Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, September 26, 2013 at 9:00 a.m.

Samantha Kuryla, Chair **Brad Gammell, Vice Chair**

Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**
2. **MOMENT OF SILENCE**
3. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Excused Absences and Appointment of Alternates
   d. Approval of 9/26/13 Meeting Agenda
   e. Approval of 7/25/13 Meeting Minutes
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
6. **CONSENT ITEMS**

Consent #1	To recommend the appointment of Debbie Wilkins to the Affected Communities seat on the HIV Planning Council.
Justification:	Ensured representation of Unaffiliated Consumers on the HIVPC
Proposed by:	Membership/Council Development Committee

Consent #2	To appoint Gary Sullivan to the Quality Management Committee
Justification:	Mr. Sullivan serves as the Director of Contracts and Performance Management at Broward House
Proposed by:	Quality Management Committee

7. **DISCUSSION ITEMS**

Discussion #1	To remove Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary.
Justification	Medications are no longer available; Hivid (Zalcitabine) has been removed from the market and Agenerase (Amprenavir) is no longer carried in most pharmacies.
Use	Treatment of HIV infection. Hivid (Zalcitabine) – Category: ARV's/ NRTIs. Agenerase (Amprenavir) – Category: ARV's/PIs.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #2	To add Risperdal (Risperidone) and Neurontin (Gabapentin) to Tier 1 of the formulary.
Justification	Recommendation by the Medical QI Network; difficult obtaining assistance through PAP.
Use/Category	Risperdal (Risperidone) treats schizophrenia and certain problems caused by bipolar disorder. Category: CNS, Anxiety, Psych, Neuro, & Autonomic Neurontin (Gabapentin) is used to treat seizures and conditions causing nerve pain. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Annual Estimated Cost	Risperdal (Risperidone) FY10-11 Cost - $810.13 (Number of clients: 17) Neurontin (Gabapentin) FY10-11 Cost - $199.78 (Number of clients: 5)
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #3	To add Wellbutrin (Bupropion) to Tier 1 of the formulary.
Justification	Generic availability; multiple purposes. It is an older drug and relatively inexpensive. Wellbutrin (Bupropion) is easily tolerated and has fewer side effects than other antidepressants. Wellbutrin was on the formulary until 2011 when it was removed due to easy access through PAP's; that is no longer the case.
Amendment	Include all formulations of Bupropion.
Use/Category	Wellbutrin (Bupropion) can be used for minor depression and smoking cessation. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Annual Estimated Cost	Wellbutrin (Bupropion) FY10-11 Cost - $4,814.21 (Number of clients: 98)
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #4	To remove Darvocet (Propox/Acet) from the formulary
Justification	Drug removed from the US market in 2010.
Use/Category	Pain Medication. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #5	To add Levaquin (Levofloxacin) to Tier 1 of the formulary.
Justification	Can be used for clients who have an allergy to Penicillin or cannot use Cipro because of a heart condition. The Medical Network agreed that the formulary would benefit from a wider variety of antibiotics and recommended Levaquin (Levofloxacin) as a good choice because: 1) It can be used to treat a wide variety of bacterial infections including Community Acquired Pneumonia, 2) It is available in generic form and is inexpensive, 3) It was previously on the formulary but removed due to easy access through PAP's which is no longer the case.
Use/Category	Treats a wide variety of bacterial infections including Community Acquired Pneumonia. Category: Antiinfectives
Annual Estimated Cost	Levaquin 500mg brand name cost: $3.30/tab; generic cost: $0.25/tab. Levaquin (Levofloxacin) cost per FLDOH in Broward County utilization: Between 1/2009-12/2010, 203 prescriptions dispensed (combination of 250mg, 500mg, and 750mg) for a total estimated cost of $550.00 using generic cost.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #6	To add Tetanus, Diptheria, and Pertussis (TDAP) vaccine to Tier 1 of the formulary
Justification	Rise of Pertussis in adults; used as one time booster along with Tetanus, Diptheria (TD) vaccine.
Use/Category	Used for immunization. Category: Vaccines.
Annual Estimated Cost	Range of cost per dose: $24.62 (CDC Cost) - $41.06 (Private Sector Cost). Proxy: FY12-13 TD Vaccine utilization - $1,881.84 (51 clients).
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion Item #	Service Category	Recommended Sweep TO	Recommended Sweep FROM	Proposed by
7	**Case Management (7)**		($15,000)	PSRA Committee
8	**Dental (2)**		($200,000)	PSRA Committee
9	**Substance Abuse (2)**		($8,947)	PSRA Committee
10	**Pharmaceuticals (3)**		($59,000)	PSRA Committee
11	**Food Bank (1)**		($164,351)	PSRA Committee
12	**Food Voucher (1)**		($30,000)	PSRA Committee
13	**Outreach (1)**		($20,000)	PSRA Committee
	Total Part A Funds		**($497,298)**	
14	**MAI Case Management (2)**		($45,000)	PSRA Committee
15	**MAI Mental Health (2)**		($35,000)	PSRA Committee
	Total MAI Funds		**($80,000)**	
16	**Ambulatory (5)**	$304,603		PSRA Committee
17	**Case Management (7)**	$24,595		PSRA Committee
18	**Pharmaceuticals (3)**	$150,000		PSRA Committee
19	**Mental Health (3)**	$18,100		PSRA Committee
	Total Part A Funds	**$497,298**		
20	**MAI Ambulatory**	$80,000		
	Total MAI Funds	**$80,000**		
	Centralized Intake and Referral (1)	$0	$0	
	Legal Assistance (1)	$0	$0	

