



Presidential Candidates'



Response To HIV & AIDS 2016



GMHC

FIGHT AIDS. LOVE LIFE.



Introduction

Since our beginnings in 1982, Gay Men's Health Crisis (GMHC) has been a leader in HIV and AIDS prevention, care, and advocacy, and also an essential voice in elevating central issues related to HIV and AIDS in the political sphere. We have come a long way since the years of silence from the federal government in the 1980s. George H.W. Bush signed into law, and Bill Clinton increased funding and support for the Ryan White HIV and AIDS Program and the Americans with Disabilities Act. George W. Bush contributed to the global HIV and AIDS response. Barack Obama implemented necessary healthcare reform as well as the first U.S. National HIV/AIDS Strategy. GMHC is honored to have contributed key feedback and data to President Obama's National HIV/AIDS Strategy, as well as to New York State's groundbreaking Blueprint to End the AIDS Epidemic.

GMHC is proud and humbled to continue our work bridging the communication gap between those affected by HIV and AIDS and the officials elected to represent and serve us. **On December 3, 2015, GMHC sent all of the candidates running for president at that time our candidate survey via email. The campaigns were informed of the deadline of January 18, 2016, and that GMHC would publish their responses without any edits. All campaigns were informed of our intention to share with the country which candidates did not respond to our survey.**

Our survey is a concise, nonexhaustive list of questions based on:

- The goals and plans of the National HIV/AIDS Strategy;
- Research such as the NIAID Strategic Timing of AntiRetroviral Treatment (START) study, the World Health Organization's Early Release Guidelines, and the development of PrEP and PEP;
- Our 33 years of experience on the ground.

This survey is not about endorsing any candidate. The goal is to ensure that all those affected by HIV and AIDS understand each of the candidates' views on the HIV and AIDS epidemic.

There are over 1.2 million Americans living with HIV, and every year there are 50,000 new infections, which has been the case for over a decade. GMHC delivers life-saving programs and our role in shaping policy on a city, state and federal level has helped improve both treatment and prevention methods over the last three decades. In New York State, we are part of a state-wide coalition to end the epidemic by 2020. Given our expertise and success, we invited all 2016 presidential candidates to comment on the federal government's role in addressing key drivers of the HIV and AIDS epidemic.

Before the first votes are cast in the primary season, voters need to know how these candidates will manage one of the worst epidemics on the planet. Our survey gave candidates the ability to answer each question in their own words, so they could inform the public on their policies for treating and preventing HIV and AIDS. Some of them responded, and some of them did not. The following report details their responses.



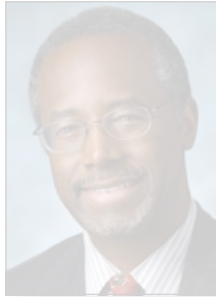
Questions

1. Over the last 30 years, GMHC has seen encouraging results when all levels of government, medical providers, and community-based organizations implement culturally competent, LGBT-inclusive sexual education and outreach that includes scientifically accurate information about HIV and AIDS. If elected, how will you direct your administration to continue and grow these best practices?¹
2. What is your position on federal protection from discrimination based on sexual orientation and gender identity, in housing, healthcare, the workplace, the legal system, privately-owned businesses, and access to federal benefits?²
3. What is your position on federal protection from discrimination based on HIV status? In particular, please share your position on the FDA lifetime ban on blood donations from men who have sex with men.³
4. Access to healthcare is a major driver of the HIV and AIDS epidemic. If elected, how will you improve upon the reach of Medicaid, Medicare, and the Affordable Care Act?⁴
5. If elected, will you direct the federal government to prevent price gouging by pharmaceutical companies for medications that treat and prevent HIV and related illnesses?⁵
6. What is your policy on funding further efforts in research and programs for HIV education, prevention, and treatment?⁶ In particular, please discuss the federal government's role in promoting the widespread use of newly developed interventions and treatments such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to combat the spread of HIV.⁷
7. If elected, how will you direct your administration to research and address the intersection of HIV and gender-based violence?⁸
- 8: What is your policy on researching and expanding women's access to preventative health services, including HIV and AIDS interventions and treatments like PrEP and PEP?⁹
9. What is your policy on harm reduction strategies such as free condom distribution and syringe exchange programs?¹⁰ Please indicate your position on the use, by law enforcement and prosecutors, of condom possession as evidence for prostitution-related criminal offenses.¹¹
10. If elected, how will you direct your administration to support screening for and referral to substance use and mental health services for people living with HIV and at risk for HIV?¹²

