



CONSUMERS COMMITTEE

Wednesday, May 26, 1:00 – 3:00PM

Cicatelli Associates, 505 Eighth Avenue, 2nd Fl Oak Room, New York, NY

Planning Council Members Present: Victor Benedava (Co-Chair), John-Anthony Eddie (Co-Chair), Kareem Clemons, Gerald DeYounge, Munying Hunt-Chena, Keith Kaiman, Glen Phillip

Planning Council Members Absent: Brent Backofen, Felicia Carroll, Alexander Hardman, Steve Hemraj, Hilda Mateo, Pastor Jerome Payne

Community Members Present: Randall Bruce, Gregory Cruz (Consumer At-Large), Manuel Ducret III, Linder Ford, Yves Gebhardt, Mallory Marcus, James Powell, Escott Solomon,

DOHMH: Jan Carl Park, Rafael Molina, Darryl Wong

Meeting Materials Distributed:

- Draft Meeting Agenda;
- Planning Council Ground Rules of Respectful Engagement/Rules for Public Comment;
- April 18, 2010 Draft Meeting Minutes;
- NYSDOH AIDS Institute Quality Improvement Training Announcement (5/17/10);
- Health Care Reform – Patient Protection and Affordable Care Act PowerPoint Presentation by Jan Park to the Consumer Committee of the NY HIV Planning Council 5/26/10;
- 2010 Ryan White Part A Service Directory, Ryan White CARE Services, NYCDOHMH;
- Hepatitis C Co-Infection: A Review and a Look at Critical Issues, NYSDOH AIDS Institute;
- Growing Older with the Epidemic: HIV and Aging, GMHC, 2010;
- Healthy, Happy & Hot, A young persons guide to their Rights, Sexuality and Living with HIV, International Planned Parenthood Federation, 2010.

WELCOME & INTRODUCTIONS

Victor Benadava welcomed participants. Glen Phillip led the moment of silence and Kareem Clemmons reviewed the Rules of Respectful Engagement and Rules for Public Comment. Darryl Wong reviewed the meeting agenda and meeting materials. The minutes of the April 18, 2010 meeting were reviewed, but approval was deferred until quorum was reached later in the meeting.

PLANNING COUNCIL/FEDERAL, STATE & CITY UPDATES:

Mr. Wong updated the Committee regarding:

- the major activities of the Planning Council in May, noting that the Priority Setting/Resource Allocation and Executive Committees and the full Planning Council met to discuss and approve the proposed spending plan for the FY 2010 Base and MAI awards, which overall received a net gain of \$9.4 million, with non-core service categories, i.e., housing, legal services, food & nutrition and medical transportation, receiving increases beyond their proportionate share and the ADAP allocation receiving a \$3 million increase from these funds;

- the CAB effectiveness/best practices project; the Planning Council Support Unit and the master contractor, Public Health Solutions/HIV Care services, will be meeting to develop an outreach letter to all Part A contractors to enlist their cooperation in furnishing Agency CAB staff liaison contact information. This will be distributed within two weeks and it is envisioned that by the end of June we will begin formulating a current contact list for use by the consultant retained to conduct the project; and
- the NYS Department of Health AIDS Institute offering of full day trainings on the concepts and methods of quality improvement and performance measurement (June 8 & 28). This training would be particularly useful to consumers who are active in their agency CABs.
- Jan Park announced the development of a national advocacy initiative to address waiting lists for ADAP in certain EMAs.

HEALTH CARE REFORM – PATIENT PROTECTION & AFFORDABLE CARE ACT (PL 111-148)

Jan Park presented highlights from the above-cited handout and outlined the basic features of the Act:

- Provides coverage for 32 million people who are currently uninsured;
- Requires most Americans to have health insurance;
- Adds 16 million people to the Medicaid rolls;
- Subsidizes private coverage for low and middle income people;
- Regulates private insurers more closely; and
- Bans practices such as denial of care for pre-existing conditions.

Who must purchase insurance?

- If the individual already has employer-based insurance, he/she can keep it;
- If he/she does not currently have any insurance they may have to purchase a plan by 2014;
- Most US citizens and legal residents must purchase minimal essential coverage for themselves and their dependents. Those who don't purchase coverage will have to pay a tax penalty.
- Certain people with religious objections would not have to get health insurance. Nor would Native Americans, illegal immigrants and people in prison

Who gets subsidized insurance?