Discussion #21	In furtherance of the County's support for the 2013 Federal Legislative Program, HIVPC similarly endorses the necessary and appropriate reauthorization of the CARE Act and the effective full funding of the HIV Continuum of Care.
Justification	To clarify HIVPC stance on CARE Act reauthorization
Proposed by:	Part A Executive Committee

8. AUGUST & SEPTEMBER COMMITTEE REPORTS

a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

August 1, 2013 *Chair: K. Creary, Vice Chair: T. Wilson*

A. Work plan item update / Status Summary:
Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA.

Work plan item 1.1 --The members moved to recommend the appointment of Debbie Wilkins to the Affected Communities seat on the HIV Planning Council.

Work plan item 2.1-- Committee members reviewed and discussed the current recruitment and retention plan implemented by MCDC. Members discussed each strategy to decide what tasks are and are not occurring as well as what the Committee can do to improve the plan. Members discussed the importance of providing recruiting materials at SFAN and other community events. A Committee member volunteered to be the point-person for placing HIVPC calendar, recruiting brochure, and HIVPC application at all SFAN and Re-entry meetings. Additionally, the MCDC Chair will now announce the following information in the MCDC report at HIVPC meetings: 1) HIV Planning Council vacancies 2) the Mentoring Program 3) Topics for HIVPC Training.

Members also reviewed the recruiting brochure and suggested mailing out approximately 30-40 copies to providers. This would prevent providers from incurring cost for printing and copying the brochure if sent electronically. It was decided that the appearance of the brochure should be revamped before sending out mass amounts. Members also discussed the importance of translating recruiting materials into the following languages: Spanish, Creole, and French.

Work plan item 5.1-- Members reviewed the current work plan to view the progress of the work being completed by the Committee. Members also briefly reviewed the policies and procedures and discussed outdated terms, the excused absences policy for alternates, and process to address change in member affiliation. Revision of the policies and procedures will occur during the September meeting.

B. Rationale for Recommendations:

Appointing the aforementioned individual still ensured that the reflectiveness of unaffiliated consumers is maintained.

The Committee will continue to table the review of current council members' applications until September; member update forms will be completed by all HIVPC members by that time period.

The Committee agreed to table further review of the MCDC Policies and Procedures until the September meeting due the remaining meeting time allotted.

The Recruitment and Retention plan and recruitment brochure will be further addressed at the October Committee meeting. Per request of the Grantee, staff will bring draft pictures that can be included on the brochure in effort to make the revamp the appearance of the material. Drafts will be provided at the October meeting.

C. Data Reports / Data Review Updates:

The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.

D. Data Requests:

The Committee requested to view the evaluation data completed by members or guests for the Council and Committee meetings for the past year in effort to conduct recruitment and retention.