Three candidates responded to the survey:



Jeb Bush



Ben Carson



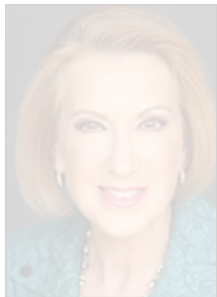
Chris Christie



Ted Cruz



Hillary Clinton



Carly Fiorina



Jim Gilmore



Lindsey Graham



Mike Huckabee



John Kasich



Martin O'Malley



George Pataki



Rand Paul



Marco Rubio



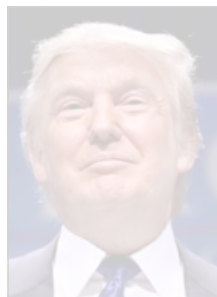
Bernard Sanders



Rick Santorum



Jill Stein



Donald Trump



1. Over the last 30 years, GMHC has seen encouraging results when all levels of government, medical providers, and community-based organizations implement culturally competent, LGBT-inclusive sexual education and outreach that includes scientifically accurate information about HIV and AIDS. If elected, how will you direct your administration to continue and grow these best practices?¹



Martin O'Malley

Providing culturally competent care with access to a full range of necessary services is essential to quality and outcomes. On my watch as Governor, Maryland expanded Medicaid coverage for transgender individuals.

As President, I will direct agencies to incorporate the best practices of culturally competent care for the LGBT community into the national quality framework.

“On my watch as Governor, Maryland expanded Medicaid coverage for transgender individuals.”



Hillary Clinton

While the United States has made great progress in the prevention and treatment of HIV and AIDS, our job as a nation is not yet finished. Most people can live long, healthy lives with HIV if they are diagnosed and get consistent treatment—but there are still too many barriers to accessing affordable care for HIV and AIDS. At the State Department, I

worked with experts across the government and the private sector to strengthen PEPFAR and launch an ambitious plan to reach an AIDS-free generation. As President, I will continue to drive towards that goal. I will call on Republican governors to extend Medicaid coverage to provide life-saving health care to people living with HIV. I will hold the pharmaceutical industry accountable and require health insurance plans to cap covered out-of-pocket prescription drug costs at \$250. I will allow Medicare to negotiate lower drug prices and will stop direct-to-consumer advertising subsidies for drug companies—reinvesting those funds in research. And while we work to diagnose and treat all Americans with HIV and AIDS, we also must work to prevent exposure. I have long supported comprehensive, medically accurate sex education programs, and would continue to support such efforts as President. I will also increase our investment in HIV prevention medications, including pre-exposure prophylaxis (PrEP), to ensure populations at greatest risk of infection have access to the drug.

“I will hold the pharmaceutical industry accountable and require health insurance plans to cap covered out-of-pocket prescription drug costs at \$250.”



Bernard Sanders

We should continue and expand the policies that are working. The United States has clearly come a long way in its attitudes towards sexual orientation, gender identity, and health status, but there is still a long way to go. We must ensure that health providers, social services, law enforcement, and all other entities have proper resources and training to handle the varying needs of the community they serve. Schools must be giving students age-appropriate, comprehensive sex education. I echo the NHAS' recommendation that all Americans should have access to scientifically-accurate information regarding HIV infection.

“Schools must be giving students age-appropriate, comprehensive sex education.”

