

HIV Health and Human Services Planning Council

Meeting of the

EXECUTIVE COMMITTEE

February 5, 2004

2-5pm

Friend's House, 130 East 25th Street

MINUTES

Members Attending: F. Oldham, Jr. (Governmental C-chair), N. Nagy (Community Co-chair), S. Hemraj (Finance Officer), R. Abadia, S. Abramowitz, PhD., E. Baez (for M. Wainberg, MD), R. Chavez, J. Brown, T. Hamilton, S. Halperin, CSW, M. Hill, PhD, H. Melore, D. Ng, T. Petro, J. Pressley, E. Santiago

Members Absent: M. Barnes, G. Brown, MD, R. Busan, H. Cruz, B. Curry, A. Paige-Bowman, P. Stabile, T. Troia

Staff Attending: *OAPC:* R. Cordero, D. Klotz, S. Bailous, G. Moon, C. Mosely; *DOHMH:* J. Hilger; *MHRA:* J. Verdino, B. Carroll

Guest Attending: S. McCarthy (HRSA)

Agenda Item #1: Welcome/Announcements/Minutes

Mr. Oldham and Ms. Nagy opened the meeting followed by member introductions.

Mr. Oldham: We are proud to welcome our HRSA Project Officer Sheila McCarthy, who has been extremely supportive of our EMA, providing us with technical assistance to help us improve our functioning.

Ms. McCarthy: I sat in on the By-laws and Finance Committee meetings, and am impressed with your work and progress.

Mr. Hemraj introduced the moment of silence.

Mr. Cordero reviewed the meeting packet.

Mr. Oldham: On March 18th, the Planning Council will meet in the Bronx for the first time.

The minutes of the January 8, 2004 meeting were approved unanimously with two changes – from Mr. Halperin to reflect that the Infrastructure Workgroup also participated in the April 2003 reduction planning process, and from Ms. Hamilton to reflect that there are no HHC basic primary care facilities on SI, but there are long-term care facilities.

Agenda Item #2: Spending Scenario B

Mr. Pressley: I would like to acknowledge the members who participated in the sub-committee, which the Executive Committee (EC) voted for at the January 8th meeting to revise the principles for planning. The timeline is for the EC to approve all spending scenarios by its February 19th meeting, for approval by the full Planning Council at its March 4th meeting. The new principles for a reduction would only be implemented after award notification if there is a reduction. The sub-committee suggests a process of appeal needs to be put into place for services that are selected for prioritization of reduction of services (see Planning Council Grievance Procedure for applicability). The sub-committee recommends that each workgroup identify a minimum percentage in potential service category reductions, using the core

principles: 1) maintain Title I base funded services that provide access to and maintenance in quality HIV/AIDS primary care, 2) Coordinate Title I services with other existing resources, 3) Utilize the best available accurate and detailed information to determine service gaps, potential impacts of cuts, relevance of Title I services, and the ability of services to adequately meet the needs of the current epidemic, and 4) Ensure that Ryan White Title I funds are the payer of last resort. This was emergency planning, but we should incorporate it into planning for next year.

Mr. Pressley (in response to a question from Ms. Hamilton): the listed populations are from the special populations in the applications. As we plan for FY 2005, we should look at what populations we want to include.

Mr. Halperin: This looks like a modified across-the-board cut, but done with more workgroup input.

Mr. Pressley: Every workgroup would be asked to take a cut. It is good that we are giving them guidance. If a workgroup decides that it cannot cut anything, then it will go to the EC.

Mr. Ng: The workgroup recommendations will come to the EC, which looks at the big picture and may not follow all workgroup recommendations.

Ms. Hilger: The goal was not just to reduce by a certain percentage, but to prioritize.

Mr. Hemraj: A workgroup can decide to cut an entire category.

Mr. Ng (in response to a question from Ms. Melore): We did consider that some workgroups have larger portfolios than others, as well as looked at other factors, such as cost effectiveness, but decided that we could not operationalize that now.

Mr. Pressley: The EC and full Planning Council will review and approve all workgroup recommendations.

Mr. Hemraj: I move to adopt the EC sub-committee recommendations.

The motion to adopt the revised principles for Scenario B was seconded by Mr. Ng and passed unanimously

Agenda Item #3: Public Comment, Part I

C. Norwood: As a member of the 718 Coalition, congratulations on having your first Planning Council meeting in the Bronx on March 18th. Also, good work in getting all 26 points on the application for the conditions of grant award. I am concerned that a recent HASA RFP is intended as a single-source contract for a Manhattan-based provider. Is there any Ryan White money in that RFP?

M. Gold: As the Planning Council restructures, the PWA/HIV Advisory Group should be on the same level as the other committees.

B. Williams: Thank you for meeting here at Friend's House. On March 10th, there will be a training on the Violence Against Women Act and how to help immigrant women who are battered. The Planning Council needs an immigrant workgroup.

Agenda Item #4: Spending Scenario C

Ms. Nagy: To date, we have approved scenario A (flat funding), using overall planning principles, based on principles from the application.

