



Meeting of the

EXECUTIVE COMMITTEE

Thursday, December 9, 2004
2:45-3:40PM
Friends House, 130 East 25th Street

MINUTES

Members Attending: B. Stackhouse, Ph.D. (Acting Governmental Co-chair), S. Hemraj (Finance Officer), R. Abadia, S. Abramowitz, Ph.D., E. Camhi, F. Carroll, C. Cobb, L. Dolloway, J. Grimaldi, M.D., J. Hilger, H. Mateo, P. McGovern, L. Morrison (for H. Cruz), D. Ng, W. Okoroanyanwu, M.D., T. Petro, T. Troia

Staff Attending: *OAPC:* G. Moon, D. Klotz, S. Bailous, S. Dwyer, R. Molina, I. Gonzalez, C. Silva; *DOHMH:* J. Park; *MHRA:* R. Miller

Agenda Item #1: Welcome/Introductions/Minutes

Dr. Stackhouse and Mr. Hemraj opened the meeting, followed by introductions.

Mr. Abadia introduced the moment of silence.

The minutes of the November 4, 2004 meeting approved unanimously with two changes.

Agenda Item #2: Public Comment

J. Livigni: The Integration of Care Committee approved a model of care that does not reflect the whole complexity of PLWHA's lives, and needs more comment.

M. Gold: The government is not acknowledging that people are still dying. Also, the Council needs to take action on changes in Medicare that will deny PLWHA medications.

Agenda Item #3: Committee Reports

Mr. Abadia: The Consumers Committee had a training on Title I, including reauthorization, will have more.

Ms. Mateo: The Priority Setting and Resource Allocation Committee is meeting tomorrow to work on FY 2005 spending scenarios.

Mr. Ng: The Integration of Care Committee (IOC) met yesterday and reviewed draft service system models. After a long, fruitful discussion, a model originally crafted by CHAIN researcher David Abramson evolved, and will be finalized at the next meeting. The draft will be sent to the Access to Care and Maintenance in Care Sub-committees (ATC and MIC) so that they can begin their work.

Dr. Okoroanyanwu: MIC met this month to look at service needs and the continuum of care, and tried to determine what services maintain people in care. MIC agreed to allow the co-chairs to move ahead and bring refined ideas to the next MIC meeting.

Ms. Gonzalez: ATC is looking at services that help people gain access to care. We are waiting for the IOC model, after which we will proceed with our charge.

Mr. Abadia: The Rules and Membership Committee developed an application for the additional committee assignments, which went out to the community and is on the website and are due at the end of December.

Mr. Camhi: The Needs Assessment Committee met this month with their primary focus to establish the goals and agenda for Data Day 1, tentatively scheduled for January 21, 2005. We are interested in having researchers present on applying data to access and maintenance issues. We are holding a conference call with the committee co-chairs soon to plan further for Data Day.

Agenda Item #4: FY 2004 Reprogramming

Ms. Miller: While contract enhancement associated with the FY 2004 reprogramming plan are not yet fully executed, we have completed our analysis of what is feasible. As per the Council's request, we reviewed the plan items for feasibility (beyond ADAP), and determined that we can proceed with Food and Nutrition program enhancements. Letters have gone out to agencies inviting them to submit paperwork to obtain additional funds if they can spend it. As for Emergency Rental Assistance, the sole provider decided that it is not practical to accept one-time funding at this time. We then looked at the next possible item on the list, "dignity kits" for harm reduction programs, and found that this was not feasible as there was no appropriate vendor, and most of the time and funds would have been spent on administrative costs. Pursuant to the Council, after enhancing Food and Nutrition programs, the balance of reprogramming funds will go to ADAP.

Ms. Miller (in response to a question from Mr. Cobb): The dignity kits involved buying many individual items and assembling them, which requires a purchasing agent. This was deemed too time consuming.

Mr. Cobb: The Massachusetts Department of Health has these, and perhaps we can use their model.

