



Meeting of the
NEEDS ASSESSMENT COMMITTEE

Carrie Davis and Daniel Castellanos, DrPH, Co-Chairs

December 15, 2016
LGBT Community Center
208 West 13th Street, Rm 101, NY, NY, 9:30 am – 11:30 am

Members Present: Carrie Davis (Co-Chair), Fay Barrett, Randall Bruce (Consumer At Large), Timothy Frasca, Guillermo Garcia-Goldwyn PhD, A. Luciano (alt. for Rosemary Lopez), Glen Phillip, John Schoepp, Marcy Thompson

Members Absent: Daniel Castellanos, DrPH (Co-Chair), Angela Aidala, Ph. D., Nagla Bayoumi, Maria Caban, Ph.D., Pedro Carneiro, Jeanine Costley, Graham Harriman, Sabina Hirshfield, PhD, Jennifer Irwin, Julie Lehane, Ph.D., Anne Lyster, Frank Machlica, Antonio Munoz, Mary Poupon, Maiko Yomogida

NYC DOHMH/PHS Staff Present: Nasra Aidarus, Ashley Azor, Amber Casey, Jose Colon-Berdecia, Jan Carl Park, Kate Penrose, Darryl Wong, Romulo Armas Monje (PHS)

Material Distributed:

- November 10, 2016 Meeting Minutes
- Need Assessment Committee 2016-17 Workplan
- Ryan White HIV/AIDS Program by the Numbers
- Implications of Partial Repeal of the ACA through Reconciliation, Center on Budget and Policy Priorities, 12/16
- All The King's Men: The Trump Presidency and the Deconstruction of Social Safety Net Programs, Presentation by Jan Park, 12/12/16
- The Trump Presidency & Beyond, Matthew Lesieur, 12/12/16
- HIV Surveillance Annual Report, 2015, NYCDOHMH
- NYC Medical Monitoring Project (MMP) Fact Sheet, 2009-14, NYCDOHMH, 9/16
- Hepatitis B and C in NYC, 2015 Annual Report, NYCDOHMH, 10/16
- Integrated HIV Prevention & Care Plan, 2017-21, NYSDOH AIDS Institute, NYCDOHMH
- January 2017 Planning Council Calendar

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes:

Co-Chair *Carrie Davis* opened the meeting; Co-Chair Daniel Castellanos was unable to attend. Jan Carl Park, Governmental Co-Chair, announced the passing of former Planning Council and Integration of Care Committee member *Gina Quattrocchi*, CEO of Bailey House. Gina was a pioneer in advocating for the housing needs of PLWHAs nationally and in NYC; a moment of silence was observed in her memory.

After meeting participant introductions, the meeting binder was reviewed by *Darryl Wong*, where highlights from the 2015 HIV Annual Surveillance were cited – 83% of those included were virally suppressed, new HIV infections decreased by 8.3% from 2014, new HIV infections among MSM decreased by 10.5% in 2015, new infections among those 20-29 reached a new low since 1991 and there were no mother to child HIV transmissions in 2015. The minutes from November 10, 2016 were accepted as presented. *Amber Casey* introduced *Ashley Azor*, new DOHMH staffer working in the Care & Treatment Program.

BRIEFING ON THE TRUMP TRANSITION & NOMINATIONS TO HHS, CMS & HUD

Mr. Park began by noting that President-Elect Trump said nothing about HIV during his campaign. The Trump administration has about 4,000 positions to fill in the Executive Branch and has announced a number of cabinet choices. Key choices include Rep. Tom Price for Health and Human Services (HHS), Ben Carson for Housing and Urban Development (HUD), and Seema Verma as Director of the Center for Medicare and Medicaid Services (CMS).

Vice President-Elect Pence was governor of Indiana during that state's worst outbreak of HIV among IV drug users, which was exacerbated by his refusal (based on unscientific and religious-based views) to fund needle exchange, as well as his previous efforts to slash funding for HIV testing facilities in the state. He is also has a long anti-gay record and tried to divert Ryan White funding for conversion therapy.

Dr. Tom Price, nominee for Health and Human Services Secretary is a strong opponent of the Affordable Care Act (ACA, aka Obamacare) and was a lead sponsor in Congress of the "Empowering Patients First Act", which would repeal ACA and replace it with age-adjusted tax credits for individual purchase of insurance, a greater emphasis on health savings accounts (HAS) and high-risk subsidized insurance and cross-state insurance policies. In addition, Price also wants to slash funding to Medicaid and to privatize Medicare, which could drive many PLWHA who have gained coverage under ACA back into ADAP. Repeal without replacing the ACA would double the number of uninsured people and leave the nation with an even higher uninsured rate than before the ACA.