E. Other Business Items:

Members reviewed and revised draft letters relating to the Mentoring Plan. Both letters are signed from the Membership/Council Development Committee. *Agenda Items for Next Meeting:* Review Planning Council Members and Seats; Review Policies & Procedures; Review and Approve HIVPC Training Survey; Review Evaluation Summary for Council and Committee meetings. *Next Meeting Date*: September 12, 2013

September meeting cancelled *Chair: K. Creary, Vice Chair: T. Wilson*

Next Agenda Items: Update Mentoring Plan; Review HIVPC members and seats; HIVPC Training Survey; Polices & Procedures; Meeting Evaluations *Next Meeting Date:* October 3, 2013

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**

August 6, 2013 ___ *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:
Work plan item 1.2 --Members received training on the scope of HIV/AIDS by Dr. Puga, Medical Director for Children's Diagnostic and Treatment Center's Comprehensive Family AIDS Program. Dr. Puga introduced recent media reports regarding the cures for HIV and Leukemia. She also discussed stories detailing possible "cure studies." Additionally, she stressed the importance of Committee members remaining in the best health possible by taking medicines, eating right, exercising, getting enough sleep, and avoiding the contraction of additional STIs. A question and answer session followed; Dr. Puga announced that she would like feedback on the patient/doctor relationship in a future hot topic session. Work plan item 1.1 -- Members reviewed a handout of their proposed social media strategy. This handout included various ways to reach consumers in order for them to attend JCCR's community events (letters, posters, press releases, PSAs, and provider websites). Members discussed having a Facebook account as well has getting more peers involved in order to attract individuals to the events. Members requested Grantee approval for a Facebook group; the Committee will receive an answer by next month. Members also reviewed research on social media strategies utilized by other EMAs. Work plan item 2.2, 3.2. -- The Committee continued their discussion on their 2nd community event: the Resource Fair. The event will take place September 24, 2013 from 5:00 p.m.-8:00 p.m. The location is still pending Grantee approval, but it will possibly be held at the African American Library. The Committee discussed the role of JCCR members on that day as well as what materials should be provided. Each member was given a "save the date" flyer. Work plan item 1.3 -- Members briefly discussed the role of peer educators and how it relates to the JCCR Committee as well as whether they should be formally trained. Some members expressed concern that they are already educating their community and wondered if this was necessary. The discussion was tabled until the next Committee meeting. Members are willing to have a peer educator speak at their next hot topic presentation.
B. Rationale for Recommendations:
JCCR Co-Chairs suggested tabling the discussion on Peer Educators due to time constraints. The Committee will need to further define what peer education means to the members.
C. Data Reports / Data Review Updates:
The Committee reviewed the Geomap of Broward County for PLWHA and AIDS case rates per 100,000 through 2012.
D. Data Requests:
Members requested Grantee approval for a Facebook group in order to advertise community events.
E. Other Business Items:
Members briefly reviewed a handout on the impact of the Affordable Care Act implementation. *Agenda Items for Next Meeting:* Finalize details of Resource Fair; Continue planning for the 3rd Community Event; Discuss Training for Peer Educators. *Next Meeting Date*: September 3, 2013

September 3, 2013 ___ *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:
Work plan item 1.2 --Members received training on peer education from representatives from the Memorial Healthcare System, Gustavo Bello and Amy Pont. The committee was informed of the role of peer educators in the community, which is to help clients navigate through the system. Peer educators help provide moral support to clients, especially if they embody fears associated with

being newly diagnosed. Members also heard about the role peer educators play in ensuring clients are adherent to their medical appointments so that they do not fall out of care. The ultimate goal is to help the client with the following: obtain independence to navigate the system themselves, keep appointments; avoid depression, obtain education, and eliminate barriers. A question and answer session followed.

Work plan item 1.3 -- Members discussed the role of peer educators and how it relates to the JCCR Committee as well as whether they should be formally trained. Some members expressed ways they could continue to help clients navigate through the system such as guiding them to Centralized Intake and Eligibility Determination (CIED). The Committee also debated whether the title of "peer educator" was important. Members feel that it is their responsibility to give clients important information. The Committee will continue to define their role at the next meeting.

Work plan item 2.2, 3.2. -- The Committee continued their discussion on their 2nd community event: the Resource Fair. The event will take place September 24, 2013 from 5:00 p.m.-8:00 p.m. at the African American Research Library. The Committee discussed the role of JCCR members on that day as well as what materials should be provided. Members volunteered to arrive at 3:00 p.m. to help set up; others will sit at the table during the assigned shifts. Each member was given flyers to promote the event, which was provided in English, Spanish, and Creole.

Members briefly discussed the 3rd Community event, which will be focused on the Affordable Care Act (ACA). Details surrounding the event will be discussed at the next meeting.

B. Rationale for Recommendations:

In order to devote time to adequately plan for the next community event, JCCR Co-Chairs suggested having no Hot Topic at the next Committee meeting.

C. Data Reports / Data Review Updates:

The Committee received the Geomap of Broward County for PLWHA and AIDS case rates per 100,000 through 2012.

