



Meeting of the  
**POLICY COMMITTEE**  
April 8, 2009

Matthew Lesieur and Darryl Ng, Co-Chairs

**Members Present:** Susan Alston, Sean Cahill, PhD, Daryl Cochrane (alt. for Sean Cahill), Gregory Cruz, Terri Faulkner, Elaine Greeley, Rachelle Rae House (alt. for Esther Lok), Coco Jervis, Matt Lesieur, Reynolds Mulero, Darryl Ng, Jan Carl Park, Andresa Person, Dorella Walters

**DOHMH Staff Present:** Nina Rothschild, DrPH, Anthony Santella, DrPH, Elys Vasquez

**Others Present:** Victor Benadava, Gerald DeYounge, Joan Edwards, Lucy Grugett, Mallory Marcus, Christine Rivera, Charles Shorter

**Material Distributed:**

- Agenda
- Minutes from the March meeting
- ETHA sign-on letter
- Provider refusal rule sign-on letter
- Testimony by Soraya Elcock at City Council General Welfare Committee Preliminary Budget Hearings
- Policy Committee list of open and closed items

**Welcome/Introductions/Moment of Silence/Review of the Meeting Packet:** Darryl Ng welcomed participants. Members introduced themselves. Matt Lesieur led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet.

**New York State's ADAP Program: Presentation and Q&A:** The HIV Health and Human Services Planning Council of New York leverages its dollars by allocating resources to ADAP (the AIDS Drug Assistance Program for uninsured people living with HIV/AIDS) at the end of the annual planning cycle rather than at the beginning of the cycle. Policy Committee Co-Chairs Matt Lesieur and Darryl Ng invited Christine Rivera, Director of the ADAP Program at the New York State

Department of Health AIDS Institute, to speak about ADAP. In their invitation letter, Mr. Lesieur and Mr. Ng asked Ms. Rivera to address the following questions:

- What assurances do we have that the ADAP contribution which the State is withholding this year will be restored next year?
- What is the State's plan for maintaining access to the drugs if the budget shortfall of this year becomes permanent?
- What conversations is NYS Health Commissioner Dr. Richard Daines having with Governor Paterson to avoid having to implement a doomsday plan?
- What can the Planning Council do to help protect the ADAP program?
- We presume that New York State's dire finances are the catalyst for the decision to utilize the pharmacy rebates this year. We are curious about why the AIDS Institute did not touch this stockpile in previous years. The Planning Council directs some funding to ADAP. We are happy to see this money provide access to critical, life-saving medications. However, the dollars that go to ADAP could reasonably have been directed to another service category, and we are curious why NYS DOH decided not to tap into the pharmacy rebates previously - a decision which would have enabled the Council to direct some additional funding to other services.

Ms. Rivera provided information about ADAP and addressed the questions from the invitation.

- At the end of any month, 16,000 or 17,000 individuals are enrolled in ADAP.
- When looking at ADAP enrollment over time, a dip in enrollment corresponds to the implementation of Medicare Part D in January 2006.
- Seventy-three percent of enrollees are people of color.
- The proportion of women enrollees is slightly lower than their representation in the epidemic.
- Between April 2005 and January 2008, the number of active ADAP enrollees increased by 4.1%.
- Eighty-five percent of the ADAP budget goes to drugs, primarily to antiretrovirals. The medications are very expensive, and only AZT is a generic. Combination products include or will include generic components. The cost is not likely to drop any time soon, as pharmaceutical companies received an extension on their patents in return for facilitating the drugs' speedy arrival on the market. Other drugs with high utilization, in addition to the antiretrovirals, include psychotropic medication, drugs for opportunistic infections, analgesics, wasting drugs, and cardiac drugs.
- New York State funding for uninsured PLWHAs in 2009-10 will be broken out as follows: 85% for ADAP; 7.6% for ADAP Plus; 5.6% for APIC (ADAP

Plus Insurance Continuation Policy); 0.3% for home care; and 1.4% for operations. Operations encompasses participant services, fiscal services, outreach and technical assistance, QA/evaluation/system support/administration.

