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Colorado Department of Public Health and Environment

HIV Care Advisory Committee Meeting Minutes

Monday, February 13, 2012, 10:00 a.m. – 11:30 a.m.
Fifth Floor Board Room, CDPHE, Denver

Members Present: Judy Bagley, Jeff Basinger, Barb Cardell, Jennifer Chase, Michael Dorosh, Ernest Duff, Robert George, Ana Hopperstad, MeriLou Johnson, Celeste LeBlanc, Mary Beth Luedtke, Martha Monroe, Jennifer Pappas, Arthur Powers, John Reid, Peter Ralin, Josh Whittington

Members Absent: Karl Beck, Richard Blair, Erin Dupuis, Lucio Torres-Florez, Jessica Forsyth, Terrence Hughes, Guy Lively, Maria Lopez, Robin Valdez, Diane Walker, Danielle Willis

Department Staff Present: Bob Bongiovanni, Todd Grove, Anne Marlow-Geter, Lacy Pierce, Richard Weinert, Theresa Martinez

Guests: Mike Gilbert, Leah Manry, Ed Galisewski, Sandra Dunlap, Chris Holtzer, Kim Eggert, Jay Gill, JayDee Fredrickson, Ruth Pederson, Sandra Dunlap, Lisa Neuburg, Stewart Pappas

Introductions
Jeff Basinger welcomed members, guests, and department staff and asked members and guests to introduce themselves.

Approval of January 9, 2012 Minutes:
Meeting minutes were approved as written.

ADAP Utilization Summary: Chris Holtzer reported that the average total number of clients served is on a slight rise, but much of the utilization trends remain flat. Overall, there is a trend towards increasing expenditures, but for the most part there is a statistical flattening in expenditures, clients served, and prescriptions filled. March and April should show increases in most categories based on historical usage.

Summary of Medication and Insurance Expenditures and Projections: Bob Bongiovanni reports that the availability of resources allows the program reach the demand of the program, so at this time, the program is solvent. Should all funding and usage remain constant, funds should be sufficient for the AIDS Drug Assistance Program (ADAP) through March 2013. There is an unexpended fund balance of approximately 2 million, from now until March 2013. The April 1, 2012 federal award amount is still unknown at this time.

Committee Chair Report: Jeff Basinger declined to provide a report in order to assure that time for all agenda items would be available at today's meeting.

Committee Workgroups:
ADAP Advisory: (*see attached ADAP report)*
Upon a review from Jennifer Chase of the decision made by the ADAP workgroup regarding the addition of new formulary items, Celeste LeBlanc motioned to approve the workgroup's recommendations, and Peter Ralin seconded the motion. The motion carried unanimously with one abstention.

Upon a review of the Health Insurance Assistance Program (HIAP) changes recommended by the ADAP workgroup, Barb Cardell motioned to approve the workgroup's recommendations, and Celeste LeBlanc seconded the nomination. The motion carried unanimously with one abstention.

Medical Advisory – No Report

Pharmacy – Met on February 1, 2012, and Bob Bongiovanni reported that progress was made on the addition of testosterone and insulin to the formulary. The bulk of the meeting was spent discussing the addition of contraceptives to the formulary, and further discussion on this topic is still needed. There is a concern from workgroup members that the addition of contraceptives may inadvertently undermine prevention messages about the importance of barrier protection. Another consideration is how these medications can be ordered and delivered, without adding new workload to the clinics (at this time, certain medications in this category cannot be mailed, which would cause hardship for those receiving medications by mail). The ADAP workgroup will continue to work on this issue jointly with the Pharmacy workgroup.

Discussion Items:

A. Update on adding contraceptives/insulin/testosterone to formularies
   See Committee reports above and attached.

B. Continued clarification of HMAP, HIAP, GUSC, BTGC formularies (moving away from umbrella ADAP terminology and updating Ramsell and CDPHE websites)

   Confusion continues to occur around various uses of the term "ADAP." At times, clients and stakeholders use the term to mean "medication assistance for the uninsured." Other times, clients and stakeholders use the term "ADAP" to include insurance assistance. In an attempt to alleviate this issue, CDPHE will consistently use terms as follows:

   ADAP – the overall program, which includes separate assistance plans for the uninsured, privately insured, insured by Getting US Covered, and those insured under Medicare.
   HMAP – HIV Medication Insurance Program, which directly provides medication through a small network of pharmacies for clients without insurance
   HIAP – Insurance assistance for people with private insurance, including COBRA.
   GUSC Full Subsidy – Assistance for people who are enrolled in the GettingUSCovered Plan and who are receiving a subsidy for premiums and out-of-pocket costs.
   BTGC – the state pharmaceutical assistance program that "wraps around" coverage offered by Medicare

   This more precise terminology will also enable ADAP, its pharmacy benefit manager, and all planning groups to be clearer on formulary changes that affect specific subgroups of ADAP enrollees.