Mr. Hemraj: Scenario C (increase up to the total application request of \$14 million) begins with \$16 million to the ADAP pools, plus any available carry-over. The EC can discuss restoring the pools up to a commitment level it formerly received. Other elements of scenario C are: fully fund ranked new priorities (either completely in rank order, or one program in each until funding runs out), restoration of 3.16% across the board cuts imposed during FY 2003 = \$1.6M, a 3% Cost of Living Adjustment (COLA) to all Title I contracts = \$2.5M, and \$420,000 for new Planning and Evaluation (P&E) initiatives for unit cost and unmet need analysis.

Ms. Verdino: To clarify, if there is an increase, would any new money go to the ADAP pools up to the Planning Council's commitment, or would 29% of any increase go to the pools and the remainder to the new priorities?

Mr. Cordero: If we get an increase of \$14M, ADAP gets \$16M and all carry-over. The EC can discuss increasing the base commitment to the pools to previous levels (the highest was \$21M).

Ms. Nagy: If we only get a small increase, do we want it all to go to ADAP?

Mr. Cordero: This scenario is guidance. We will reconvene after the award is announced to pass a final spending plan.

Ms. Hilger (in response to a question from Ms. Verdino): The task at hand is to decide what to do with various levels of increase in the award (e.g. \$1M, \$2M, \$3M, etc.), and how much to commit to the ADAP pools and other initiatives.

Mr. Baez: What is the impact of not committing \$21M to ADAP? Will the AIDS Institute have to cut back on the formulary or restrict benefits?

Mr. Cordero: It is difficult to discuss without an AIDS Institute representative here. The ADAP program has in place a four-tier cost-saving plan.

Mr. Pressley (in response to a question from Mr. Ng): The impetus for the new P&E initiative money is the need to fulfill the HRSA requirement to assist with using the unmet need determination and analyze unit costs for planning and do program outcome evaluation. Resources are required for these.

Dr. Abramowitz: We will know the outcome of the client level data pilot project in the Spring and will have to decide about funding a full initiative.

Ms. Hamilton: Should there be money for new initiatives, I support fully funding each category in rank order.

Mr. Cordero (in response to a question from Ms. Melore): Mr. Cruz asked the EC to consider restoring the Planning Council's commitment to ADAP.

Ms. Melore: I am not anti-ADAP, but this is akin to a funded provider asking the Planning Council for additional funding. What was the impact of the across-the-board cut this year, and how was the amount for the proposed new P&E initiatives derived, as it seems high?

Mr. Pressley: There is no road map for this. Perhaps we should use the Scenario B principles for this scenario. We need to think about the best use of resources.

Ms. Verdino: Agencies have cut staff lines to respond to the across-the-board cut. Some agencies were already at capacity, but it is difficult to know the client-level impact. Also, it will take \$3M of new funding to bring the ADAP pools to the current commitment.

Ms. Nagy: ADAP has been successful in negotiating reductions in drug prices. We need additional strategies to giving all new funding to ADAP.

Mr. Hemraj: I think that ADAP should be fully funded at the highest level possible. New York has the best-run ADAP program in the country. I know of people who died while on waiting lists for ADAP in other states. ADAP is the only hope for undocumented immigrants to get care, including me, who is here because of ADAP. ADAP has the best cost-benefit ratio of any program. I move that the first \$3M of additional funds go to ADAP. (The motion was seconded.)

Mr. Santiago: Let's focus first on the basic cut to ADAP, and then figure out the rest.

Mr. Hemraj: We need to see ADAP data.

Ms. Hamilton: I support a \$19M commitment to ADAP. I will ask Lanny Cross for the data.

Mr. Chavez: We are not going to get \$14M in new money, and so let's deal with the first question of an additional \$3M to ADAP. If the increase is more, the EC can reconvene after the award is announced.

Mr. Hemraj: That is a good idea, but we need to take another look. Also, a cost of living adjustment (COLA) is important, as no increase is really a cut to programs.

Mr. Halperin: A COLA is needed for staff retention, otherwise there is staff instability that negatively affects programs.

Ms. Nagy: The Scenario B process was painful, but the result was good. We need as thorough a process for this scenario. People need support services to take their medications.

Mr. Brown: I agree that we need to revisit this with more information.

Mr. Baez: Most staff have multiple funding sources for their positions, thus COLA may not be needed in many cases.

Ms. Verdino: When there is no additional funding, agencies still give COLAs to increase salaries, but then decrease service levels to compensate.

Mr. Baez: Not in my experience.

Dr. Abramowitz: Can carry-over compensate for no increase in ADAP?

Ms. Verdino: This year, with record high spending and likely record low carry-over (which is a desirable place to be), we will likely not even fulfill the current commitment to the ADAP pools.

After the motion was re-stated, the motion failed 5-4-5 (Y-N-A).

Mr. Petro: We need a course of action and input from the AIDS Institute.

Mr. Santiago: We need to look at what will get us the best bang for the buck.