D. Data Requests:

None.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Continue discussing the role of JCCR as peer educators; Continue planning for the 3rd Community Event. *Next Meeting Date*: October 1, 2013

c. **JOINT PLANNING COMMITTEE**

Aug. & Sept. Meetings Cancelled *Part A Co-Chair: Vacant, Part B Co-Chair: Kim Saiswick*

Next Agenda Items: Approve Focus Group Questions; Review HHS Indicators; Develop Linkage to Care Recommendations. *Next Meeting Date:* September 9, 2013

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

August 19, 2013 *Chair: C. Grant*

A. Work plan item update / Status Summary:

Work plan item 2.2 – Review, update and approve 3-year work plan. The Committee tabled review of the 3-year work plan pending Grantee approval.

Follow-Up on Viral Load Report Definition – The Committee heard clarification on the difference in denominators for the Viral Load Suppression measure in the HHS Indicators report and the Viral Load Analysis report in Provide Enterprise (PE).

Development of Training for Quality Management Committee – The Committee discussed development of a Quality Management Committee Training for new and existing members to educate on the purpose and goals of the QM Committee and its activities. The Committee agreed that a half-day retreat would be beneficial. Members suggested topics for the training and agreed to send additional retreat ideas to Staff.

Approve Oral Health Service Delivery Model (SDM) – The Committee was informed that the Oral

Health (OHC) QI Network reviewed their SDM. The Grantee suggested adding recommendations from the OHC study before approving the SDM. The Committee tabled review of OHC SDM until the recommendations have been added.
Approve MAI Medical Case Management (MCM) Service Delivery Model – The Committee tabled review of the MAI MCM SDM.
Medical QI Network Update - The Committee heard a review of the Medical QI Network cervical screening Quality Improvement Project (QIP). The presentation included a review of Phases I and II of the QIP, including: Definition of the HAB performance measure for cervical screening and exclusions; Current Part A cervical screening standards; Cervical screening QIP initial steps; Preliminary cervical screening rates; HIVQual studies summarizing barriers and successful interventions; 2009 Broward women's focus group findings; PE/Electronic Medical Record (EMR) review findings; Proposed exclusions; Common barriers and improvement strategies; Factors influencing cervical cancer screening in HIV+ women; Blinded agency specific findings; and Next steps.

B. Rationale for Recommendations:

1. The Committee discussed the meeting scheduled for September and voted to cancel the September Quality Management Committee meeting. Members agreed to have a QM Retreat on October 14, 2013 from 12:30pm-4:30pm.
2. Gary Sullivan, Broward House, Director of Contracts and Performance Measures, expressed interest in joining the QM Committee. Members voted unanimously to add Mr. Sullivan to the Committee.

C. Data Reports / Data Review Updates:

The Committee heard a review of the Medical QI Network cervical screening Quality Improvement Project (QIP).

D. Data Requests:

There were no requests for information/directives.

E. Other Business Items:

There was no other business.

F. Agenda Items for Next Meeting:

Standing Agenda Items, Quality Management Training Retreat. *Next Meeting Date*: October 14, 2013 from 12:30pm-4:30pm.

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

No August meeting____ __ _*Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

September 18, 2013____ ___ *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

A. Work plan item update / Status Summary:

The PSRA Committee was updated on the ad Hoc Local Pharmacy Advisory Committee's (LPAC) recommendations for revision of the Ryan White Part A formulary. The PSRA Committee ratified the following motions from LPAC:

- To delete Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary (medications are no longer available)
- To add Risperdal and Neurontin to Tier 1 of the formulary (recommendation by the Medical QI Network; difficult obtaining assistance through PAP)
- To add Bupropion (Wellbutrin) to the formulary (generic availability; multiple purposes; difficult obtaining assistance through PAP)
- To remove Darvocet from the formulary (drug removed from the US market in 2010)
- To add Levaquin to the formulary (recommendation by the Medical QI Network; commonly

used to treat CAP)
- To add TDAP to the formulary (rise of Pertussis in adults; used as one time booster along with TD).

