



Meeting of the

## **EXECUTIVE COMMITTEE**

Thursday, June 9, 2005  
2:50-4:25pm  
Friends House, 130 E. 25<sup>th</sup> Street

### **MINUTES**

**Members Present:** B. Stackhouse (Acting Governmental Co-chair), P. McGovern (Community Co-chair), S. Hemraj (Finance Officer), S. Abramowitz, PhD, C. Cobb, H. Cruz, L. Dolloway, J. Grimaldi, MD, J. Hilger, H. Mateo, D. Ng, W. Okoroanyanwu, MD, T. Petro, T. Troia

**Staff Present:** OAPC: G. Moon, D. Klotz, S. Bailous, C. Silva, I. Gonzalez, R. Molina, R. Shiao; MHRA: R. Miller

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#### **Agenda Item #1: Welcome/Minutes**

*Mr. McGovern* opened the meeting.

*Mr. Hemraj* introduced the moment of silence.

The minutes of the April 14, 2005 meeting were approved with one clarification from Mr. McGovern.

#### **Agenda Item #2: Proposed Bylaws Changes**

*Mr. Cobb:* The Rules and Membership Committee (R&M), with much help from HRSA consultant Emily McKay, has proposed changes to the Council's bylaws. Some changes, like the addition of a table of contents and a definition of terms, make them consistent with other EMAs. Other changes are specific to our EMA, such as allowing the attendance of alternates at full Council meetings to count towards the member's attendance requirements. It is important that busy advocates can be represented when they have a time conflict. Also, we proposed codifying that alternates must be from the same HRSA membership category as the member.

*Mr. Cruz:* Is it acceptable if the original member never attends?

*Mr. Cobb:* I do not think so, and so I am open to an amendment to set a minimum requirement that the original member must attend.

*Mr. Cruz:* I propose a friendly amendment that the appointed member must attend at least 50% of full Council meetings per year.

*Dr. Stackhouse:* The PPG has had the same issue, and it allows the alternate to represent the members at 2 of 7 annual full meetings.

*Ms. Hilger (in response to a question from Mr. Ng):* The bylaws already allow for illness as an excused absence.

*Mr. Cobb:* I accept the friendly amendment. Another proposed change is that when a non-aligned PLWHA becomes aligned, they count as unaligned for the remainder of the Council's yearly term. R&M proposes adding that the co-chairs have the authority to approve actions not related to Council's legislative functions and not enumerated in the bylaws in the absence of a meeting of the Council or Executive Committee.

*Mr. Cruz:* Define non-legislative functions.

*Ms. Moon:* This means duties not mandated by the CARE Act, such as signing an advocacy letter, when there is no time to call an EC or Council meeting.

*Ms. Hilger:* The selection process for alternates should be spelled out.

*Mr. Klotz:* In Article II, section 4(a), it states that members choose their own alternates, subject to approval by the co-chairs.

*Mr. Petro:* The definition of EMA is misleading that CDC takes a proactive role in the CARE Act.

*Mr. Cobb:* We will delete that reference.

*Mr. Ng:* Does an alternate have to match the member's representation in all aspects (e.g., demographic, etc.)? That could be hard to do.

*Mr. Cobb:* The requirement is only that the alternate match the HRSA membership category.

*Dr. Stackhouse:* The PPG R&M advises that alternates should be as close a match as possible (gender, race, borough, etc.), but this is only advisory.

*Mr. Cobb:* Other proposed changes are that PLWHA can appoint alternates for committees, and that committee member are appointed by the co-chairs "through open application process".

*Rev. Troia:* We should add to the section on EC composition: chair of standing Committees "and sub-committees".  
[Agreed]

*Ms. Hilger:* What is the term for committee membership?

*Ms. Moon:* I suggest three years, to coincide with the planning cycle.

*Dr. Stackhouse:* It is good to have staggered terms so that not everyone is replaced at once.

*Dr. Abramowitz:* The first two years are often learning years.

*Mr. Cruz:* We need continuity, and so it is not good to have the terms concurrent with Council members' terms. Three years is better.

*Dr. Grimaldi:* Three years may be best for productivity's sake.

*Mr. Ng:* We can look at a four year structure, and can assess attendance and replace members who do not attend consistently. Perhaps we can have, like the full Council, 2 2-year terms.

*Ms. Hilger:* It is hard to fill all the committee slots, and having term limits would make it more difficult.

*Mr. Klotz:* In addition, since the Council's beginning, there have been no term limits, and some members have participated for over 10 years and provide institutional memory.

*Mr. Cobb:* It is good to get fresh blood.

*Mr. McGovern:* Two-year renewable terms would allow for new blood. I proposed this as a friendly amendment. [Agreed]

*Mr. McGovern:* The new conflicts of interest (COI) language is less specific than previously, which could pose challenges. For example, it might not allow for voting when there is a large service category on the table and a majority of members have some conflict.

*Mr. Cobb:* Ms. McKay recommended this language for consistency with other EMAs.

*Mr. McGovern:* We need more guidance. If there is a multi-million dollar category where a majority have some conflicts, it could mean that few could vote.

*Mr. Cruz:* I agree. The AIDS Institute receives Council funds in several large categories.

*Mr. Cobb:* In the NY EMA, there are many close relationships, which has been a problem, but I can take it back to Ms. McKay for revision.

*Mr. McGovern:* I agree that it should go back to R&M for further discussion.

*Mr. Cruz:* The old language is easier to interpret.

*Dr. Stackhouse:* It also gives more guidance to allow member to judge for themselves if they are in a COI position.