There was a consensus to re-examine Scenario C at the February 19th EC meeting, with additional information from the AIDS Institute on ADAP) and more information on the cost of the P&E initiatives.

Follow-up/action items (Responsible parties/timeline)

- Get further information on ADAP and impact of various funding levels (OAPC staff, AIDS Institute/Prior to next EC meeting)
- Get further information on cost of proposed P&E initiatives (OAPC staff/Prior to next EC meeting)
- Summarize discussion to date (OAPC staff/prior to next EC meeting)

- Reconvene to finalize Scenario C (EC/Feb. 19th)

Agenda Item #5: Grantee Report

Ms. Hilger: Two new MAI-funded contracts were executed in September. Seven base funded TA contracts were awarded in July. HIVCS/MHRA continued working with contractors to implement the FY 2003 budget reductions approved by the Planning Council involving contract termination, budget take-downs and across-the-board cuts. One-time take-downs on current contracts resulted in a \$970,000 savings. Contract renewals are being completed. We asked HRSA for small amount of additional carry-over for ADAP, but we may not get HRSA approval in time for this year, and so will ask for FY 2004. The FY 2004 Title I grant application was printed with color maps and is about to be mailed out by the Office of AIDS Policy. A large committee looking at how the EMA will implement the unmet need framework.

Ms. Hilger (in response to questions from Ms. Hamilton and Mr. Pressley): Agencies for the client level data pilot project were selected for wide variety (large, small, experienced and not with data). The Data Committee would be an appropriate place to review the project.

Mr. Halperin: I think that the Data Committee is the proper place to review this.

Ms. McCarthy (in response to a question from Mr. Petro): There has been some misinterpretation of the unmet need framework. In the early days of the CARE Act, people were dying and Ryan White was meant to help them live with dignity until the end, and so funded many supportive services, and there was some used for things like dog walking. Combination therapy changed everything. The HRSA HIV/AIDS Bureau was run by a doctor, and the focus was on getting people into primary care, and any support services being linked to that. The 2000 CARE Act amendments institutionalized that. We are not saying that you have to use funds for primary care, but you need to be sure that the population you serve is in primary care. In New York, the majority of PLWH are covered by Medicaid or ADAP. Looking at unmet need and medical indicators is meant to find populations not in care.

Ms. Verdino (in response to a question from Mr. Halperin): The American Red Cross issued a press release before a contract was signed, but we expect a smooth transfer of the transportation contract to Project Hospitality.

Mr. Halperin: I am concerned that the Salvation Army has a Title I contract, given their new focus on religious requirements for employees. Are there religious requirements for our contracts?

Ms. Verdino: This issue is on our radar screen, and we will pay attention to their employment policies.

Mr. Oldham: I want to stress the importance of tomorrow's Data Day 3, where Ms. McCarthy will reiterate what she said here.

Ms. Melore: The grantee's written report should be dated.

Mr. Petro: Beginning with Year 13, the HIV Planning Council voted to use living AIDS cases instead of cumulative AIDS as the measure by which the Tri-County's percentage of the Title I award would be based. With that decision, in Year 13 Tri-County received 4.9% of the Eligible Metropolitan Area's (EMA) award. That same percentage holds for Year 14, and therefore we respectfully request approval to allocate 4.9% of the total Year 14 EMA Title I award to the Tri-County region.

Mr. Petro (in response to questions from Ms. Melore and Mr. Halperin): We use AIDS and not HIV data because we have only had HIV reporting since June 2000. Doing this now will give the Tri-county Title I Steering Committee time for planning for FY 2004. I move that the EC endorse allocating 4.9% of the total award to Tri-county, based on living AIDS cases. The motion passed 12-0-2 (Y-N-A).

Agenda Item #6: Public Comment, Part II

D. Miller: Abbott Pharmaceuticals is increasing the price of Norvir by an unprecedented 400%, which will impact HIV funding. Norvir potentates most protease inhibitors. 1600 doctors, scientists, etc. have signed a letter banning Abbott representatives from marketing in their offices. We have to rally advocates to help fight this. Abbott says this will not affect Medicaid or ADAP pricing, but this is not true, and the Planning Council should look into this. If Abbott succeeds, other pharmaceutical companies will do the same.

Agenda Item #7: New Business

Mr. Abadia: The PWA/HIV Advisory Group's March meeting will be in the Bronx. Please e-mail the flyer to the full Planning Council. Also, the Advisory Group is encouraging our members and everyone in the PLWH community to register for the upcoming primary and fall general election.

Mr. Brown: If you moved since your last vote, you need to fill out the form with your change of address.

Mr. Cordero (in response to a question from Mr. Halperin): 93 people are registered for Data Day as of this morning. A majority are workgroup members.

Ms. McCarthy: As you see from today's discussion, it is hard to do planning every year, and I applaud your efforts and commend you for working hard together. People were respectful even when they disagreed. I am your best advocate in Washington for your grant, and I think you've come long way in last six months.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on February 19, 2004

Frank J. Oldham, Jr.
Governmental Co-chair