Work Plan Item 2.1, 2.2 (Sweeps) – The Committee discussed grantee recommended sweep amounts for Part A and MAI service categories for FY13/14. The Committee approved to reallocate the following amounts *from* these Part A service categories: 1)Pharmaceuticals: $59,000 2) Case Management: $15,000 3) Substance Abuse: $8,947 4) Food Bank $164, 351 5) Food Voucher $30,000 6) Outreach $20,000 7) Dental: $200,000

The Committee approved to reallocate the following amounts *from* these MAI service categories: 1) Case Management: $45,000 2) Mental Health: $35,000

The Committee approved to reallocate the following amounts *to* these Part A service categories: 1) Ambulatory: $304,603 2) Pharmaceuticals: $150,000 3) Case Management: $24,595 4) Mental Health: $18,100

The Committee approved to reallocate the following amounts *to* the following MAI service category: Ambulatory: $80,000

The total Part A funds being swept to and from service categories is $497,298. The total MAI funds being swept to and from service categories is $80,000.

B. Rationale for Recommendations:

The Committee approved the FY 13/14 reallocations based on the Grantee's recommended sweep amount. The Grantee explained that factors associated with recommendations included outstanding billing, expended amount, average monthly expenditures, projected expenditures, and the dollar amount that providers requested. Projections were based on reimbursement requests submitted by service providers for the months of March through August.

To provide further clarification, the Committee recommended that additional justifications be provided for LPAC's motions before the HIV Planning Council meeting. Overall use of the drugs will also be provided.

Members recommended that the effective date for formulary changes begin October 1, 2013 to provide clarification.

Due to time restrictions, members agreed to table the review of PSRA policies and procedures and discussion of ACA impact on allocations until the October PSRA meeting.

Members agreed that review of the MAI Case Management service category is needed to analyze its effectiveness.

C. Data Reports / Data Review Updates:

Members reviewed FY 13/14 Part A and MAI Reallocation spreadsheet as well as utilization and cost data for drugs on the formulary.

D. Data Requests:

The Committee requested that the Grantee provide an analysis of the MAI Case Management service category at the next meeting. Components include client utilization and outcomes.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Assessment of the Administrative Mechanism; Review Policies and Procedures; Review ACA Impact on Allocations. *Next Meeting Date*: October 16, 2013.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

July 30, 2013 *Chair: Dionne Proulx*

A. Work plan item update / Status Summary:

Review Medical Network Recommendations for Additions/Removals from the Part A Formulary:

- The Committee reviewed the Medical QI Network's recommended changes to the Formulary: *Add to Tier 1-Risperidone (Risperdal), Bupropion (Wellbutrin), Gabapentin (Neurontin), Zithromax (Azithromycin), Diflucan (Fluconazole), Remeron (Mirtazapine), Levaquin (Levofloxacin), Prevnar 13, Gardasil, and Zostavax; Remove from Tier 1-Darvocet N-100 (Propox/Acet).*
- Members reviewed medications on Tier 3 of the formulary to identify medications that should move to Tier1 as a result of the end of the ADAP waitlist and consequent increased difficulty assessing medications through PAPs. The following motion was made: *To remove Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary (Tier 3). Justification: Medications are no longer available*.
- Members agreed Lipitor (currently on Tier 1) is sufficient for the Statin class and is more cost effective than the other options available on Tier 3 (Crestor, Lopid, Pravacho, and Tricor).
- Members agreed to add Risperdal and Neurontin (currently on Tier 3) to Tier 1 and noted challenges obtaining the medications through PAPs. The following motion was made: *To add Risperdal and Neurontin to the formulary (Tier 1). Justification: Recommendation by the Medical QI Network; difficult obtaining assistance through PAP*.
- A member recommended moving Megace from Tier 3 to Tier 1 since the only option for Wasting on Tier 1 is Periactin. The member noted that Periactin causes drowsiness and is not a preferred medication for Wasting. The member also noted that the PAP that provides Megace ships the medication to providers without clear dosing instructions and directions for use which can be a liability. The Committee to revisit the topic of drugs available for Wasting at a later date.
- Members reviewed the Medical Network's recommendation to add Zithromax and Diflucan (currently on Tier 2) to Tier 1 and asked to defer decision until further justification and an estimated utilization of Zithromax and Diflucan are provided.
- Members reviewed the Medical Network recommendation to add Remeron and Wellbutrin to Tier 1 (removed from the Formulary in March 2011). There was discussion on the dual prescribing purpose of Wellbutrin for smoking cessation. The following motion was made: *To add Bupropion (Wellbutrin) to the formulary (Tier 1). Justification: Generic availability; multiple purposes; difficult obtaining assistance through PAP*. The Committee requested medical justification for adding Remeron to the formulary.
- Members agreed to remove Darvocet from Tier 1 of the formulary. The following motion was made: *To remove Darvocet from the formulary (Tier 1). Justification: Drug removed from the US market in 2010.*
- Members agreed that Levaquin (not on the formulary) should be added to Tier 1 of the formulary. The following motion was made: *To add Levaquin to the formulary (Tier 1). Justification: Accept Medical Network recommendation; Commonly used to treat Community Acquired Pneumonia.*
- The Committee reviewed the Medical Network recommendation to add Prevnar 13, Gardasil,