Ms. Miller: The ones we found were of poor quality. We would need more time to find a better vendor.

Ms. Miller (in response to a question from Mr. Ng): Other items were mostly for consultant contracts and they would not have been able to complete the work by the end of February. Some items are year-long projects, such as the organization of conferences. The request for a special housing-related CHAIN study cohort is not feasible due to time constraints.

Mr. Ng: I appreciate MHRA's extra work on this, especially given that they are in a crunch period now, and I want to complement your efforts.

Agenda Item #5: CAEAR Coalition Update

Ms. Moon: At the December Communities Advocating Emergency AIDS Relief (CAEAR) Coalition business meeting, we explored a joint CAEAR-AIDS Action Council policy paper on re-authorization, to be completed in January. Also, FY 2005 appropriations flat funded most of the CARE Act. The total amount decreased by about \$5M. The reauthorization strategy will include political, grass roots and media components. The word is that there will probably be no new money for non-homeland security programs. CAEAR is working with Vice-President Cheney's office to educate them on the CARE Act. There is a desire to pass a bill quickly, which means expediting our work. CAEAR wants its policy paper to be non-controversial and in line with the President's health care priorities. CAEAR will work with key players in Congress, reach out to faith-based CARE Act grantees, educate people on the impact of the CARE Act (including cost savings), and emphasize local control. CAEAR is working to build a bipartisan coalition in support of the bill. They are having briefings with the US Conference of Mayors, and NYC and the EMA

will work with our national partners. There will be Capitol Hill visits in February and media to generate stories on the impact of the CARE Act. Mr. Lesieur is taking the lead on this in the AIDS Policy Coordination Office. There will be a policy forum in February.

Ms. Moon (in response to a question from Mr. Petro): Major changes in the CARE Act are not foreseen at this moment.

Mr. McGovern: There is a committee at HRSA looking at the severe need formula that may change how supplemental funds are distributed in a way that may hurt New York and other areas with strong Medicaid programs by taking into account local resources.

Dr. Abramowitz: This is a radical proposal that would punish states that tax their residents to provide health care, and if they do this with health, they can do it with education and other programs.

Mr. McGovern: I spoke to some members of the committee. Their objectives are laudatory, but they are not aware of the possible consequences. We need to educate them on how this would hurt us, and to propose alternatives.

Dr. Abramowitz: One alternative would be to require matching funds.

Mr. McGovern (in response to a question from Mr. Camhi and Dr. Abramowitz): The proposed change in methodology comes from the Institute of Medicine Report (presented earlier this year to the Council). The HRSA committee does not want to create a negative incentive, but are not aware of how the NYS Medicaid program works. They want to make any changes from a public health perspective, but the HRSA committee has been given a charge from the White House.

Dr. Stackhouse: The Policy Committee should do more work on this and present to the full Council.

Mr. Hemraj: The formula change could be about redirecting funds to states that supported the administration in the last election.

Agenda Item #6: Planning Council Leadership

Dr. Stackhouse: Noemi Nagy is planning to resign from the Council for personal reasons. As per the by-laws, Mr. Hemraj will be acting Community Co-chair until a new election held at the January meeting to fill the remainder of her term (through October 2005). We will distribute nomination forms at the December Council meeting. I think there will be a smooth transition.

Mr. Ng: I move that we send a heartfelt thank you to Ms. Nagy recognizing her diligent work and saying how much we will miss her. [Motion carried unanimously]

Dr. Stackhouse: We will have something by December meeting.

Mr. Hemraj: Happy holidays to everyone.

Mr. Abadia: Copasetic Women is having an event to raise awareness of HIV and women.

Ms. Curry: This is an important event for us. RSVP and bring a friend.

Mr. Hemraj: Thanks to DOHMH for recognizing Just Kids Foundation at Mayor's World AIDS Day event at Gracie Mansion.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on February 9, 2005