- Seventy-one percent of uninsured care program resources go to New York City, and 5% go to the lower Hudson.
- The uninsured care program is funded as follows: 5.4% from Part A; 41.1% from Part B; 52.4% from recoveries; and 1.1% from New York State. The term “recoveries” encompasses money from billing insurance companies and from billing drug companies and obtaining rebates.
- Physicians, consumers, and people with doctorates in pharmacy sit on the committee charged with determining which drugs will be available via the ADAP formulary. Ms. Rivera also accepts letters from consumers requesting coverage for specific drugs. Her goal is to provide the most services to as many people as possible.
- Step therapy - a recent policy decision that would require a patient to “fail first” on a less expensive drug regimen before being given access to more expensive HIV medications - makes no sense; it would allow a patient who turns out not to respond to the cheaper drugs to become sicker while he or she is taking them and, in the long run, will probably increase costs.
- Two types of ADAPs exist: the New York model, which operates with a network of pharmacies; and the Texas model, which involves direct purchase by a central pharmacy and allows that pharmacy to stockpile medications.
- The State contribution to ADAP will be restored next year. The Governor has a strong commitment to this program.
- Plans for the future include increasing enrollment in alternative comprehensive insurance coverage; assisting more participants with the purchase of private insurance; federal health care reform efforts; continued support from state health care reform efforts; and intensive case manager training on available health care options. High rates of case manager turnover are a problem, and the State will implement a video training for new case managers to bring them up to speed.
- A doomsday plan would require advocacy.
- Supplemental rebates are not guaranteed, and Ms. Rivera has to consider all available resources now and in the future for planning purposes. Her program needs to move aggressively in terms of recoveries from pharmaceutical companies.
- Ms. Rivera is looking to the Planning Council to help her spread the word that the State has a strong commitment to the ADAP program.
- In a few years, we will know more about Congressional health care reform efforts.

**CAEAR Coalition/Health Care Reform:** Mr. Park stated that he just returned from making visits to Capitol Hill in Washington as a member of the CAEAR Coalition. The CAEAR Coalition advocates on behalf of Part A and Part C recipients. It was announced that Mr. Park, a member of the Coalition's PLWHA Caucus, was elected as an At-Large Member of the CAEAR board of directors. Legislators and their staff are interested in passage of a comprehensive health insurance bill before focusing intensively on Ryan White and are talking about a three-year extension of Ryan White without major changes.

### **Federal, State, and City Budget Cuts:**

Federal Budget: President Obama has promised an increase in HIV funding. Although the Council wrote a letter to Governor Paterson, Mayor Bloomberg, and the chief executives of Westchester, Rockland, and Putnam urging that FMAP (Federal Medicaid Assistance Percentage) funds from President Obama's stimulus package go to preserving and strengthening New York's ambulatory health care safety net and to bolstering HIV/AIDS services, New York is not receiving as much funding as hoped.

State Budget: The New York State budget is relatively good but presents challenges for AIDS specialty care nursing homes. It does not cut SSI benefits, and people on public assistance will see a 10% increase in the amount they receive.

City Budget: Planning Council Community Co-Chair Soraya Elcock testified on the City's preliminary budget. Policy Committee members discussed how to continue to track the impact of potential budget cuts, noted that other hearings on the budget will take place, and discussed whether or not to conduct visits to City Council members. The proposed HIV-related cuts are to prevention rather than to treatment and care.

**Review of List of Open and Closed Items:** Jan Carl Park reviewed the list of open and closed items.

HIV Travel Ban: White House AIDS Czar Jeff Crowley informed NAPWA (the National Association of People with AIDS) members that the lifting of the HIV travel ban is simply a matter of time. The Office of Management and Budget under former President Bush had expressed concern about costs associated with lifting the ban because the ban keeps out approximately 500 people per year. The costs will balance out, however, if the cost of applying for a visa to the US is raised by \$1 dollar.

ETHA: Mr. Lesieur provided a brief history of the Early Treatment for HIV Act. In many states, Medicaid does not cover individuals who are low-income and HIV-positive but do not yet have AIDS. ETHA would expand Medicaid to cover people who are HIV-positive. New York already has a waiver to cover low

income individuals who are HIV-positive but do not have AIDS, so the proposed legislation does not directly impact on this EMA. New York, in fact, has demonstrated the cost neutrality of providing Medicaid coverage to HIV-positive individuals by agreeing to place everyone in managed care, thereby achieving cost savings. A study by Deloitte, moreover, showed that ETHA would save money over time because patients stay healthy for longer, avoid hospitalizations, hold jobs, and pay income taxes. ETHA has been reintroduced with forty sponsors. Different states have different Medicaid programs, and some are more generous than others. One of our goals is to ensure that the benefits provided are comprehensive when Medicaid expands in other states to include HIV-positive persons.

**Review of the Minutes from the March Meeting:** The minutes from the March meeting were accepted.

**Adjournment:** Mr. Lesieur and Mr. Ng thanked everyone for attending. The meeting was adjourned.