



Meeting of the
POLICY COMMITTEE
November 23, 2009

Matthew Lesieur and Darryl Ng, Co-Chairs

Members Present: Sean Cahill, PhD, Kareem J. Clemons, Paul Meissner, Darryl Ng, Jan Carl Park, Andresa Person, Dorella Walters

Members Absent: Susan Alston, Gregory Cruz, Elaine Greeley, Matthew Lesieur, Lorna Littner, Lucky Michaels, Susan Wayne

NYC DOHMH Staff Present: Nina Rothschild, DrPH

Others Present: Mallory Marcus

Material Distributed:

- Agenda
- Minutes from the June 24th Meeting
- Policy Committee List of Open and Closed Items
- Presentation on the Ryan White HIV/AIDS Treatment Extension Act of 2009
- Press Release from Governor Paterson's Office on the Deficit Reduction Plan
- Statement on City Budget

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet: Committee Co-Chair Darryl Ng welcomed participants. Members introduced themselves and observed a moment of silence. Nina Rothschild reviewed the contents of the meeting packet.

Review of the List of Open and Closed Items: Nina Rothschild reviewed the list of open and closed items.

- \$330 per Month: Many PLWHAs in New York are required to contribute all but \$330 dollars per month toward the cost of their housing, leaving them with approximately \$11 per day to spend on food, co-payments,

clothes, and other necessities. The Planning Council has previously taken action on this issue, sending letters to New York State Senator Tom Duane and New York State Assembly Member Deborah Glick. At the Policy Committee meeting, members were informed that the New York City Council supports lifting the requirement on contributions toward rent.

- ETHA and Health Care Reform: The Early Treatment for HIV Act, or ETHA, proposes to extend Medicaid eligibility to individuals who are infected with HIV but have not progressed to AIDS. The expectation underlying ETHA is that individuals would remain healthy for longer rather than progressing to symptomatic HIV and AIDS and qualifying for Medicaid coverage of the costs of their care. Language regarding ETHA has been integrated into the health care reform proposal in Washington, DC. One of the health care reform bills currently circulating in Washington also raises the possibility of creating an Office of LGBT Health that could potentially address sexual health questions.
- Syringe Exchange: Congressman Jose Serrano proposed legislation to lift the ban on federal funding for syringe exchange, but Republicans have attempted to thwart the proposal by establishing such strict limitations on the locations of syringe exchange programs (i.e., not within 1,000 feet of a school) as to render their implementation unfeasible.

Updates on HIV Travel Ban, Managed Care, and 24-Month Housing Policy

- HIV Travel Ban: Dr. Sean Cahill provided an update on the HIV travel ban. The rule banning the entry of HIV-infected individuals was implemented in 1987 with strong support from then-Senator Jesse Helms. Because of the rule, travelers, immigrants, and undocumented individuals were afraid to access testing, treatment, and care and, if already diagnosed with HIV prior to entry into the United States, would hide their medications rather than risk discovery. Groups including GMHC have been working for a long time to repeal the ban and made progress earlier in July 2009 when President Bush agreed to the lifting. HIV, however, remained on the list of diseases of public health significance and required administrative lifting by the Secretary of Health and Human Services. The ban was finally lifted by President Obama when he signed the HIV/AIDS Treatment Extension Act on October 30, 2009. With the official end of the ban on January 1, 2010, HIV will join the ranks of other expensive-to-treat diseases such as cancer that do not automatically bar an individual from entry into the US.
- Special Needs Plans (SNPs): Although most Medicaid patients in New York State are required to be in managed care plans, PLWHAs have been able

to either remain in fee-for-service health care or elect to participate in one of three Special Needs Plans (managed care plans specifically for people living with HIV/AIDS). New York State argues that the quality of care and outcomes are better for PLWHAs in managed care than in fee for service and wants to put all PLWHAs in New York in standard managed care or in one of the SNPs. Policy Committee members agreed that if the State does, indeed, shift PLWHAs on Medicaid into managed care, participation in a SNP would be preferable to participation in a generic managed care plan. Jan Carl Park noted that enrollment in SNPs has tripled recently in response to the anticipated implementation of mandatory managed care. Members discussed the possibility of inviting the directors of the SNPs to speak to the Planning Council. Kareem Clemons stated that consumers who are told “no” by their managed care plans in response to a request for coverage just give up. Dr. Cahill asked whether the Planning Council wants to ask HRSA not to implement managed care for PLWHAs in New York and to invite Ira Feldman to speak on managed care, but Committee members did not arrive at a decision.

- 24-Month Cumulative Lifetime Limit on Ryan White-Funded Housing: In April, HRSA will implement a policy limiting PLWHAs to a total of 24 months of Ryan White-supported housing during the course of their lifetime. Some PLWHAs may qualify for housing supported by other funding streams, but other PLWHAs (including undocumented individuals for whom Ryan White is the only source of funding) may lose their housing. Members of the HIV/AIDS community are concerned that many of these individuals will return to homelessness, stop taking their medications, and deteriorate physically and psychologically. The Planning Council already wrote a letter protesting the policy to then-Secretary of Health and Human Services Michael Leavitt in 2008. Jan Carl Park informed Policy Committee members that the Bureau of HIV/AIDS Prevention and Control’s master contractor, HIV Care Services of Public Health Solutions, has notified agencies receiving Ryan White funding to provide housing services that they will need to prepare for the termination of funding for clients who have reached the maximum time limit.

People who support implementation of the 24-month policy argue that Ryan White funds are for emergencies, not for permanent care services, but Policy Committee and Planning Council members are convinced that in a tight housing market such as New York City, where apartments affordable for PLWHAs are few and far between, many individuals may wind up homeless. Dr. Cahill asked how many individuals would potentially be affected, and DOHMH staff agreed to check with the Bureau of HIV/AIDS Prevention and Control’s Housing Director, John Rojas, about the number. Mr. Park noted that HIV/AIDS community

members fear that the 24-month service limit will also be imposed on other HIV/AIDS services. Dr. Cahill noted that the housing situation has worsened in the last two years, and that the high unemployment rate (currently 10.2%) makes it even less likely that PLWHAs will be able to find and pay for adequate housing. —

Discussion re Using Webinar Technology to Broadcast Policy Committee

Presentations: Committee members discussed the possibility of doing a presentation on New York State managed care using webinar technology and putting podcasts on the Planning Council website. One option is a joint Community Health Care Association of New York State (CHCANYS)-Planning Council webinar as a trial run of the technology for community planning purposes. Committee members agreed to do a webinar after the House and Senate versions of the health care reform bills are merged.

Ryan White Reauthorization: Jan Carl Park gave a presentation on Ryan White reauthorization. Dr. Cahill questioned whether the stated goal included in reauthorization of 5 million HIV tests per year is a set-up for failure, given that only approximately one million individuals are currently tested each year with federal funds. Dr. Cahill and other Committee members expressed discomfort with the component of the legislation regarding notification of HIV exposure for first responders. The inclusion of this feature in the legislation appears to have been motivated by advocates for first responders but seems like a throwback to earlier days of the epidemic.

Review of the Minutes: The minutes from the June 24, 2009 meeting of the Policy Committee were passed by consensus.

Public Comment/New Business: Kareem Clemons noted that he has lobbied in Albany for Drop the Rock.