



Meeting of the
POLICY COMMITTEE
Sharen Duke, Chair

December 10, 2012
AIDS Service Center of NYC
41 East 11th Street, 5th Floor
12:00 pm – 2:00 pm

Members Present: Sharen Duke, Yves Gebhardt, Adrian Guzman, Matthew Lesieur, Esther Lok, Jan Carl Park, Kimberleigh Smith

Members Absent: Kareem Clemons, Christopher Cunningham, Kristin Goodwin, Sandy Guillaume, Graham Harriman, Lorna Littner, Paul Meissner, Lucky Michaels, Gloria Searson, Dorella Walters

NYC DOHMH Staff Members Present: Amber Casey, Rafael Molina, Nina Rothschild, DrPH

Others Present: Randall Bruce, Billy Fields, Cori Madrid, Lyndel Urbano

Material Distributed:

- Agenda
- List of Policy Committee Members and Role/Responsibilities
- List of Policy Committee Member Contact Information
- Minutes from the Previous Policy Committee Meeting in July, 2012
- Change Agents Presentation
- List of Open and Closed Items
- Planning Council Calendar for December 2012

Welcome/Moment of Silence/Introductions/Review of the Meeting Packet: Committee Chair Sharen Duke welcomed meeting participants. She noted the absence of a quorum and stated that the group would not be able to make binding decisions today. She also noted that Committee members can leverage policy sources because so many Committee members do policy work. Jan Carl Park led the moment of silence. Participants introduced themselves. Nina Rothschild reviewed the contents of the meeting packet.

Role and Responsibilities of Policy Committee Members: Jan Carl Park discussed the Committee's role, noting that we have taken some directions in the past which were spot on and some in areas such as appropriations and pending legislation that were not within our purview. If the Planning Council cannot take a position as a planning body, individual members of the Council and its committees can address issues – either as individuals or as agency staff. The Policy Committee, moreover, can inform the Council about legislative or budgetary matters, even if Council members cannot officially take a position on an issue. Mr. Park also explained the difference in time sensitivity between urgent and less urgent matters: with an urgent matter, the turnaround time is 72 hours or less, and the Chair has the authority to act on behalf of the Committee. He also noted that that we are one of the few Planning Councils in the country that has a stand-alone Policy Committee.

Manatt Report: Committee members agreed to discuss the Manatt Medicaid report in January. The report concerns services, whereas the Committee's mandate is policy, but service drives policy.

Change Agents: Mr. Park delivered a presentation on change agents, starting with the treatment cascade showing the number and proportion of persons diagnosed with HIV in NYC engaged in selected stages of the continuum of care at the end of 2010. As of September 30, 2011, approximately 128,763 PLWHA were living in NYC. Compared to the CDC cascade, based on aggregate national data, the NYC cascade is actually better.

Despite a lot of challenges, President Obama's Affordable Care Act is pretty much intact, and people earning less than 138% of the Federal Poverty Level will qualify for Medicaid coverage in 2014. Between 110,000 and 440,000 New Yorkers may become enrolled in Medicaid or in insurance exchanges. Preliminary estimates are that 7% to 8% (1,540 – 1,760) of the current Part A Ryan White patient population (22,000) in New York City will become eligible for Medicaid. Currently ~ 60% of PLWHA in New York City and Tri-County are Medicaid recipients. The expansion of Medicaid may affect a number of service categories, including oral health, medical case management, substance abuse, home care, and early intervention services.

We can anticipate some attrition from our Ryan White Part A programs because PLWHAs will become eligible to receive these services from Medicaid. As a result fewer Part A clients will access medications via ADAP because they will become eligible for Medicaid or will be able to purchase health insurance through the state insurance exchanges. For those who will be able to purchase low-cost insurance, some will seek ADAP assistance to help pay for their insurance premiums. ADAP+ provides for some primary and secondary care. The Planning Council contributes close to \$10 million for medications via ADAP.

Currently, roughly 5,500 PLWHA are enrolled in our medical case management programs. We will likely see some attrition there as Health Homes take hold. Substance use programs run by New York State are abstinence-based and have historically differed from Part A programs which are structured on a harm reduction approach. Recently, the State has indicated that it is willing to accommodate some harm reduction, recovery readiness, and relapse prevention services, meaning that some Part A clients may be eligible for these services under Medicaid. The Planning Council is considering expanding oral health programs (currently there is one program in the Tri-County region). We might augment or supplant the State's Medicaid oral health programs. A new program is being set up by New York State to provide medical transportation which could impact the transportation program in the Tri-County region. Overall, the estimate is that 81% of our current Part A-funded portfolio of services will be impacted by either Medicaid reform or the implementation of the ACA.

