communities that are disproportionately impacted by HIV, including LGBTQ communities and communities of color. [Q1]

- Co-sponsor of the Equality Act, which would protect LGBTQ people from discrimination in housing, the workplace and public accommodations. [Q7]

Beto O'Rourke

- Beto would support additional funding for Special Projects of National Significance and AIDS Education and Training Centers, covered by Part F of the Program and for the Minority AIDS Initiative. He is committed to increasing HIV care to minority populations and training to expand the number of providers in underserved communities. [Q4]
- Beto believes we must also recognize the discrimination facing older Americans who, despite having started to live openly and honestly, are forced to hide their sexual orientation as they try to access those assisted living facilities or nursing homes in which homophobia is still prevalent. Recognizing that nearly half of people living with HIV are more than fifty years old, we must ensure that these Americans are not forced to hide their health status or sexual orientation for fear of losing their access to nursing home facilities. [Q6]
- REPEAL HIV Discrimination Act and he supports federal protection from discrimination based on HIV status. [Q8]

Kirsten Gillibrand

- As president, I would protect and increase funding for HIV/AIDS research and treatment, as I have always advocated for in the Senate. I would also work with the CDC to make generic PrEP drugs more widely available and affordable. [Q1]
- I support ending the ban on federal funding for syringe exchange programs, and I have fought to expand access to naloxone. [Q3]
- HIV is a public health issue that must be treated with non-punitive public health approaches that are based in science and medical treatment. Moreover, I am vehemently opposed to discrimination based on someone's health status. As President, I would work to ensure that individuals living with or at-risk of contracting HIV are not discriminated against or treated as criminally liable for their status as HIV positive. I would expand access to education, prevention efforts, and treatment to dispel the stigmas and discrimination around HIV and AIDS. [Q8]
- In 2009, I rolled out a comprehensive plan to combat HIV/AIDS in the African American community. Every American should be able to live freely in their gender identity and get the medical care prescribed by their health care professionals, so I would ensure health insurance plans do not single out and exclude treatments for transgender patients. I have been a consistent champion of the Equality Act since 2015. [Q11]