



## **CONSUMERS COMMITTEE**

Monday, March 14, 2011, 1-3PM

Hispanic Federation, 55 Exchange Place, 5<sup>th</sup> Fl. Conf Rm , New York, NY

**Planning Council Members Present:** Victor Benadava (Co-Chair), John A. Eddie (Co-Chair), Kareem Clemons , Alexander Hardman, Munying Hunt, Keith Kaiman, Kali Lindsey, Deborah Marcano

**Planning Council Members Absent:** Brent Backofen, Felicia Carroll, Gerald DeYounge, Steve Hemraj, Hilda Mateo, Pastor Jerome Payne

**Community Members Present:** Randall Bruce, Marcus Cooke, Manuel Ducret III, Colombia Fierro, Yves Gebhardt, Myron Gold, Johnny Guaylupo, Ray Hakim, Robert Jones, Ron Joyner, Joseph Ogun Del Valle, Mallory Marcus, Glen Phillip, Joseph Sellman.

**DOHMH:** Rafael Molina, Darryl Wong

### **MEETING MATERIALS DISTRIBUTED:**

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement/Rules for Public Comment;
- February 16, 2011 Draft Meeting Minutes;
- PSRA & FY 11 Spending Scenario Powerpoint;
- Core Services & Support Services, HRSA/HAB 2009 Ryan White HIV/AIDS Program Annual Data Report;
- NYCDOHMH, HIV Epidemiology & Field Services Semi-Annual Report, October 2010, Vol 5, No. 2;
- Positive Voice, NAPWA Newsletter, January 28, 2011, Ser 2, Vol 1, Issue 20;
- HIV & Inflammation, GMHC Treatment & Issues, March 2011;
- A Housecall to Help with Doctor's Orders, New York Times, February 28, 2011;
- ADAP Watch, NASTAD;
- Positive Voice, National Association of People With AIDS (NAPWA), April 23, 2011;
- NY HIV Planning Council 2011-12 Council Membership Application;
- March 2011 Planning Council Calendar & Month at a Glance;
- HIV Planning Council Consumer Committee 2010-11 Membership List

### **INTRODUCTIONS:**

Victor Benadava opened the meeting, followed by Committee member introductions. Deborah Marcano led the moment of silence and the meeting participants reviewed the Rules of Respectful Engagement. The minutes of the February 2011 meeting were deferred until the next month's meeting, as quorum was unable to be reached. Darryl Wong reviewed the meeting agenda and meeting materials. Victor Benadava underscored the importance of widely distributing next year's Planning Council application and for applicants to complete it in its entirety.

### **PUBLIC COMMENT:**

There was no public comment.

## **HIV/AIDS POLICY UPDATE:**

Kali Lindsey, Co-Chair of the Planning Council's Policy Committee and Director of Federal Policy at Harlem United, opened his remarks with updates on health care reform, noting that 2014 is pivotal in that anyone living at, or below, the 133% of the federal poverty level (FPL) will be eligible for Medicaid; the challenge remains how Ryan White services can be integrated in 2014, so that PLWHAs will continue to have their health care needs met. Those living above the FPL will be able to purchase their insurance through insurance exchanges and subsidies. There were concerns voiced that discussions to date have limited consumers' needs from being articulated. While the House version of the bill was much more generous in scope, the current bill (Senate version) contains many more compromises. Concerns were voiced that out of pocket co-pays for medications are being requested by pharmacies for consumers covered by ADAP.

With over 70 Medicaid Redesign Proposals reaching the Governor's Re-Design Team, including some vague proposals including 2% blanket cuts above Medicaid reimbursements, the shift towards medical homes (and insuring that managed care plans offer services that PLWHAs need) and behavioral health organizations wraparound services need. While some 75-85% of the proposals are not controversial, the remaining 15-25% are problematic in their lack of specificity. The Institute of Medicine's recent recommendations around disability, principally the eligibility criteria as determined by CD4 levels (formerly 250/mm<sup>3</sup>, now proposed at or below 50/mm<sup>3</sup>) are indicative of the move to restrict entitlements (for the newly eligible) to those who "have the most need" without regard to those who need continued access to medications. Viral loads biomedical markers are more often included in prevention conversations, as in community viral loads, than in treatment-related discussions.