2. What is your position on federal protection from discrimination based on sexual orientation and gender identity, in housing, healthcare, the workplace, the legal system, privately-owned businesses, and access to federal benefits?²



Hillary Clinton

Today in America nearly 65 percent of LGBT individuals report experiencing discrimination in their daily lives and nearly 50 percent report that this discrimination occurs in the workplace. LGBT youth are nearly twice as likely as their peers to be physically assaulted at school and 74 percent of LGBT students say they've been verbally harassed for their sexual orientation. And a recent study found that nearly 50 percent of LGBT elders experienced discrimination when applying for senior housing. Despite this discrimination, 31 states do not have fully inclusive LGBT non-discrimination laws. As President, I will fight for passage of the Equality Act to secure full federal equality for LGBT Americans. The Act would provide LGBT individuals explicit and comprehensive protection from discrimination in all facets of American life—employment, housing, schools, access to credit, public education, jury service, and public accommodations. I will also fully implement and enforce President Obama's LGBT equality executive actions, and support efforts underway in the courts and federal government to clarify that under federal statutes “sex discrimination” includes discrimination on the basis of “gender identity” and “sexual orientation.”

“As President, I will fight for passage of the Equality Act to secure full federal equality for LGBT Americans.”



Martin O'Malley

I strongly support federal protections from discrimination based on sexual orientation and gender identity. In Maryland, we have long banned discrimination on the basis of sexual orientation, at work and at home. As Governor, with support from both parties, I was able to expand our laws to also protect Marylanders on the basis of gender identity, as we had in Baltimore during my time as Mayor.

The next step is to expand these protections at the federal level through comprehensive non-discrimination legislation. I was the first candidate to endorse the bill introduced by Sen. Merkley and Rep. Cicilline, the Equality Act, to prohibit LGBT discrimination in credit, education, federal funding, and public accommodations as well. We must continue to improve our laws, to more fully protect the rights of every individual—and more fully realize the vision of the open, respectful, and inclusive nation that we aspire to be.

“We must continue to improve our laws, to more fully protect the rights of every individual – and more fully realize the vision of the open, respectful, and inclusive nation that we aspire to be.”



Bernard Sanders

We must expand protections for the LGBT community. It is unacceptable that in the year 2016, a worker could still be fired for being gay, or a person could be denied housing for being transgender. I am a cosponsor of the Equality Act in the Senate, and as president, would take actions to extend civil rights protections to all LGBT Americans.

“It is unacceptable that in the year 2016, a worker could still be fired for being gay, or a person could be denied housing for being transgender.”

3. What is your position on federal protection from discrimination based on HIV status? In particular, please share your position on the FDA lifetime ban on blood donations from men who have sex with men.³



Hillary Clinton

Last year, the FDA announced a proposed rule change to end the lifetime ban on blood donations by men who have sex with men (MSM). The proposed rule marked significant progress, but will still require a one-year deferral period for any man who has had sex with a man in the past 12 months. As a result, the rule will effectively serve as a lifetime ban for many healthy men. I believe we need to get to a scientifically-grounded, risk-based policy. I would like to see an approach that protects individuals, not as a group.

“I believe we need to get to a scientifically-grounded, risk-based policy.”



Bernard Sanders

Nondiscrimination provisions should apply to health status. I have long supported changing the FDA’s lifetime ban on blood donations from men who have sex with men. While I am glad they made some updates to their MSM policy, only allowing donations from men who have abstained from sexual contact for a year is not scientifically sound. I joined other senators to write to the FDA and advocate for a sensible, risk-based donation policy.

“Nondiscrimination provisions should apply to health status.”



Martin O’Malley

I support federal protections against discrimination based on HIV status. I have been clear that the FDA should lift the ban on blood donations. A one year ban is still discriminatory; it is not based on science or actual risk factors.

In addition, as president I will push states to repeal laws that criminalize people with HIV—because these laws are inconsistent with science, and they are harmful to public safety and public health.

