



Meeting of the
POLICY COMMITTEE

Sharen Duke, Chair

January 23, 2012
2 Gotham Place
42-09 28th Street, Long Island City, NY
1:30 pm – 3:30 pm

Members Present: Gregory Cruz, Sharon Doctor, Yves Gebhardt, Kristin Goodwin, Sandy Guillaume, Matthew Lesieur, Paul Meissner, Lucky Michaels, Jan Carl Park, Andresa Person, Gloria Searson, Dorella Walters

Members Absent: Kareem Clemons, Christopher Cunningham, Elaine Greeley, Graham Harriman, Lorna Littner, Esther Lok

NYC DOHMH Staff Present: Rafael Molina, Nina Rothschild, DrPH

Others Present: Michael Tikili

Material Distributed:

- Agenda
- Minutes from the December 19th Policy Committee Meeting
- Policy Committee List of Open and Closed Items
- Resume for Jon Bouker (CAEAR Coalition lobbyist)
- CAEAR Coalition Information on Essential Health Benefits of the Affordable Care Act
- CAEAR Coalition Information on Ryan White Program
- HRSA Website Information on Grants to EMAs and TGAs
- Healthcare.gov Information on Affordable Care Act
- VOCAL-NY State Budget Update
- Information from Public Health Solutions on Impact of HASA Housing Policy Changes on Ryan White Housing
- ABAC FY 2012 Appropriations for Federal HIV/AIDS Programs
- Planning Council Calendar for January 2012

Welcome and Introductions: Jan Carl Park welcomed meeting participants. Members introduced themselves.

New York State Budget: Matthew Lesieur provided an update on the budget introduced by Governor Andrew Cuomo. The budget does not contain any health care cuts. The State is capping the amount to be spent on Medicaid and is focusing on the language suggested by the Medicaid Redesign Team. Although Medicaid spending is being capped, Medicaid coverage for some harm reduction and hepatitis coverage – small but important changes for PLWHA – is being expanded. By 2015, the carrying costs for Medicaid will be flat. The budget also includes small increases for the AIDS Institute and for NY/NY III. Following the Governor’s submission of his budget, the Legislature has to approve it. Enrollment in managed care plans is continuing: within five years, managed care plans will basically manage clients from birth to death. Medicaid redesign is finished.

New Policy Committee Chair: Jan Carl Park announced that Planning Council member Sharen Duke, the Executive Director of the AIDS Service Center, will become the Chair of the Policy Committee.

CAEAR Coalition: The CAEAR Coalition, to which Mr. Park, Mr. Lesieur, and Ms. Duke all belong, is a national advocacy group representing cities that receive Ryan White Part A funds. Lobbyists with the CAEAR Coalition in Washington, DC do what Planning Council members cannot do with Ryan White funding – namely, advocate for issues such as reauthorization of the Ryan White CARE Act.

Policy Committee members listened in on the CAEAR Coalition monthly conference call. In December, the Department of Health and Human Services issued a policy bulletin regarding the Essential Health Benefits of the Affordable Care Act. The Affordable Care Act provides the scope of the Essential Health Benefits but does not define “typical.” It does, however, state that plans cannot discriminate on the basis of, e.g., life expectancy. Health care plans don’t generally differ all that much in terms of benefits but, rather, in terms of cost-sharing. Consumer groups have overwhelmingly stated that small group plans are not best for them. A challenge for HHS is that the state benefits mandates are not uniform across the nation. Balancing between two imperatives – being comprehensive and being affordable -- is harder than ever.

HHS will propose that Essential Health Benefits be defined by a benchmark plan selected by each state. Four benchmark plan types will be offered, and each state will choose one out of the four types. Covered services should include ambulatory care, emergency care, mental health and substance abuse treatment, prescription drugs, and habilitative and rehabilitative care.

In particular, we need to keep our eyes on prescription coverage, oral health, and habilitative services. States will pay the excess costs if, for example, a state requires that the plan cover pediatric dental care. The plans will not be prescriptive in terms of the drugs covered and will apply to anyone who seeks insurance through a state health insurance collective. The plans need to be actuarially evaluated. Jan Park noted that in New York, we are better off than in many other states because we have a bigger menu of options from which to choose. HHS's decision to punt to the states the determination about the kinds of plans to be offered was surprising.

Ryan White Update: Beginning on March 1st, clients receiving Ryan White services will need to provide proof of residency and income. Agencies providing Ryan White services will also need to seek Medicaid certification.

HASA Housing Policy: Mr. Park read the statement prepared by Gucci Kaloo of Public Health Solutions re the impact of changes in HASA housing policy on provision of Ryan White services. Kristin Goodwin noted that Housing Works has been scheduling meetings with City Council members on this topic. City Council members have expressed frustration with HASA regarding its decision to cut brokers' fees by 50%, leaving clients to find the remaining dollars; replace security deposits with vouchers; and screen for substance use. HASA Commissioner Robert Doar has stated that all HASA clients who are new or in arrears will be screened for substance abuse. If they refuse, they will have to go into supportive housing – but no additional supportive housing exists. This policy appears to conflict with the City's harm reduction approach to substance use (as evidenced by, for example, its support for syringe exchange programs). HASA is required by law to house people who are HIV+ and homeless – and yet the agency's new policy conflicts with this mission. Moreover, no research supports the idea that forcing people into rehabilitative services is helpful. HASA Advisory Board meetings are not open to the public, making it difficult to understand the decision-making process. Policy Committee members agreed to write testimony on the negative impact of HASA housing policy changes for a City Council hearing.

75/25 Core Medical/Non-Core Supportive Services Waiver: Jan Park noted that the New York EMA has not yet decided whether or not to apply for a waiver. Nationally, everyone is looking to New York to see how it configures services in the face of major changes in the health care system with Medicaid certification requirements and the implementation of the Affordable Care Act.

Adjournment: The meeting was adjourned.