and Zostavax vaccines to Tier 1 of the formulary. Members expressed concern over the lack of conclusive data and cost associated with both Gardasil and Zoster vaccines. The Committee supported the recommendation to add Prevnar 13, however, due to the high cost of the vaccine and the PAP eligibility requirements, the Committee requested further analysis by the Medical Network. It was suggested the Medical Network review the cost implications of adding Prevnar 13 to Tier 1 of the formulary and determine priority populations who would be vaccinated initially.

- Members discussed the Tetanus, Diptheria, and Pertussis (TDAP) vaccine and made the following motion: *To add TDAP to the formulary (Tier 1). Justification: Rise of Pertussis in adults; used as one time booster along with TD.*

Review FY12-13 Pharmacy Utilization: The Committee reviewed the FY12-13 Pharmacy. The Committee discussed the meeting schedule and agreed to meet at least 3 times per year.

B. Rationale for Recommendations:

Approval of Medical Network recommendations; difficulty obtaining assistance through PAPs; medical need.

C. Data Reports / Data Review Updates:

FY12-13 Pharmacy Cost and utilization

D. Data Requests:

None.

E. Other Business Items:

There was no other business.

F. Agenda Items for Next Meeting:

Standing Agenda Items, Review Medical Network justification for formulary additions/deletions, Review pharmacy utilization and expenditure data, Review Marketplace Exchange formularies. *Next Meeting Date*: November 2013 (exact date TBD)

f. JOINT EXECUTIVE COMMITTEE

No August Meeting *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

Next Agenda Items: TBD; *Next Meeting Date:* October 17, 2013

g. PART A EXECUTIVE COMMITTEE

August 15, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:

The Part A Executive Committee reviewed the HIV Planning Council agenda for the upcoming meeting. Committee chairs also reported on their work plan progress to ensure that goals are being met. It was noted that certain committees did not occur before the Executive meeting due to the month beginning on a Thursday.

The Committee discussed the Resource Fair scheduled for September 24th from 5-8 p.m. at the African American Research Library. Members also discussed the HIV Planning Council (HIVPC) agenda and whether the Healthcare Reform Update should be listed as a standing reporting item as well as who would give this update. The item will be a standing item on the Executive agenda; the Executive Committee will then decide whether it should appear on the HIVPC agenda for the current month. Some Committee members expressed concern about the important need to inform the community about the implementation of the Affordable Care Act (ACA). It was noted that information specific to the HIV population should be distributed as soon as possible. Other members stated that there are many unknowns with the implementation of the ACA and the Council should not rush to disperse information that may not be complete or correct.

WP Item 2.4--Nominating Committee: In order to prepare for upcoming elections, the Chair announced the appointment of Will Spencer as the Nominating Committee Chair. It was noted that the Nominating Committee should consist of at least 5 members and be reflective of the epidemic in Broward County. An email will be sent to members requesting their participation on the Committee.

WP Item 5.5--EIIHA Strategy: Members were informed that the FY 2014 Ryan White Part A grant guidance was released on August 12th and is due on October 9th. The EIIHA section is still worth the same amount as last year (33 points). The grantee representative informed the Committee that an update on the changes to the EIIHA guidance will be provided at a later date.

WP Item 2.1--Mentoring Plan: The Executive Committee reviewed the mentoring plan proposed by the Membership/Council Development (MCDC) Committee. Members discussed the issue of making the program mandatory due to the inability to establish the following: 1) specified criteria/qualification for mentors (e.g. educational level of the HIVPC process) 2) standardized training for mentors 3) core competencies of the mentoring program (e.g. topics the mentoring program will cover) 4) mentor job description. Members also questioned how the program would be fair in cases where some mentors are forcing individuals to complete the program for the maximum amount of time when it is not necessary. The Executive Committee recommended that the mentoring program remain voluntary; if mandated, it should be standardized. Members also raised the question of whether mentoring only applied to HIVPC members, excluding committee members. The Chair stated that it is the responsibility of committee chairs to educate their members. It was also suggested that mentors be educated regarding the Sunshine Law to prevent violation. Following the discussion, the MCDC chair pulled the mentoring plan from the HIVPC agenda in order to send it back to the committee for revision.