“A one year ban is still discriminatory; it is not based on science or actual risk factors.”

4. Access to healthcare is a major driver of the HIV and AIDS epidemic. If elected, how will you improve upon the reach of Medicaid, Medicare, and the Affordable Care Act?⁴



Hillary Clinton

Throughout my career, I have led the fight to make access to quality, affordable healthcare universal. The Affordable Care Act (ACA) was an historic achievement, and as President I will continue to defend it from Republican attacks and build on its success. I will work to slow the growth of overall health care costs by providing a new, progressive refundable tax credit of up to \$5,000 per family for excessive out-of-pocket costs. I will require health care plans to provide three sick visits without counting toward deductibles every year. And I will curb the runaway costs of prescription drugs by requiring health insurance plans to cap covered out-of-pocket prescription drug costs at \$250. To make Medicare more affordable, I will allow the federal government to negotiate lower drug prices and will stop direct-to-consumer advertising subsidies for drug companies—reinvesting those funds in research.

And I will continue to fight for Medicaid expansion, which is particularly critical for Americans living with HIV. Before the enactment of ACA, an individual was eligible for Medicaid only

if he or she was low-income and determined to be of “categorical need”. Many childless low-income adults with HIV failed to qualify as categorically needy because asymptomatic HIV did not render a person “disabled” for purposes of Medicaid. This created a pernicious catch-22: HIV-positive individuals needed access to care before their health deteriorated but were not deemed Medicaid-eligible until their disease progressed to full blown AIDS. As Senator, I cosponsored the Early Treatment for HIV Act to fix this loophole. With the passage of the ACA, however, Medicaid was reformed to no longer tie eligibility to a finding of “categorical need”; income status alone now triggers eligibility. An analysis of the ACA’s impact on persons living with HIV estimated that of 70,000 persons with HIV who were uninsured before the law, roughly 47,000 would be newly eligible for Medicaid. However, with the Supreme Court’s ACA decision, these new eligibility criteria only apply in states that accept Medicaid expansion. As a result, childless low-income Americans in non-expansion states remain ineligible for Medicaid if they contract asymptomatic HIV. I will fight until every state extends Medicaid coverage and provides life-saving health care to people living with HIV.

“I will continue to fight for Medicaid expansion, which is particularly critical for Americans living with HIV.”



Martin O'Malley

My health care plan provides a pathway to expand Medicaid, and make health care more affordable both through private insurance and through innovative “all payer” reforms. Under my plan, the health care system will be focused around providing better and more valuable care, including for wellness and prevention, not simply providing more and more care to treat people who are already sick. As president, I will set a goal of reaching 95% insurance coverage by 2020.

At the same time, I will fight to strengthen access to accessible, affordable, and quality care for all of the LGBTQ community. One, by making it very clear to health providers, that when they receive federal assistance—including through Medicare and Medicaid, or under the Affordable Care Act—they have an obligation not to discriminate against people based on their gender identity or sexual orientation. Two, by repealing ineffective abstinence-only education programs and providing comprehensive sex-ed for young people—including for LGBTQ youth. And three, by continuing and fully funding the Ryan White HIV/AIDS Program, which provides vital medical care and support services to young people.

“As president, I will set a goal of reaching 95% insurance coverage by 2020.”



Bernard Sanders

Health care is a right, not a privilege. To truly ensure every American has access to quality, affordable health care, we must move to a Medicare-for-all, single payer system.

Until that happens, we can safeguard and expand upon the important protections of the Affordable Care Act. I made sure there was \$11 billion for community health centers in the ACA, and I strongly believe we should increase that funding in the years to come. Community health centers are a vitally important part of ensuring access to underserved communities. We also must make sure insurance companies and providers are not discriminating against those with HIV/AIDS, including when it comes to drug coverage.

“Health care is a right, not a privilege.”