With respect to the Federal budget and its impact on the HHS (Health & Human Services) budget, there are three proposals being considered. The Democratic alternative, with a \$6 billion cut and Continuing Funding Resolution (for the remaining 5 months of the year), is not enough to appease the Majority-led Congress.

The 12 Cities project (ECHIPP or Enhanced Comprehensive HIV Prevention Plans), of which NYC is a part, distributed \$30 million to CDC to perform assessments in high incidence localities on how prevention initiatives are funded, while EIIHA initiatives, or Early Identification of individuals with HIV and AIDS, are Part A Ryan White-funded and are reflective of the intent and legislative responsibilities requiring collaboration between CDC and HRSA, as outlined in the National HIV/AIDS Strategy (NHAS). As a result of the 12 Cities Initiatives, resources may be re-allocated to reflect high incidence.

## **PRIORITY SETTING/RESOURCE ALLOCATION:**

As part of the continuing series of trainings regarding the Planning Council process, Darryl Wong broadly reviewed the PSRA process, including relevant definitions and reported that the Priority Setting and Resource Allocation Committee has completed its process for developing scenarios for possible reductions in the FY 2011 award. Mr. Wong described the process, which began in spring 2010 with the annual review of priorities and rankings using the approved PSRA ranking tool, which used the most recently available data to assign priority scores to all service categories. These scores, based on five criteria (payer of last resort, consumer priority, etc.) are used to give weight to any reduction in the award, based on the relative importance of the service categories in the portfolio.

For FY 2011, with the base and MAI grant years synchronized, PSRA considered the full award as one unified grant in order to mitigate a possibly larger cut in some programs. Further rationale for considering a combined award is that both funding streams are providing the same services to

the same populations, providers did not apply for funding under a particular source of funding but are assigned after the grant awards are made, and the priority ranking is done by service category, and not divided by source of funding.

The FY 2011 spending plan will begin with the actual carrying costs of programs (modifications from the FY 2010 plan were made due to permanent contract take-downs and terminations in some categories). NYSDOH AIDS Institute has agreed that the first \$3 million of any cut will go to reduce the allocation to ADAP. An additional \$1 million can be taken off the ADAP allocation at the beginning of the year, to be restored later through reprogramming. This will mitigate possible cuts to all other services and demonstrates the close working relationship between the City and State. If the cut to the overall award is more than \$4M, cuts will be made proportionately to all categories (Base and MAI combined) using the formula from the previously approved ranking tool. Mr. Wong reviewed the hypothetical scenario of a 5% reduction in the overall award so that consumers could see how the reductions are distributed across the spending plan.

### **HIV NETWORKING ACTIVITIES – BOROUGH UPDATES**

Victor Benadava reported that the Staten Island CARE Network will be meeting on March 21 at the LGBT Center in Staten Island.

The Manhattan HIV CARE Network recently met and was well-attended by many participants. The Consumer Involvement Committee will be meeting at the offices of FOPWA; this summer's event at Riverside Church will focus on consumer involvement and re-invigorating a PWAC-type coalition.

The Queens HIV CARE Network met at a new site and is facing challenges with recruitment of new consumer participants.

### **PUBLIC COMMENT & ANNOUNCEMENTS:**

The National Action Network will be convening it's annual meeting from April 6-9 at the Marriott Hotel, NY. For more information, contact [www.nationalactionnetwork.org](http://www.nationalactionnetwork.org)

The Leadership Training Institute (LTI) held its annual retreat recently.

A discussion focused on Health Care Reform will be convened on March 16 at the NYU Hospital/Langone Institute.

Planning Council members of the Consumer Committee were reminded of the HRSA trainings on March 16 & 17; Committee members (non-Planning Council) will meet on Friday, March 18 for an abridged Planning Council training. No alternates are permitted at the Planning Council training.

### **ADJOURNMENT:**

There being no further business, the meeting was adjourned at 3:30PM.