B. Rationale for Recommendations:

The Priority Setting & Resource Allocation (PSRA) Committee and HIVPC meetings were cancelled in August because there were not many items that needed to be accomplished. The Joint Planning and MCDC Committee meetings were cancelled in September to allow for more time to focus on preparing the FY 2014 Part A Grant Application.

C. Data Reports /Data Review Updates:

None.

D. Data Requests:

The Committee requested that staff include a handout at the HIVPC meetings with resource links regarding the ACA.

E. Other Business Items:

None. *Items for Next Meeting:* Review FY13/14 Reallocations. *Next Meeting Date*: September 19, 2013 at 12:30 p.m.

September 19, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:

The Part A Executive Committee reviewed the HIV Planning Council agenda for the upcoming meeting. Committee chairs also reported on their work plan progress to ensure that goals are being met.

The Committee discussed the Resource Fair scheduled for September 24th from 5-8 p.m. at the African American Research Library. It was noted that a representative from CMS will speak about ACA implementation. Members also discussed the HIV Planning Council (HIVPC) agenda regarding whether the Healthcare Reform Update should be listed as a standing reporting item as well as who would give this update. The Executive Committee decided not to list it on this month's HIVPC agenda until more information is known. However, the item will be a standing item on the Executive agenda; the Executive Committee will then decide whether it should appear on the HIVPC agenda for the current month. A discussion was held regarding Navigators providing information to the community and the lack of funding on a large scale in Broward County. Members expressed concern about clients/community knowledge.

Members discussed the issue surrounding Ryan White CARE Act reauthorization and whether it should

be actively pursued. The Committee also discussed the County's position surrounding the support of reauthorization. One member expressed concern about the Council involving itself in political lobbying. It was decided that the Council would simply state its opinion on reauthorization. Members discussed implications of Ryan White not being reauthorized and questioned whether appropriate funding will be allocated to the program without reauthorization.

B. Rationale for Recommendations:

It was recommended that By-Laws hold another committee meeting to further discuss the revision to the Grievance Policy and Procedure before it is forwarded to HIVPC for approval.

To clarify HIVPC stance on CARE Act reauthorization, the Part A Executive Committee made the following motion: In furtherance of the County's support for the 2013 Federal Legislative Program, HIVPC similarly endorses the necessary and appropriate reauthorization of the CARE Act and the effective full funding of the HIV Continuum of Care.

C. Data Reports /Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

None. *Items for Next Meeting:* Assess JCCR Community Events. *Next Meeting Date*: October 17, 2013 at 2:00 p.m.

h. **AD HOC BY-LAWS COMMITTEE**

September 19, 2013 *Chair: W. Spencer*

A. Work plan item update / Status Summary:

The Committee discussed the work it has done thus far and reviewed the remaining documents for revision. Members discussed the remaining parking lot items and made changes to the Planning Council Grievance Procedure and Form. Members voted to approve the By-Laws Grievance Policy and Procedure, Notice of Grievance for Planning Council Actions Form, and the Policy on Reporting Violations of By-Laws and Policies & Procedures. The recommended changes to the By-Laws and Grievance documents will be reviewed at another By-Laws meeting before it is approved by Executive and HIVPC.

B. Rationale for Recommendations:

The Committee continued editing the Planning Council Grievance procedure and form. The members were reminded that the new language would assign grievances to be handled by the Part A Executive Committee. This ensured that the grievance procedure was specific to Part A and that the steps to file a grievance were stated clearly. The titles of the documents were changed to reflect that this type of grievance was only in regards to Planning Council actions and decisions. Members decided to keep language relating to mediation since it is a HRSA requirement. A member will double check with NSU to confirm arbitration services.

Members reviewed a proposal sent from the Membership/Council Development Committee, which was to review the excused absence policy so that council members that are consumers will receive an excused absence if they obtain the opportunity to go to a conference or training to improve specific and direct HIV knowledge or leadership abilities, considering that the excused absence is requested in advance. Members believed that the administrative code could not be changed and the policy will remain the Council Chair's discretion. Members voted that the absence will remain unexcused until the member presents or provides a summary of the conference or training to the Council Chair within 30 days.

