Meeting of the

EXECUTIVE COMMITTEE

Thursday, March 10, 2005
2:45-4:30PM
Friends House, 130 East 25th Street

M I N U T E S

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

Staff Attending: *OAPC:* G. Moon, R. Shiau, S. Bailous, R. Molina, I. Gonzalez, C. Silva, B. Barusek; *DOHMH:* S. Kellerman, MD, J. Park; *MHRA:* R. Miller

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Agenda Item #1: Welcome/Introductions/Minutes

Dr. Stackhouse and Mr. McGovern opened the meeting.

Ms. Carroll introduced the moment of silence.

Dr. Stackhouse: I am happy to introduce Dr. Scott Kellerman, the new Assistant Commissioner for HIV Prevention and Control.

Dr. Kellerman: It's a pleasure to be here and I'm looking forward to learning more about the Council and to working with you.

The minutes of the February 10, 2005 meeting approved unanimously with no changes.

Agenda Item #2: Public Comment

M. Gold: Welcome to Dr. Kellerman on behalf of the PLWHA community. I was at the recent African-Americans and AIDS Conference in Philadelphia, where I spoke of Medicaid/Medicare changes that will be devastating for PLWHA. PLWHA will lose many benefits. Also, this weekend, there will be a town hall meeting on HIV prevention issues, which was partially precipitated by the recent new strain of HIV.

J. Livigni: At a recent conference on women, I learned that many women living in poverty are HIV infected but are not counted as HIV-positive. Also, GMHC's AIDS Walk is coming up, please participate.

Agenda Item #3: Committee Reports

Mr. McGovern: We will spend more time than usual on Committee reports so that everyone is up to date on the various mandates of each committee.

Dr. Grimaldi: The Integration of Care Committee has had very productive meetings on the 2005-8 Comprehensive Strategic Plan for HIV/AIDS Services. We have identified the following three overarching goals, which have been

accepted by the Access to Care (ATC) and Maintenance in Care (MIC) Sub-committees: 1) reduce HIV transmission; 2) increase the overall quality of care and health of PLWHA; 3) increase proportion of people who know their HIV status. Subsidiary goals are divided into three themes: access to care, maintenance in care, and systems of care. Access goals are: increase the proportion of people who know their HIV status, increase accessibility to treatment for newly diagnosed as well as people who have fallen out of care. The principle maintenance goal is to maintain people in the care system after they have entered it. The system goals are to enhance and maintain standards of care and to maintain an integrated and comprehensive care system. The next step is to present them to the ATC and MIC and the PLWHA Advisory Group. IOC will finalize them in April for presentation to the Council. The consultants, McClain and Associates, are developing the monitoring and evaluation plan, which they will present to IOC in April.

Mr. Cruz: In the summary of services that fill in the continuum, I would advise that you list medication/access to medication separately from outpatient medical care, particularly as this will be used to priority setting.

Dr. Okoroanyanwu: MIC has filled in the services in the model of care and will next review the IOC's goals and objectives for the strategic plan.

Mr. Cruz: Again, I want to stress the importance of maintaining medications as a separate element of service.

Rev. Troia: ATC has fleshed out the categories in the model, as listed in the report.

Mr. Cruz: There is some inconsistency in the number of broad services listed.

Mr. McGovern: Thanks to the committees for their hard work.

Dr. Stackhouse: I want to echo that, given the reorganization such good work is coming out of the new committees.

Agenda Item #4: FY 2005 Spending Plan

Mr. McGovern: As everyone knows, we have received our award, which reflects our strong application to HRSA. I want to acknowledge the hard work of everyone who was involved in the application, particularly its writer Michael Isbell, Jo Ann Hilger who coordinated the entire process, the Council members who reviewed it, David Klotz, who coordinated the review process and Ms. Moon and all DOHMH staff who facilitated a strong application. The award did not give us everything we wanted, but as we know, it could have been a much more difficult situation. Our award decreased by 3.4% from FY 2004, which is shared across formula (-2%), supplemental (-4.9%) and MAI (-4.7%). The New York EMA's award as a percentage of the national Title I appropriation has been decreasing over the years (39% in FY 1001 to 20% in FY 2005). A look at all EMA's awards shows that certain southern EMAs did well, particularly in the supplemental award, where there is discretion (e.g., Houston, TX).

