Meeting of the

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, March 20, 2017
ASCNYC, 64 W. 35th Street, 3rd Floor
3:10 – 5:00pm

M I N U T E S

Members Present: Matthew Baney (Co-chair), Sharen Duke (Co-chair), Victor Ayala (by phone), Randall Bruce, Joan Edwards, Graham Harriman, Daphne Hazel (by phone), Jan Hudis, Matthew Lesieur, Jesus Maldonado (by phone), Jan Carl Park, Claire Simon, Kimberleigh Smith

Members Absent: Steve Hemraj, Amanda Lugg, L. Freddy Molano, M.D.

Guest Present: Christine Rivera (NYSDOH AIDS Institute)

Staff Present: David Klotz, Darryl Wong, Melanie Lawrence, Ashley Azor (NYC DOHMH); Christine Nollen, Gucci Kaloo (Public Health Solutions); Julie Lehane, PhD (Westchester Department of Health)

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Baney and *Ms. Duke* opened the meeting, followed by introductions and a moment of silence. The minutes of the February 10, 2017 meeting were approved with no changes. The Committee welcomed new member Kimberleigh Smith and new Council staff person Melanie Lawrence.

Agenda Item #2: FY 2017 Scenario Planning: ADAP

Ms. Rivera presented on the HIV Uninsured Care Program (HUCP), which has added a 6th component (in addition to ADAP, ADAP+, APIC, Home Care, PrEP-AP): Rapid TX, which uses ADAP's systems and access points to get newly diagnosed people immediate access to ARVs. Currently a pilot in conjunction with Callen-Lorde, it will roll out to the top 20 providers in the State. In the pilot, almost all enrollees were ADAP/ADAP+ eligible. This is a new opportunity for getting newly diagnosed people into care. Active enrolment at the end of the last reported month is about 17,000, down from a peak of 24,700. The program is also stepping in to make sure people do not lose coverage when they change plans under the ACA exchange. Despite the dip in enrolment, costs have not gone down because the program is serving people who are categorically ineligible for any other kind of coverage. As in years past, 80% of the program funds are spent in NYC and 77% are spent on ARVs. Fourteen people have gotten hepatitis C DAAs so far. ADAP is working with a clinical consultant to make sure that each person who needs a DAA is screened for interactions with their ARVs so as not to cause damage, which can be complicated.

The following is a summary of the ensuing discussion:

- There has been no blip in costs due to the DAA perscriptions filled. People are aware that they have been added to the formulary, but there have not been many requests. Gilead is still refusing to negotiate a discount for their drug.
- PrEP-AP was created in 2015 and uses State funds only, as Ryan White funds can not be used for prevention. About 700 people are enrolled.
- ADAP has also received a partial award for FY 2017 (60% of previous year's funding), which will allow for five months of funding for programs. The AI is keeping a close watch on expenditures, hoping for a Congressional continuing resolution at best, which will maintain current resources through this fiscal year.
- Total HUCP budget is about $340M, of which $15.3M comes from Part A. In the case of large cuts in future years, the AI will have to institute cost containment plans (e.g., eliminating drugs from the formulary that would be the least disruptive, such as nutritional supplements). The AI is doing scenario planning for up to a 20% cut in the total budget. There is no information yet on the US Dept. of HHS internal plans for implementing a large cut in their agency.
- There is hope that the manufactuers will have enough influence to keep 340B pricing in place.
- If the ACA goes away in all parts, (e.g., Medicaid expansion), and Medicaid block grants are instituted, it will have grave consequences for the HUCP.
- Even while scenario planning for large cuts, the AI is still working towards ETE goals (e.g., viral load suppression rates are over 90%).

The chairs noted that the PSRA needs to start thinking strategically about large future cuts, including eliminating whole service categories, rather than making reductions to every category in the entire portfolio. At the next meeting, DOHMH will make a presentation on their thoughts for implementing a large cut.

Agenda Item #3: Follow-up from the Planning Council Retreat

The Committee reviewed the outcome of the Council's February Strategic Retreat. In the inventory done before the retreat, PSRA scored well on most elements of the inventory, especially the sense of compelling purpose, embracing difference and engagement. Recommendations that came out of the PSRA break-out group included: bringing everyone up to the same level of understanding on terms, giving a broader context for the committee's tasks, creating flexibility on the agenda for new business that comes from members. To that end, Mr. Klotz developed a glossary or PSRA-related terms and a Gant chart that shows the PSRA's yearly milestones.

There was a discussion on the usefulness of the retreat, with members expressing appreciation for the high quality work done and the steps that can be taken to improve functioning (e.g., the glossary, sending out minutes soon after the meeting is held). There was also a discussion on conflicts of interest, defined as the potential to gain financially from a vote on the Council or a committee. It was agreed that, in order to simplify the need to continually disclose one's potential conflicts, to create a list of PSRA members with Part A contracts for inclusion in future meeting packets.

Agenda Item #4: FY 2017 Scenario Planning, Continued

Mr. Klotz reminded that Committee that there are three tasks ahead:

1. Complete the FY 2017 scenario plan (to be completed by May). This is the methodology for implementing a potential cut to the award for the year that began on March 1st. Given the likelihood of a continuing resolution in Congress and flat funding nationally for Ryan White, the EMA will likely lose another 1-2% in funding due to reductions in formula funding (a result of the EMA's shrinking

percentage of living HIV cases nationally, which is a testament to our successful prevention efforts). Ms. Rivera has said in communications to the grantee that ADAP can take up to a 5% upfront reduction in their allocation ($756,445). She understands that there is a chance that the EMA will not be able to fully restore ADAP through reprogramming. With a 5% cut to ADAP, combined with savings in carrying costs discussed at the February meeting, this will be enough to cover up to a 1.9% cut to the award without cutting any other service categories. If PSRA accepts this, they will have to consider revising the reprogramming plan to make ADAP restoration the top priority (before enhancements to over-performing categories). PSRA can also consider doing an upfront reduction to ADAP with a promise to restore the cut up to a certain amount. This will be discussed further at next month's meeting.

2. Complete the FY 2018 Application Spending Plan (to be completed by July). This is the spending request from the EMA for the grant application for the next fiscal year. Typically the EMA asks for a minimum of flat funding, if not an increase, based on documented need (e.g., Housing).

3. Begin discussion of reductions in the event of a severe cut to the award in FY 2018 (to be completed next winter). This will begin next month with the presentation by DOHMH referenced above.

The next meeting is set for April 17th. There being no further business, the meeting was adjourned.