Potential areas of growth for Part A-funded programs include critical support services such as food and nutrition, housing, legal, and supportive counseling and family stabilization services. In the coming months the Planning Council will issue new service directives for health education/risk reduction, supportive counseling and family stabilization services, and non-medical case management in anticipation of the growing need for these services. Next year, the Council will reshape medical case management and outpatient substance use services. The Council has applied to HRSA for a waiver from the required 75/25 core medical/non-core support services allocation: the NY EMA wants to allocate 70% of its award to core medical and 30% of its award to support services showing a shift in funding as a result of Medicaid reform and the ACA. We are optimistic about the waiver request but won't know for sure until we receive our grant award in March.

In New York State, Governor Cuomo is actively pursuing Medicaid redesign. The NYS Medicaid program has implemented Health Homes, which are very similar to Part A-funded medical case management (care coordination) programs. Health Homes consist of a network of organizations led by a provider. The target enrollment for Health Homes is close to 45,000. Providers have indicated that enrollment in Health Homes, currently an option for Medicaid clients, is not as robust as the State would like. Early last year the Grantee commissioned a study of Medicaid reform, the Manatt report, to help the Council understand what Medicaid reform looks like for individual service categories. The Planning Council may request of the Grantee an update of the Manatt Report.

Sequestration and the Fiscal Cliff: Many health care organizations and advocacy groups are knocking on Capitol Hill doors these days. One of the major issues is raising taxes on the top 2% of the population. Sequestration is

the process of making automatic budget cuts in both defense and non-defense spending on federal programs. The Budget Control Act charges Congress with reducing the federal deficit and would bring about a cut of 8.2%. As a result of sequestration we could see cuts of roughly \$200 million to the Ryan White program. If these drastic cuts were to take effect we could see, for example, a potential waiting list of 9,000 PLWHA in the ADAP program. Without a budget deal, sequestration will occur on January 2, 2013. Currently, we are operating on a budget that is based on last year's budget. We will most likely see a reduction, although it will probably not be 8.2%, with the impact felt after March 1st. We will distribute the reduction proportionally based on the weight of the various service categories in our portfolio. No one is talking about cuts to Medicaid at this time because Medicaid consists of 50 different programs – each state has its own program. The changes related to tax cuts will be seen immediately in our paychecks.

Criminalization of HIV Transmission: We can look at policy in New York State and NYC regarding criminalization of HIV transmission. Even though we cannot take action on the issue because it involves legislation, we can educate ourselves and the Council on the issue. New York State does not have a specific law regarding criminalization of HIV transmission. Nushawn Williams, who infected a number of young women upstate with HIV, is still in civil confinement. Congresswoman Barbara Lee has a bill to advocate for the Department of Justice to set up a model law for dealing with this topic. On a global level, the United Nations has become involved as well. Newly appointed Planning Council member Adrian Guzman volunteered to make a presentation on the topic. He might even be able to bring people who have been prosecuted for HIV transmission with him.

Review of the Minutes: The minutes from the July meeting of the Policy Committee were approved and will be posted on the Planning Council website at www.nyhiv.org.

Public Comment: Yves Gebhardt spoke about a protest concerning the high price of HIV medications; about an Obamacare survival guide; and about the Manhattan HIV Care Network of which he is a member. Any material for the Manhattan HIV Care Network should be sent to Mr. Gebhardt for distribution. He also noted that Bellevue is scheduled to reopen in late February 2013. Staff are currently located at Metropolitan Hospital Center.

Adjournment: The meeting was adjourned.

Items for Follow-Up: On behalf of the Policy Committee, Planning Council staff will draft a request for an update on the Manatt report on Medicaid for the January Planning Council meeting.

At the January meeting of the Policy Committee, we will discuss technical fixes to the HIV/AIDS Treatment Extension Act.

Criminalization of HIV: Planning Council staff will invite someone from the Department of Justice to speak on the criminalization of HIV transmission.