Meeting of the HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Thursday, December 20, 2018
3:05-5:00 PM
LGBT Center, 208 W. 13th Street, New York, NY

MINUTES


Staff Present: DOHMH: D. Wong, M. Lawrence, J. Colón-Berdeca, A. Guzman, A. Thomas-Ferraioli, A. Azor, J. Kirkland, T. Gardet; Public Health Solutions: C. Nollen, B. Carroll (by phone), G. Kaloo; WCDOH: J. Lehane, PhD; NYSDOH AIDS Institute: Matt Gannon; J. Corbisiero (Parliamentarian)

Agenda Item #1: Welcome/Moment of Silence/Introductions/Minutes

Mr. Park and Mr. Lesieur opened the meeting, followed by introductions. A moment of silence was held in honor of Rafael Molina, former Council staff member, who passed away last week. Rafael had been the Council’s community coordinator, working with consumers on the Council, the Consumers Committee, the former PLWH Advisory Group and the community to bring them into the Council and engage them in the planning for Ryan White Part A services, both at the Council and before on the AIDS Hotline. He also helped connect people to care and advocate for people who had issues with HIV services. Rafael was a beloved member of the team through his retirement several years ago, and as an advocate.

The minutes of the November 29, 2018 meeting were approved with no corrections. Mr. Wong reviewed the meeting packet. Ms. Kirkland will keep a log to coordinate the use of the Council’s conference call line.

Agenda Item #2: Grantee Report

Mr. Harriman reported that Recipient (Grantee) and Planning Council staff/representatives attended the 2018 National Ryan White Conference on HIV Care and Treatment in Maryland last week. The conference convened HIV care and treatment providers, Ryan White HIV/AIDS Program recipients, planning bodies and stakeholders to discuss topics relevant to this year’s theme of “Catalyzing Success: Advancing Innovation. Leveraging Data. Ending the HIV Epidemic,” recognizing the Ryan White Program’s commitment to the national goals for ending the HIV epidemic. This year’s conference included four plenaries, over 240 workshops, eight institutes, 184 poster sessions, and auxiliary meetings on special topics critical to the work of HRSA’s Ryan White HIV/AIDS Program. Highlights from the conference include the opening plenary session featuring federal leaders from across the U.S. Department of Health and Human Services (HHS) highlighting the success of the Ryan White HIV/AIDS Program, the challenges that lie ahead, and the Departments’ efforts to end the HIV epidemic, Day 2 and Day 3’s plenary sessions highlighted how
innovation and data are leveraged to change planning and service delivery to address health disparities, and how developing partnerships within jurisdictions and establishing roles in the creation and implementation of plans to end the HIV epidemic. HRSA also released their 2017 RWHAP Client Level Data Report, documenting improved viral suppression rates for RWHAP clients. Mr. Park noted that Council staff and members attended the conference and there should be a way to share the information gleaned there.

Public Health Solutions/Contract and Management Services, on behalf of DOHMH, released a Request for Proposals (RFP) on May 25, 2018 for Part A programs in the Tri-County region. This was a competitive procurement process open to all eligible applicants. Periodic competitive procurement allows the DOHMH to identify new, as well as existing, contractors who can respond to emerging needs and priority populations and to fund emerging models known to improve health outcomes. A summary of the awards issued for all eight services categories and information on the geographic distribution of services in Tri-County was distributed. It should be noted that all Ryan White Part A (RWPA) service providers can provide services to people from throughout the EMA. In a competitive procurement, all proposals deemed responsive are evaluated and all proposals evaluated as fundable are considered for awards. The steps include: Administrative review by Public Health Solutions to determine that applicants meet the eligibility criteria as detailed in this RFP; Eligible proposals undergo a content review by three reviewers; Proposals are evaluated and scored based on responses submitted in the application, not on the reviewers’ knowledge of the contractor. The NYC DOHMH reserves the right to award contracts in such a way as to assure: adequate geographic distribution of services; and/or adequate access to services by populations that are disproportionately affected by the HIV epidemic; and/or adequate access to service by priority populations identified by the Planning Council. A list of awardees was distributed. The Tri-County Steering Committee is considering requesting additional resources for Housing, and so current contracts are being extended until the allocation is finalized (there will be no disruption in services). There was uncertainty in the Committee about the capacity to absorb more funding in this category and more information will be brought to the next meeting. Mr. Carr noted that Tri-County has oral health services, and it would be helpful to NYC to learn what services are provided as consumers consider requesting those services in NYC. Mr. Lesieur stressed the need for any discussions about new service categories be brought into the formal planning process through the appropriate committees. Dr. Lehane added that all the providers who were awarded contracts have previous experience as RWPA providers, but this is a new constellation of services with revised program models (and one completely new category – Emergency Financial Assistance). Any programs that are ending will have a transition plan to transfer their clients to new providers.