5. If elected, will you direct the federal government to prevent price gouging by pharmaceutical companies for medications that treat and prevent HIV and related illnesses?⁵



Martin O'Malley

Yes. I have called for a national price gouging law, which would prevent situations such as the outrageous increase in cost for pyrimethamine by Turing Pharmaceuticals.

I would also support the use of the federal government’s market power to obtain reasonable prices for new drugs. What we saw with Turing was a painful illustration of the problems with skyrocketing prescription drug costs. Pyrimethamine is a critical therapy for infection in people with weakened immune systems, such as AIDS. A price gouging profiteer tried to raise prices by 5000% just to make more money. If government exists for anything, it is to prevent the exploitation of the sick and this kind of abuse.

“I would also support the use of the federal government’s market power to obtain reasonable prices for new drugs.”



Bernard Sanders

Absolutely. For over a year now, Rep. Elijah Cummings and I have been investigating the huge increases in prices for some generic drugs. Earlier this fall, we added Turing Pharmaceuticals to the investigation after we learned about the outrageous increase in the price of Daraprim. Companies should not be profiting on the backs of the sick.

“Companies should not be profiting on the backs of the sick.”

I have released a comprehensive prescription drug affordability plan to lower drug prices. We must take on the greed of the pharmaceutical companies. I have also 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 market quickly. This ensures companies are still compensated for their research and development, while keeping drug prices affordable for all patients.



Hillary Clinton

Yes—this issue is crucial, which is why it is a central part of my health care agenda. It is an abomination that a pharmaceutical company can raise the price of life-saving medicine for HIV and AIDS patients by more than 5,000 percent. The largest pharmaceutical companies are together earning \$80–\$90 billion per year in profits at higher margins than other industries, while charging Americans thousands of dollars for new drugs—often at much higher costs than in other developed nations. This is why I have announced a plan to hold the pharmaceutical industry accountable and to achieve lower drug costs for Americans, including for medications that help treat HIV and reduce the risk of contracting AIDS. I will ensure that Americans can get the care their doctors prescribe by requiring health insurance plans to cap covered out-of-pocket prescription drug costs at \$250. I will also allow Medicare to negotiate lower drug prices and will stop direct-to-consumer advertising subsidies for drug companies—reinvesting those funds in research. I will increase our investment in HIV prevention medications, including pre-exposure prophylaxis (PrEP), to ensure populations at greatest risk of infection have access to the drug.

“It is an abomination that a pharmaceutical company can raise the price of life-saving medicine for HIV and AIDS patients by more than 5,000 percent.”

6. What is your policy on funding further efforts in research and programs for HIV education, prevention, and treatment?⁶ In particular, please discuss the federal government’s role in promoting the widespread use of newly developed interventions and treatments such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to combat the spread of HIV.⁷



Bernard Sanders

We must expand federal spending on research for diseases and public health programs. If it would be appropriate for an ADAP patient to use PrEP or PEP, ADAP, Medicaid, or other public programs should cover them. But we also must work across governmental levels to ensure communities with higher risk of HIV infection know about and have access to prevention and treatment options.

“If it would be appropriate for an ADAP patient to use PrEP or PEP, ADAP, Medicaid, or other public programs should cover them.”



Hillary Clinton

This isn’t a new fight for me. I have long advocated for bolstering resources for HIV and AIDS prevention, treatment, and research. As a Senator, I sponsored the PEPFAR Accountability and Transparency Act, which would have created a mechanism to evaluate and improve U.S.-financed HIV/AIDS programs around the world. I also cosponsored legislation—including the Medicare Prescription Drug Gap Reduction Act and the Meeting Our Responsibility to Medicare Beneficiaries Act—to allow Medicare to negotiate fair prices. As Secretary of State, I strengthened PEPFAR and began an ambitious campaign to usher in an AIDS-free generation. I advocated for a comprehensive approach incorporating both prevention and treatment—focusing on ending mother-to-child transmission, expanding voluntary medical male circumcision, and scaling up treatment for people living with HIV/AIDS. As President, I will ensure we continue to focus on prevention, and decades of research are beginning to offer a promising path forward. In 2010, a major two-year study showed that PrEP was effective at preventing HIV infection 90 percent of the time when used as directed. As a result, both the Center for Disease Control (CDC) and the World Health Organization (WHO) have recommended widespread use of PrEP among certain at-risk groups. In March, the CDC announced \$125 million over three years in grants to state and local health departments to increase knowledge about and uptake of PrEP among transgender individuals and black men who have sex with men (MSM). I will increase the CDC investment to ensure populations at greatest risk of infection have access to the drug, and encourage states to follow suit.