As you know, the Priority Setting & Resource Allocation Committee (PS&RA) began planning for spending scenarios last year and approved an across-the-board cut, as well as the creation of a task force for future resource allocation processes to address concerns that there is not sufficient information to evaluate the various service categories. The task force will develop criteria for making rational choices on allocations so as to not have to resort to across-the-board cuts but make more targeted reductions if necessary.

Mr. Camhi: The cut is close to the amount of last year's carry-over. We want to spend down as effectively as possible.

Mr. McGovern: We need to acknowledge the incredible progress we've made in reducing under-spending due to MHRA's hard work. The fallout from that is that, when we have to plan for a cut, we have count on less from last year's carry-over.

Mr. Cruz: I want to emphasize that there were fewer AIDS cases nationally, which affected most EMA's formula awards. What saved New York was our application, which allowed us to pick up some of that loss in the supplemental. We did a similar analysis for Title II that shows a demonstrated shift of resources towards the south. The move towards using HIV cases for the formula award is critical.

Mr. Lesieur: The EMA was protected by the provision that EMAs will be held harmless beyond a 2% reduction in the formula award. CAEAR Coalition and AIDS Action Council are advocating for using HIV reporting. Finally, the national appropriation for Title I was cut by 0.8%, which impacted our award.

Mr. Cruz: In Washington, there is a move to eliminate the hold harmless provision, which would hurt us. We need to protect that in reauthorization.

Ms. Hilger (in response to a question from Mr. Pressley): HRSA will be sending us their analysis of the application's strengths and weaknesses, as well as the score, and we can look at that and decide how to use it.

Mr. McGovern: Last month, the Council approved the PSRA's recommendations for the award: an ATB cut up to 15%, with the exception of the following four programs, which will be held harmless beyond a 5% cut: 1) Planning and Evaluation initiatives; 2) Quality Management; 3) Data Link; 4) Planning Council support. As you know, the CARE Act will be reauthorized this year. The Policy Committee will be holding a forum on the topic on April 22nd. There are several key issues in reauthorization.

Mr. Lesieur: One issue is the CARE Act's title structure. There is some concern that some members of Congress would prefer to block grant the CARE Act.

Mr. Cruz: There is a proposal to create ADAP as a separate title from Title II, which we oppose, since now Title II links medications to clinical and support services.

Rev. Troia: There is also a move to put HOPWA dollars into ADAP.

Mr. Lesieur: Another big issue is resource allocation, particularly transitioning to HIV reporting, the hold harmless provision and redistribution of funds. ADAP waiting lists has been raised by the White House (some states are not required to match funds), but we do not know yet what this will mean. Boundaries of EMAs are in question (e.g., matching with census divisions of metropolitan areas). Other issues are: the list of allowable services (e.g., guaranteeing a certain minimum package of services before being allowed to fund other services), and local control of Title I funds and the role of planning councils.

Mr. Cruz (in response to a question from Mr. Pressley): AIDS Action Council is advocating for ADAP to be a separate title from Title II. Drug companies are sensitive to what bodies like NASTAD (the national Title II body) think. NASTAD has hired former New York ADAP director Lanny Cross to advocate against this. There is another critical issue - medicalization, meaning funding only medical services, not support services. This can be dangerous for New York because of New York's rich Medicaid program, which pays for the majority of medical services. We would not be able to spend our Title I dollars. We need CARE Act services to be wrap-around services to enrich Medicaid. I urge you, when advocating on the CARE Act, to think about all the resources that come into New York, not just Title I.

Mr. Lesieur (in response to a question from Mr. Petro): An expansion of the EMA would add three New Jersey counties: Hudson, Passaic and Bergen. Long Island and Dutchess Counties would remain their own programs.

Mr. Cruz (in response to a question from McGovern): There is a proposal to have direct purchasing of medications, which would be bad for New York, as we have the lowest administrative costs in the country.