On December 19th, the Grantee submitted the estimated unobligated balance (UOB) that the Council approved in November to HRSA. The UOB is an estimate of unspent funds to be carried over into the next year for program use. Each year the Grantee must submit the UOB to HRSA by December 31, 2018. In addition, the grantee received notice the Core Medical Services (CMS) waiver had been approved for FY2019. The waiver allows the Grantee to implement that spending planning approved by the Planning Council allocating less than 75% of program funds to HRSA-defined core medical services.

DOHMH released its new HIV Surveillance Report, which showed a historic low or new HIV diagnoses, with 2,157 New Yorkers newly diagnosed last year. According to the data from the 2017 HIV Surveillance Annual Report, newly diagnosed cases declined 5.4% from 2016. The number of new HIV diagnoses in New York City has decreased by 64% since HIV case reporting began. The number of new HIV diagnoses among women, including cisgender and transgender women, decreased by 11.6%, with declines among Latina, Asian/Pacific Islander, and Black women (28%, 21%, and 8% decline, respectively). There was a 3.6% decline in HIV diagnoses among men, including cisgender and transgender men. New diagnoses among MSM remain stable. MSM, particularly MSM of color, continue to be disproportionately affected by HIV. In 2017, of all men newly diagnosed with HIV in New York City, 74 percent were MSM; of all new diagnoses among MSM, 73 percent were Black or Latino MSM. The Health Department’s data also show a 6.7 percent decrease in new HIV diagnoses among transgender individuals in New York City from 2016 to 2017. More New Yorkers with HIV are receiving care and achieving viral suppression. In 2017, 80% of
people were linked to care within 30 days of their HIV diagnosis, compared to 65% in 2013; and among people receiving HIV medical care in New York City in 2017, 85 percent were virally suppressed, compared to 79% in 2013. This progress is especially important in light of “Undetectable = Untransmittable,” (“U = U”), the evidence-based finding that individuals with HIV who are taking antiretroviral medicines and maintain an undetectable viral load for at least six months do not sexually transmit HIV. The full report is available on the DOHMH website. There are multiple factors for the decline (PrEP, treatment as prevention, etc.), but it is difficult to isolate the most important factor.

Mr. Park noted the Council’s Committee draft work plans for the planning cycle, which were distributed in the meeting packet. It is a living document that will be discussed and reviewed by the Executive Committee.

Agenda Item #3: Policy Update

Mr. Guzman reported that Mayor de Blasio has appointed Dr. Oxiris Barbot as the new NYC Health Commissioner. She has been Acting Commissioner since Dr. Bassett resigned. She previously served as health commissioner for Baltimore. On December 17th, Governor Cuomo delivered a speech outlining his 2019 Justice Agenda, a set of proposals to ensure economic, social, and racial justice. Highlights include: Protect Quality, Affordable Health Care; Codify Reproductive Rights; Enshrine Gender Equality into Law; Keep Housing Affordable; Protect LGBTQ Rights (including passing a law prohibiting discrimination against transgender people).

The current spending bill funds major parts of the federal government through Friday, December 21, 2018, and if Congress and POTUS fail to come to an agreement before then, the U.S. will face its third partial government shutdown in less than a year. One option is to pass a short-term funding extension, or continuing resolution, to buy more time. On Wednesday, December 19, 2019, Senate Majority Leader McConnell announced a deal on the Senate floor to extend government funding through Friday, February 8, 2019, with House and Senate Democratic leaders signaling support. Even if Congress passes the bill, it is unclear whether POTUS will sign any agreement that fails to meet his demands for funding for a construction of a wall along the U.S./ Mexico border.

On December 14th, a federal judge in Texas struck down the entire Affordable Care Act (ACA), finding that since Congress had eliminated the fine for not complying with the individual mandate in 2017, the mandate is now impermissible under Congress’s taxing power and thus unconstitutional. The judge did not enjoin the ACA, meaning that all ACA provisions remain in effect in all 50 states and DC. The same day, a spokesperson for the California Attorney General stated that California and the other defendant 15 states, including New York, and DC would appeal the decision in the U.S. Court of Appeals for the Fifth Circuit.