The Ryan White Program provides health care to 533,000 low-income people living with HIV and has a long history of bi-partisan support. It is too early to say the effect on FY 2017 funding levels (Continuing Funding Resolution through April 2017), and there are no signs of RW being specifically targeted by the incoming administration or Congress, but cuts in ACA, Medicare and Medicaid would result in a large number of people falling back on RW programs. Medicaid covers more than 73 million Americans, nearly one-quarter of the American population. It is currently the largest source of insurance coverage for people living with HIV, covering more than 40% of PLWHA who are in care. Rep. Price's plan proposes to restructure Medicaid by converting it to a block grant and cutting funding steeply (\$1.8 trillion over 10 years). The federal government would no longer pay a fixed share of states' Medicaid costs, causing funding to fall behind states' needs each year. 14-20 million individuals could lose Medicaid coverage or no longer gain coverage in future. Seema Verma has worked for VP-elect Mike Pence on Medicaid and consulted with other states to require "work-fare" requirements and lockout periods for Medicaid recipients.

The number of Medicare beneficiaries with HIV has tripled since the 1990s, rising from 42,520 in 1997 to 120,000 in 2014. Approximately one quarter of people with HIV in care get their health insurance coverage through Medicare. Price supports shifting Medicare from open-ended commitment to pay for medical services toward a fixed governmental contribution for each beneficiary (“voucherization”). Opponents fear “skimpy coupon care”, higher premiums.

Ben Carson, who would run HUD, responsible for HOPWA, has a long history of opposing government safety net programs and admits that he has no experience running a federal agency. HOPWA makes grants to local communities, States and non-profit organizations for projects benefitting low income persons living with HIV/AIDS.

The Federal AIDS Policy Partnership (FAPP) and other advocacy groups are meeting to strategize how to meet the challenges of the next few years, focusing on preventing any disruptions in health coverage, maintaining critical reforms that address unfair or discriminatory insurer practices, maintaining the current funding structure, including the entitlement of the Medicaid program, ensuring access to a minimum essential benefits package, keeping health coverage, health services and prescription drugs affordable and sustaining strong non-discrimination protections.

2017 COMMITTEE RECOMMENDATIONS

Ms. Davis summarized the recommendations from last month’s Needs Assessment committee meeting, noting that there was unanimous recommendation that there be a Follow-Up/Report back presented regarding the three issues examined at the 2016 Community Briefing – employment, expanded access to Hep C DAAs for co-infected persons and housing across the EMA, with an emphasis on the Tri County region. The grantee will provide an update of current initiatives addressing these recommendations at the full Planning Council on January 26.

The other recommendations discussed include:

- Migrant/immigrant health, younger and older populations (and service & policy implications), the impact of stigma and discrimination, including service, treatment and prevention implications, tobacco use, sensory & physical disabilities, changes to the service landscape for populations at risk.
- What does the decrease in new HIV infections demonstrate? What are we doing right? What role will the “re-visioned” DOHMH STD clinics, i.e., Jumpstart, have in continuing this trend?
- HASA For All implementation issues, including:
 - reports that expansion of eligibility has resulted in more clients being funneled into the shelter system,
 - many new, local housing initiatives from numerous funding streams which are difficult to coordinate,
 - increased housing needs resulting from a limited/diminished housing stock, fewer available independent housing units, more supportive housing units,
 - impact of greater need on the HASA budget,
 - are people being turned away?
 - What are the new emerging needs and is there data tied to the implementation of the HASA For All policy change?
 - What do we hope to learn or discover? What are the outcomes sought?

- Likelihood of decreases in HOPWA funding and service implications (see above)
- It was decided to defer the development of fact sheets/infographics given grantee time/staffing constraints and lack of clarity as to how we represent gaps in service and unmet needs in a graphic format.
- The Committee agreed that the overall theme of the 2017 Community Briefing should be an analysis of the implications for treatment & care of the changes in the housing landscape in NYC. An additional focus on the current state of HIV prevention, including possible reasons for the drop in new diagnoses in New York and their significance for future prevention strategies, was also raised. The final focus of the Briefing will be sorted out by Community Briefing Sub-Committee.
- The Committee agreed that the overall theme of the 2017 Community Briefing should be an analysis of the Intersection of the Changes in the Housing Landscape in NYC and its implications on HIV prevention, treatment & care.
- The 2017 Community Briefing will be scheduled for March/April/May 2017 (next planning cycle).
- A Community Briefing Sub-Committee was formed with *Fay Barrett, Tim Frasca, John Schoepp, Randall Bruce, Marcy Thompson, Guillermo Garcia-Goldwyn and Nasra Aidarus* volunteering to assist in the development of the Community Briefing as we move forward. An email soliciting other volunteers will be circulated.
- A call will be scheduled with *Amber Casey, Kate Penrose*, and the committee chairs to discuss how the grantee will report back on the Integrated Plan measures.

PUBLIC COMMENT: There was no public comment. *Jan Park* suggested that there be monthly briefings of changes and developments in health policy as they relate to the incoming Trump administration.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 11:30AM