*Ms. Hilger:* The old language would allow all members to vote on the spending plan, but the new may be interpreted to not allow a majority to do that.

*Ms. Moon:* We will go back to Ms. McKay for guidance.

*Mr. McGovern:* I suggest that R&M consult with Mark Barnes, an attorney with some expertise in this area.

*Mr. Hemraj:* There is no language on the appointment of Council members.

*Mr. Klotz:* This is spelled out in the CARE Act and Mayor's Executive Order, which supersede the bylaws.

*Mr. Hemraj:* Friendly amendment that we make it explicit in the bylaws that members are appointed as per the Executive Order. [Agreed]

*Mr. McGovern* restated the friendly amendments and asked for a motion to forward it to the full Council. A motion was made and seconded.

*Mr. Cruz:* Can the EC review by e-mail the changes made today before the full Council receives it?

*Mr. McGovern:* As we need to send amendments two weeks before a Council meeting, and there is no particularly urgent need to pass it now, we can wait until the July Council meeting. We could have a discussion at next week's Council meeting and vote in July.

There was a consensus to use this approach.

*Mr. Cobb:* Motion withdrawn. We will send the revised changes out for review.

### **Agenda Item #3: FY 2005 Reprogramming**

*Ms. Mateo:* The FY 2005 reprogramming timeline runs from the April EC meeting where we set criteria to final approval at next week's Council meeting. The three sources of funds for reprogramming are: uncommitted funds from FY 2005, under-spending from FY 2005, and carry-over from FY 2004. The criteria were: identify one-time, non-recurring initiatives; develop ongoing initiatives that reflect the FY 2005 priorities; implementation must not

require a full solicitation; funds may not be used for capital construction or other expenses prohibited by federal rules; funding must be spent by February 28, 2006; existing service categories should be enhanced if needs are identified; Carry-over funds may not be used for planning & evaluation initiatives, but uncommitted and underspending can be used to fund one-time P&E initiatives. The Council's first priority is fulfilling its \$4M commitment to the ADAP pools from the spending plan. Ranking of all other proposed initiatives was done twice – once with all votes, and once excluding self-disclosed COI votes from the categories where COI was identified. This did not change the outcome for one-time initiatives or for the first three on-going initiatives.

*Ms. Moon (in response to a question from Mr. Ng):* When the ranking was recalculated without COI votes, we used as the denominator the actual number of votes used.

*Ms. Mateo:* PS&RA suggests using the ranking of non-COI votes

A motion was made and seconded to approve the reprogramming plan.

*Mr. Hemraj (in response to a question from Mr. Petro):* The Finance Committee got a presentation on Year 14 close-out this month, and carry-over is only \$3.4M, which is a 3% under-spending rate (it was under 1% for MAI programs). We should applaud the grantee for such an excellent outcome.

*Ms. Miller:* Some additional reprogramming money will come from this year's uncommitted and under-spending. Since the carry-over is not enough for the commitment to the ADAP pools, the first \$600,000 from other sources will go to ADAP.

*Mr. McGovern:* The real point is that we won't be able to go far down the list.

*Ms. Miller:* Some on-going initiatives have amounts to be decided. What is the procedure if we get that far down on the list?

*Ms. Hilger:* This is only an issue for item #7 on the one-time list. For the on-going, as all are from the RFP, the grantee has discretion to go down the list of ranked proposals and fund them until funds are expended.

*Mr. McGovern:* If we get that far, we can go back to PS&RA for an amount.

The motion was carried with 2 abstentions.

#### **Agenda Item #4: New Business**

*Ms. Moon:* The deadline for comments on the draft Strategic Plan is June 24th.

*Mr. McGovern:* I want to acknowledge the work of the Integration of Care Committee and its two sub-committees and the chairs for their hard work on the plan. Also, thanks to members of Task Force on Ranking Priorities, especially the chairs, Eli Camhi and Mr. Petro. They have developed a tool that will help us greatly and are holding a 2-day retreat to complete their work for us. This is an extraordinary commitment that they are making and we appreciate it.

*Mr. Petro:* Can we get an update on reauthorization issues?

*Dr. Abramowitz:* A recent appropriations vote flat funded the CARE Act for FY 2006 except for ADAP.

*Ms. Moon:* The CAEAR Coalition board met last weekend to discuss reauthorization issues. Questions have been raised about the Minority AIDS Initiative (MAI) in the Senate, and that "money needs to follow people". While we are not sure what this means, it could be response to a Southern Manifesto claim that people migrate back to their states of birth after diagnosis. Rep. Mary Bono (R-CA) is taking the lead in the House of Representative on reauthorization, and she is considered an ally.

*Mr. Cruz:* NASTAD (the national Title II coalition) also met. We have heard that reauthorization has moved from the US Department of Health and Human Services (HHS) to the White House. President Bush has highlighted in two speeches that there should be money for minority communities, discretion in HHS over funding (i.e., formula), “medicalization”, and women and children. Also, there is no basis to claims that numbers of patients are moving from north to south.

*Ms. Mateo:* Lots of people come to NYC because of better medical treatment.

*Ms. Moon:* These discussions show that reauthorization will be a tough fight. The Policy Committee is working on our strategy, including meetings with local officials to see how we can impact the process in a positive way for New York.

*Mr. McGovern:* We will get a full report from the Policy Committee at the next EC meeting.

*Rev. Troia:* We should include HOPWA funding as part of an overall strategy.

*Mr. Cruz:* The reauthorization strategy should be all CARE Act titles, not just Title I, plus CDC and HOPWA funding.

There being no further business, the meeting was adjourned.

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