“As President, I will ensure we continue to focus on prevention, and decades of research are beginning to offer a promising path forward.”



Martin O'Malley

In my health care plan, I have pledged to renew focus on preventing and treating infectious diseases. I will set goals for disease prevalence, including for infectious diseases like HIV, hepatitis C, and tuberculosis. And I will bring the full range of resources—from pharmacological to behavioral and public health interventions—to the task of achieving them. In the case of HIV, this includes providing federal support for PreP and PEP.

“In my health care plan, I have pledged to renew focus on preventing and treating infectious diseases.”

7. If elected, how will you direct your administration to research and address the intersection of HIV and gender-based violence?⁸



Bernard Sanders

I am glad to see that the NHAS has already resulted in multiple new initiatives to address this issue. We should review, and if appropriate, expand those initiatives. But we also must address all gender-based violence in our society. We must ensure domestic violence shelters and mental health providers have had cultural competency training to properly aid LGBT survivors. In addition, we should conduct research to get at the root causes of such violence and expand best practices for prevention.

“We must ensure domestic violence shelters and mental health providers have had cultural competency training to properly aid LGBT survivors.”



Hillary Clinton

Gender-based violence increases vulnerability to HIV, and addressing gender inequity is critical to reducing the vulnerability of women and girls to HIV infection. As Secretary of State, I boosted efforts through PEPFAR to prevent HIV infection for survivors of sexual violence and launched an initiative with the Department’s Office of Global Women’s Issues to fund grassroots organization working to combat gender-based violence around the world, with a link to HIV prevention, treatment, and care. And I would continue to address these issues as President.

“Gender-based violence increases vulnerability to HIV, and addressing gender inequity is critical to reducing the vulnerability of women and girls to HIV infection.”

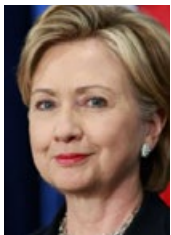


Martin O'Malley

Reducing violence is critical to helping people gain control over their lives, and in turn, to addressing HIV transmission and impact. In Maryland, I led an effort to engage the health care system in systematic screening for gender-based violence. Part of a comprehensive approach to HIV is developing evidence-based approaches to addressing this challenge and then spreading them through national reimbursement policy.

“Part of a comprehensive approach to HIV is developing evidence-based approaches to addressing this challenge and then spreading them through national reimbursement policy.”

8. What is your policy on researching and expanding women’s access to preventative health services, including HIV and AIDS interventions and treatments like PrEP and PEP?⁹



Hillary Clinton

We need to ensure women have access to high-quality preventative health services, including HIV and AIDS treatments and preventative measures. As Senator, I defended a woman’s right to make her own health decisions and championed access to reproductive health services, including emergency contraception. I have a long history of standing up against Republican attempts to defund Planned Parenthood and restrict women’s access to critical health care services. As President, I will continue to lead that fight. And I will continue to defend the Affordable Care Act, which bans insurance companies from discriminating against women and guarantees 55 million women access to preventive care. Preventing exposure to HIV and AIDS is critical. That is why I will increase the CDC PrEP investment to ensure populations at greatest risk of infection have access to the drug, and encourage states to follow suit.

“And I will continue to defend the Affordable Care Act, which bans insurance companies from discriminating against women and guarantees 55 million women access to preventive care.”