On December 11th, at the National Ryan White Conference, U.S. Department of Health and Human Services (HHS) Secretary Azar announced the appointments of Carl Schmid and Dr. John Weisman as Co-Chairs for the Presidential Advisory Council on HIV/AIDS (PACHA), the first meeting of which will take place in March 2019.

On November 30th, to coincide with World AIDS Day, AIDS United and ACT NOW: END AIDS released “Ending the Epidemic in the United States: A Roadmap for Federal Action,” which calls on the federal government to declare an official goal of ending the domestic HIV epidemic by 2025 and urging it to enact legislative and regulatory policies and sufficient appropriations to achieve this goal.

Ms. Thomas-Ferraioli reported that on November 30th, HHS Centers for Medicare and Medicaid Services (CMS) published in the Federal Register a solicitation for public comments on proposed regulatory amendments to the Medicare Advantage program (Part C) and prescription Drug Benefit program (Part D) to “support health and drug plans’ negotiation for lower drug prices and reduce out-of-pocket costs for Part C and D enrollees.” The public comment period closes at 5pm on Friday, January 25, 2019. The proposed rule would allow Medicare Part D insurers to apply prior approval and step therapy, as well as other cost-
containment measures, to six protected drug classes, one of which is antiretrovirals. This would allow Part D plans to choose to apply existing cost containment strategies to the protected classes.

*Mr. Park* read a statement decrying the recent move by the Trump administration to force PLWH who serve in the military to leave their jobs.

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**Agenda Item #4: Ending the Epidemic NYC and Tri-County Committee Updates**

*Mrs. Edwards* presented an update on the Ending the Epidemic (EtE) regional committees for NYC and Tri-County. The EtE goal (developed by a task force and adopted by Governor Cuomo in a Blueprint in 2015) is to reduce new HIV infections annually in NY State to 750 by the end of 2020 through a 3-point plan: 1) Identify all persons with HIV who remain undiagnosed and link them to health care; 2) Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission; 3) Provide Pre-Exposure Prophylaxis for persons who engage in high risk behaviors to keep them HIV negative. The Blueprint has 30 recommendations to achieve the goal, as well as 7 “Getting to Zero” steps to accelerate movement towards zero infections. An EtE timeline was described, starting with the first community meetings through the end of 2020.

Regional Steering Committees (RSCs) were created to provide a forum to discuss and develop on-going ETE related efforts in the respective regions, eliminate duplication and enhance coordination among regional service providers and networks including New York Knows, NY Links, faith-based initiatives, and other local initiatives, while inviting additional non-traditional partners to the process to address new emerging regional issues. RSCs develop and implement action plans based on regional priorities; provide routine updates on progress to the AIDS Institute; and participate in the regional EtE Chairs and Co-Chairs meetings for information sharing, best practices and review of progress. There are 13 EtE Regional Steering Committees across New York State. They have accomplished: 1) Blueprint Priority Selection; 2) Completion of SWOT Analysis for each priority; Data Presentation to NYC DOHMH on prevalence rates, death rates, populations infected and impacted, and other determinants of health/factors; and development & implementation of a work plan.

A summary of priorities was given for RSCs in Brooklyn, Bronx, Mid- and Lower Manhattan, Upper Manhattan, Queens, Staten Island and Mid/Lower Hudson (including Tri-County). Priorities included: increase the number of PrEP Assistance Program providers (Upper Manhattan); institute an integrated comprehensive approach to transgender health care and human rights (Mid-Lower Manhattan), provide access to PrEP for high-risk persons to keep them HIV-negative (Bronx); continuously act to monitor and improve rates of viral suppression and ensure access to stable housing & reducing new HIV incidence among homeless youth through stable housing and supportive services (Queens).

The summary included goals, successes and challenges. Examples of goals included a Stigma Summit in Brooklyn and a TGNB advisory committee in Mid/Lower Manhattan. Examples of successes included in Queens meetings with providers to discuss viral suppression rates of shared members, and in the Bronx collaboration with local health care providers to reduce stigma surrounding HIV in clinical settings. Challenges included co-chair attrition in Staten Island and re-booting in Lower/Mid-Hudson. Mr. Reyes noted the challenge of getting public officials involved.

Some data on the number of new diagnoses was given, showing declines in NYC and NY State overall and by ethnicity. The EtE Dashboard website was explained, which has interactive data by geographic region: [www.ETEdashboardny.org](http://www.ETEdashboardny.org)

*Mr. Park* noted that a Council retreat is planned for February. More information will be announced soon.

There being no further business the meeting was adjourned.