Mr. Lesieur: (in response to a question from Rev. Troia): We will have a summary sheet at the forum.

Mr. Lesieur: (in response to a question from Mr. Hemraj): We can figure out what the effect of eliminating the hold harmless provision would have been once we know the AIDS case rates.

Mr. Cruz (in response to a question from Mr. Camhi): New York alone could deplete all the drugs that Canada produces. As for supplying Africa, I do not know the answer, but we would first take care of our own house.

Ms. Moon: The final FY 2005 spending plan is in your packets, formatted by the service categories approved by the Council. You can see the carrying cost – what it would cost to provide the current services at their current level, which is slightly higher than last year because of adjustments made such as restorations of reductions of under-spending (e.g., due to poor performance that has been corrected). Although the cut in the award was 3.4%, because the carrying cost of the programs has increased we actually have to come up with an extra $2 million in cuts base New York City programs. ADAP has agreed to a temporary deficit funding plan of $4M (to be identified through reprogramming dollars). Thus, to implement the approved spending scenario, there needs to be only a 1.99% cut per service category.

Mr. Cruz: The ADAP program is willing to take the risk that there might not be enough under-spending to fully fund ADAP in order to help the Council with its spending plan.

Mr. McGovern: It is worth noting that there is a fair amount of administrative labor to adjusting contracts by 1.99%.

Ms. Moon: MAI programs will be reduced by 3.28%. The exact amounts for each category is on the spreadsheet. Last year, the Council voted to have Planning Council Support linked to the grant award at 1%. It was not clear, but it is our understanding that the FY 2005 scenario is meant to use last year's dollar amount as a fixed amount and that the 1.99% reduction would be from last year's amount and not from 1% of the current award. A motion is needed to make that explicit.

Mr. McGovern: The advantage of this is that the Council support budget would not fluctuate year-to-year, allowing for longer-range planning.

Mr. Cruz: I moved that the funding allocation for Council support be a fixed amount based on the FY 2004 award. [Seconded. Motion carries unanimously.]

Mr. Cruz: I want to make clear that it is our expectation the first $4M of reprogrammed under-spending be earmarked for ADAP.

Mr. Camhi: I want to thank the State for helping the EMA through this process.

Mr. Petro: Tri-county's percentage is based on its percentage of AIDS cases in the EMA, which has dropped from 4.9% to 4.8%, which is $5.66M, minus some for administration via MHRA. Our steering committee has approved a FY 2005 spending plan that includes our commitment to ADAP through carry-over.

A motion was made to approve the spending plan, which passed unanimously.

Rev. Troia: Thanks to everyone who crunched the numbers to develop this spending plan.

Mr. Cruz: Once again, ADAP is using deficit funding to help the EMA avoid cuts in programs. HRSA is under pressure to change the way EMAs use carry-over money that would make it impossible to use this way, and we must advocate against that.

Agenda Item #5: New Business

Ms. Moon: A reminder that the Policy Forum is rescheduled to April 22nd.

Rev. Troia: We should send a thank you to the Congressional delegation for their support. Also, the issue of HOPWA cuts is part of a national HOPWA education day in Washington next month.

Mr. Lesieur: The Mayor's Office customarily sends thank you letters to the delegation.

Mr. Hemraj: I want to stress the need to do early planning for reprogramming and to get HRSA approval as early as possible.

Mr. Pressley: As an EMA, our under-spending is miniscule, but there will always be some.

Mr. Hemraj: We should strive for maximum spending without becoming complacent.

Mr. McGovern: MHRA's third quarter take-down process is working well and we should not undermine it.

Ms. Hilger: Thus the Council's next step is to begin the reprogramming process so that MHRA can have a list of items to fund as money becomes available.

Dr. Stackhouse: It is good that we were spared real pain. I want to announce that UCHAPS (a coalition of the six cities directly funded by CDC for prevention) is having its quarterly meeting in April, and will be meeting at HRSA to promote coordination between prevention, care and all the other Dept. of Health and Human Services programs.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on April 14, 2005.