Bernard Sanders

The Affordable Care Act took some good steps in this direction. I support every patient having an HIV test as part of their annual wellness visit; far too many people with HIV do not know their status, so any steps we can take to get people into treatment and cut down the number of involuntary transmissions will be worth doing. I believe the sooner we

“I believe the sooner we normalize an annual HIV test, the way we normalized cervical cancer tests, the better.”

normalize an annual HIV test, the way we normalized cervical cancer tests, the better. But a test is not enough—providers should work with patients to identify those at risk who may not know they are at high risk, especially women with potentially high-risk partners. Patients should learn about prophylaxis options or all other appropriate measures, and these visits should be fully covered by health insurance.



Martin O'Malley

I have called for universal access to family planning and prenatal care. My health care plan also includes specific measures for health care expansion, including setting a national goal of 95% coverage by 2020.

In addition, I have called for a renewed commitment to addressing infectious diseases, including HIV. Such a commitment will need to include resources for innovative programs, such as PrEP and PEP.

“My health care plan also includes specific measures for health care expansion, including setting a national goal of 95% coverage by 2020.”

9. What is your policy on harm reduction strategies such as free condom distribution and syringe exchange programs?¹⁰ Please indicate your position on the use, by law enforcement and prosecutors, of condom possession as evidence for prostitution-related criminal offenses.¹¹



Hillary Clinton

I have long supported syringe exchange programs, as well as funding for Planned Parenthood, which provides vital health care and family planning services. These are essential tools in our public health efforts

to reduce the transmission and spread of HIV and other sexually transmitted diseases.

“I have long supported syringe exchange programs, as well as funding for Planned Parenthood, which provides vital health care and family planning services.”



Bernard Sanders

I strongly support having public health programs implement harm reduction strategies. In the past, I have advocated for removing the ban on federal funding for syringe exchange programs. The government

should be using evidence-based policies for public health programs wherever possible.

“I strongly support having public health programs implement harm reduction strategies.”



Martin O'Malley

When I served as Mayor in Baltimore, the city ran a successful syringe exchange program. Our goals included reducing transmission of HIV, reducing the risk of overdose by prescribing naran, and engaging people in successful drug treatment. I broadly support such programs, and will do the same as president. This includes reducing disincentives to condom possession that target those who are at the highest risk of infection. Our public health goals demand that we stop confiscating condoms and using them as evidence for prostitution-related offenses, except in rare necessary cases.

“This includes reducing disincentives to condom possession that target those who are at the highest risk of infection.”

10. If elected, how will you direct your administration to support screening for and referral to substance use and mental health services for people living with HIV and at risk for HIV?¹²



Hillary Clinton

Substance use and mental illness quietly impact Americans across the country. I am committed to tackling these challenges and offering every American the support they need. That is why I have proposed a federal-state partnership that empowers state and local leaders to tailor substance use treatment and rehabilitation programs to their communities. Under my plan, states that put forth specific plans for confronting our nation’s substance use epidemic will be eligible to receive \$4 of federal support for every dollar they commit. I have also called for immediate federal action, including increasing the Substance Abuse Prevention and Treatment Block Grant, ensuring federal insurance parity laws are enforced, removing obstacles to reimbursement, and directing the Attorney General to issue guidance on prioritizing referral and treatment over imprisonment for nonviolent, low-level drug offenders.

I am also committed to improving access to mental health services in this country—particularly for people living with HIV and at risk for HIV. As President, I will support evidence-based early intervention for serious mental illnesses and help providers share information and best practices. And while we bolster our screening efforts, we must also increase our investment in treatment. Demand for treatment of mental health conditions far outpaces supply, and our healthcare system currently lacks the treatment infrastructure necessary to provide adequate care. As President, I will improve

“Substance use and mental illness quietly impact Americans across the country. I am committed to tackling these challenges and offering every American the support they need.”

access to high-quality mental health treatment by enforcing mental health parity law and fostering better integration between the medical and behavioral health care systems—including by lifting federal obstacles to such integration. We need to close the treatment gap for individuals with mental illness.