- People who are unemployed, self-employed, or work for businesses that do not offer insurance;
- In 2014 these individuals will be able to shop for coverage in new health exchanges;
- CBO estimates that ~25M people will shop for coverage and ~19M will be eligible for financial aid;
- Individuals who make 3 or 4 times the FPL would be subsidized so that they would not have to pay more than 10% of their income for decent health insurance coverage

Who will pay for reform?

- The cost will be covered by new taxes, fees on industries involved in health care, and cuts in projected spending growth for existing government health efforts, primarily Medicare;
- Higher Medicare taxes on people earning >\$200K;
- New tax on expensive health insurance costing >\$10,200 (individual) >\$27,500 (family);
- Fees on health care industries (drug companies, health insurers, medical device manufacturers);
- The tanning tax (10% tax on indoor tanning); and
- Medicare cuts (Medicare Advantage, home health care)

What does it mean for kids and families?

- Immediately upon becoming law the legislation prohibits insurers from excluding from coverage children with pre-existing conditions;
- Immediately upon becoming law, dependent children up to age 26 will be able to stay on their parents family policy;
- Kids eligibility in the Childrens Health Insurance (CHIP) program must be maintained until 2019.

What does it mean for seniors?

- Begins to close the Medicare Part D donut hole. In 2010 provides a \$250 rebate, in 2011 institutes a 50% discount on brand name drugs, completely closes the donut hole by 2020
- Beginning Jan. 1, 2011, eliminates co-payments for preventive services and exempts preventive services from deductibles under Medicare;
- Effective 90 days after enactment, help for early retirees (55-64) by creating a temporary re-insurance program.

What does it mean for PLWHA?

- Expansion of Medicaid in 2014 to all low income individuals is a critical win for the HIV community;
- It will mean comprehensive health care coverage for thousands of PLWHA in many states who currently are on ADAP or are struggling to pay for HIV primary medical care;
- For the first time eligibility for state Medicaid programs will not be connected to an AIDS diagnosis - merely income levels will determine eligibility

Several demographic disparities were highlighted:

- **Health care coverage:** among the general population (54% employer/private insurance, 14% uninsured, 13% Medicare, 15% Medicaid vs. PLWHAs (35% Medicaid, 29% Uninsured, 17% private (employer or individual), 15% dual, and 4% Medicaid.
- With respect to income and unemployment, 8% of the general US population earns an annual income less than \$10,000 as opposed to 45% of PLWHAs; with respect to unemployment, 10% of the US population is un-employed, while 62% of PLWHAs do not have jobs.

Several profiles were included of individuals who would greatly benefit from health care reform largely due to their automatic eligibility for Medicaid, based on income under 133% of the Federal

Poverty Level. Ryan White would offer support services that are not included in a Medicaid package. However, an individual who is undocumented would be ineligible for Medicaid or for coverage through the insurance exchange/subsidy. He/she would be exempt from insurance mandates and would still need support through the community support system and ADAP.

Rules for preexisting conditions

- Six months from the day the bill was signed. Insurers will no longer be able to exclude children with preexisting conditions
- Insurers will not have to take the same steps for adults until Jan. 1, 2014
- For those uninsured who have health problems a short term, national high risk insurance pool will be established.
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Will it make health care more effective?

- The bill sets aside \$500 million for a Patient Centered Outcomes Research Institute which will conduct comparative effectiveness research;
- The legislation also contains language saying that findings from the Institute can be construed as mandates for particular treatments, and can't be used as an excuse to deny coverage of particular treatments

NEW BUSINESS:

There was no new business.

PUBLIC COMMENT & ANNOUNCEMENTS:

- The AIDS Center for Queens County will be conducting a presentation on HIV & Aging at the Hillside Avenue Office on June 3 from 1-3.
- The Consumer Involvement Committee of the Manhattan HIV CARE Network will be meeting on June 2 at 3PM at 158 E116th St and is seeking nominations for the Committee Co-Chairs.
- The 30% rent cap bill is still awaiting signature by the Governor. NYCAHN will be meeting on May 27, as well as the Brooklyn HIV Care Network from 12-3PM.
- The final meeting of the Consumer Committee in June will include a presentation on Quality Improvement; the July meeting will be a joint picnic with the PWA Advisory Group. Information will be furnished when it is available.
- The PWA AG Steering Committee will be held on May 27 at 40 Worth St, Room 1502 at 5:30PM.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 5PM.