C. Medicaid update
   Bob Bongiovanni reports that 10,000 slots for adults without dependents coverage through Medicaid will be handled through a lottery system. There will be no advantage to those enrolling on April 1, 2012,

since all who submitted applications will be considered equally in the lottery system up until the actual date that the slots are awarded through random selection. It is expected that there will be no consideration of medical need when making the allocations. CDPHE is attempting to make all possible plan to ensure that this method of allocation will cause minimal disruptions of care services. At a minimum, CDPHE will work to ensure that those who receive one of those 10,000 slots will be able to retain their current physician with whom they have an existing relationship. The Department of Health Care Finance and Policy have decided that statewide allocation of available slots will be by Regional Care Collaborative Organization (RCCO) region, using poverty rates as a consideration, in an effort to improve coverage possibilities for those living in rural/frontier areas of the State.

D. Funding priorities by HRSA categories – Comprehensive Plan and Statewide Coordinated Statement of Need (due by June)
Every year as part of the Federal HIV Care and Treatment application process, Bob Bongiovanni reports to the Health Resources and Services Administration (HRSA) the categories that Part B proposes to fund. This is accomplished through historical usage, identified need, through the development of the Statewide Coordinated Statement of Need (SCSN), and the Comprehensive Plan. Mr. Bongiovanni provided handouts showing the fiscal year 2012 funding priorities (*see attached*).

The Comprehensive Plan and the SCSN are due to HRSA in June, 2012, and these documents are reflective of all the Parts of the Ryan White program, and are to be done collaboratively per HRSA requirements. This information is gained from needs assessments, provider and community-identified gaps, meetings with other funded providers, and service provision across parts. The SCSN development process is done through collaborative meetings of HRSA grantees (Parts A, B, C, D, and F). Jeff Basinger suggested the development of an ad hoc workgroup for the development of the Comprehensive Plan. Jeff Basinger, Mary Beth Luedtke, John Reid, volunteered to participate in this group, and Bob Bongiovanni will send out an announcement to his email lists to ask others to participate.

E. Language for Coalition bylaws revision to allow for dual Chair model
Peter Ralin has drafted a revision of the Coalition bylaws adding the option to operate with a dual chair model of leadership, which has been sent to the Coalition members for approval at the February 27, 2012 Coalition meeting. If the revision is approved, all committees of the Coalition can operate using a dual chair modality.

F. Participant Comment Handout from December 5, 2011 Community Forum and notice of February 23, 2012 Community Forum
A handout listing comments from the December 5 community forum was provided, and the February 23 community forum was announced.

G. Other Business

Next Meeting – March 12, 2012 from 10 to 11:30 a.m. at CDPHE in the 5th Floor Boardroom

Colorado FY 2012 Funding Priorities

Federal Part B Award from the U.S. Health Services and Resources Administration (HRSA)

Service Category	Funds Allocated	Service Type
AIDS Drug Assistance	$ 10,201,717	Core
Nonmedical Case Management	$ 776,000	Support
Substance Abuse Treatment - Outpatient	$ 562,038	Core
Outpatient Ambulatory Medical Care	$ 458,695	Core
Oral Health	$ 327,900	Core
Medical Case Management	$ 245,656	Core
Adherence	$ 222,300	Support
Mental Health	$ 193,674	Core
Early Intervention	$ 188,896	Core
Direct Emergency Financial Assistance	$ 114,356	Support
Outreach	$ 90,829	Support
Housing	$ 60,986	Support
Food Bank	$ 43,519	Support
Transportation	$ 42,187	Support
Minority AIDS Initiative Education	$ 39,522	MAI
Minority AIDS Initiative Outreach	$ 27,837	MAI
Early Intervention - HIV Testing	$ 22,940	Core
Referral	$ 11,633	Support
Linguistic Services	$ 6,511	Support
Health Education/Risk Reduction	$ 3,924	Support
Psychosocial Support	$ 3,405	Support
Medical Nutrition	$ 3,000	Core
Administrative Costs and Quality Improvement	$ 555,174	4.1% of total

TOTAL ANTICIPATED AWARD $ 14,202,701

Budget as of February 9, 2012