Bernard Sanders

I would build on the implementation of President Obama’s National HIV/AIDS Strategy by significantly expanding access to mental health and substance use disorder services through programs like the National Health Service Corps that provide scholarships and loan repayment for health care providers, including mental health counselors, to work in underserved communities. Mental health and substance use counselors are in a critical position to provide HIV prevention services to a patient population that may be engaging in behaviors that put them at risk for HIV infection. All substance abuse treatment centers should provide on-site HIV testing; currently, fewer than half do. Additionally, we must ensure that our federal agencies—in collaboration with state and local departments of health and mental health agencies—have the resources and training to provide screening and referral services for individuals living with HIV and at risk for HIV.

“Mental health and substance use counselors are in a critical position to provide HIV prevention services to a patient population that may be engaging in behaviors that put them at risk for HIV infection.”



Martin O'Malley

I have put forward comprehensive plan for treating and preventing drug addiction. This will involve historic investments in treatment and prevention. In addition, I have pledged to invest in strong community mental health systems, including by making urgent new investments in housing, supported employment, and outpatient treatment. The investments made in Maryland in these areas helped substantially reduce the need for psychiatric hospitalization and earned the state a top 10 ranking from the Mental Health Association of America.

“I have pledged to invest in strong community mental health systems, including by making urgent new investments in housing, supported employment, and outpatient treatment.”

To be successful, we must stop criminalizing mental illness. As detailed in my criminal justice reform plan, I will set a national goal of reducing the number of Americans with serious mental illness behind bars—a circumstance that reflects poor systems of care, and creates worse problems for people’s families and communities when they are incarcerated. These efforts will reach across the country to help individuals with and at risk for HIV.



References

- 1 See New York State Blueprint to End the AIDS Epidemic (ETE), Blueprint Recommendation (BP) 23; Getting to Zero Recommendation (GTZ) 5. National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS), Goal 1, Step C.
- 2 See ETE, BP18, BP19, BP30; GTZ4. NHAS, Goal 1, Step C, Recommended Action 5.
- 3 See ETE, BP25, BP30. NHAS, Goal 1, Step C, Recommended Action 5; Goal 3, Step C.
- 4 See ETE, BP20; GTZ6. NHAS, Goal 2, Step A, Recommended Action 1.
- 5 See NHAS, Goal 2.
- 6 See NHAS, Goal 1, Step B, Recommended Action 1; Goal 2, Step A, Recommended Action 4; Goal 3, Step C, Recommended Action 1.
- 7 See ETE, BP11, BP12, BP13. NHAS, Goal 1, Step B, Recommended Action 3.
- 8 See NHAS, Goal 1, Step C, Recommended Action 4; Goal 2, Step C, Recommended Action 2; Goal 3, Step B, Recommended Action 2.
- 9 See ETE, BP11, BP12, BP13. NHAS, Goal 1, Step B, Recommended Action 2; Goal 1, Step B, Recommended Action 3.
- 10 See ETE, BP15; GTZ3. NHAS, Goal 1, Step B; Appendix 1, Indicator 3.
- 11 See ETE, BP24; GTZ2.
- 12 See ETE, BP8, BP15; GTZ3. NHAS, Goal 1, Step B, Recommended Action 2; Goal 2, Step B, Recommended Action 3.

Gay Men's Health Crisis is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS.

GMHC fights to end the AIDS epidemic and uplift the lives of all affected.

For more information, please call the Hotline or visit our website.

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446 West 33rd Street, New York, NY 10001
(212) 367-1000

HIV and STI testing available at:

The David Geffen Center for HIV Prevention and Health Education

224 West 29th Street, New York, NY 10001
(212) 367-1100 · gmhc.org/get-tested

When you need to talk with someone about HIV and AIDS:

HIV/AIDS HOTLINE:

1-800-243-7692 · hotline@gmhc.org



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