Members reviewed the proposal to set a maximum number of excused absences for consumer council members and alternates. Members recommended amending the policy to allowing consumers a maximum of 6 excused absences within a calendar year. Members discussed effective date of January 2014 to coincide with calendar year.

Outdated language was also recommended to be removed from the By-Laws.
C. Data Reports / Data Review Updates:
None
D. Data Requests:
None
E. Other Business Items:
No other business. *Items for Next Meeting:* Review and Revise Planning Council Grievance Procedure. *Next Meeting Date*: October 17, 2013.

9. **GRANTEE REPORTS** (up to 10 minutes)
   a) Part A
   b) Part B

10. **OTHER REPORTS** (up to 10 minutes)
    a) Part C
    b) Part D
    c) HOPWA
    d) Prevention

11. **UNFINISHED BUSINESS**

12. **NEW BUSINESS**

13. **ANNOUNCEMENTS**

14. **PUBLIC COMMENT** (Up to 10 minutes)

15. **REQUEST FOR DATA**

16. **AGENDA ITEMS FOR NEXT MEETING:** October 24, 2013 at 9:00 a.m. **VENUE:** BRHPC

17. **ADJOURNMENT**

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood FL 33020

July 25, 2013

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	
1	Kuryla, S. Chair	**X**			Volpitta, R.	Markman, N.
2	Gammell, B. Vice-Chair	**X**			Murphy, K*	
3	Creary, K.	**X**			Wilkins, D.	
4	DeSantis, M.	**X**			Thornberry, A.	
5	Dyer, L.		**X**			
6	Grant, C.		**X**			
7	Hayes, M.	**X**				
8	Bhrangger, R.	**X**				
9	Holness, Comm. D. V.C.		**X**		**Grantee Staff**	
10	Katz, H. B.	**X**			Degraffenreidt, S. (Part A)	
11	Marcoviche, W.	**X**			Copa, R. (Part A)	
12	McBain, M.	**X**			Mercer, A. (Part B)	
13	Moragne, Dr. T.	**X**				
14	Proulx, D.	**X**				
15	Roberson, C.		**E**			
16	Siclari, R.	**X**				
17	Spencer, W.	**X**				
18	Taylor-Bennett, C.	**X**			**HIVPC Support Staff**	
19	Tomlinson, K.	**X**			Crawford, T.	
20	Williams, R.		**X**		Rosiere, M.	
21	Wilson, T.		**E**		Solomon, R.	
22	Wynn, J.	**X**			McEachrane, T.	
23	Parker-Maysonet, P.	**X**				
A1	Coscarelli, M. (Alt)		**E**			
	Quorum=13	**20**	**5**		***Attended via Phone**	

1. CALL TO ORDER

The Chair called the meeting to order at 9:18 a.m.

2. MOMENT OF SILENCE

A moment of silence was observed.

3. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Approval of 7/25/13 Agenda

Motion #1	To approve today's meeting agenda		
Proposed by:	Wynn, J.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

Approval of the 6/27/13 Meeting Minutes

Motion #2	To approve the 6/27/13 Meeting Minutes		
Proposed by:	Creary, K.	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

4. PUBLIC COMMENT: None

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy

A written handout of the July 2013 Federal Legislative Report was provided. Via phone, Mr. Murphy reported that although there are no House markups to report on, the Senate Appropriations Committee has approved it's FY 2014 funding bill, which would provide funding for all parts of the Ryan White programs: $2.394 billion including $669.9 million for Part A. Senate has funded HOPWA at last year's level of $332 million. The House has not put together a draft for the human services budget; however, it has cut HOPWA funds by $32 million. It is expected that there will be more drastic cuts in the Human Services budget and specifically Ryan White in the coming weeks. Given the cuts coming from the House, level funding as a result of the House and Senate not reaching agreement on appropriations bills would be better than the cuts expected. It is likely that Congress will have to enact a Continuing Resolution to maintain government funding after spending authorizations expire in September.

Last week legislation was introduced to reauthorize Ryan White with limited scope, extending the hold harmless provisions and transitional grant area (TGA) transfer. Both provisions would continue at the FY 2013 levels at 92.5% of the previous year's award for Part A and B. If TGAs lost the case needed to maintain their status, the bill sees funds are transferred from Part A and B to incrementally decrease the funding to the jurisdiction in question. Meaningful consideration in the House is not expected due to lack of support from House leadership.

6. CONSENT ITEMS

The following consent item was presented for ratification by the Council:

~~**Consent #1**~~	~~To appoint Yolanda Reed to the Affected Communities seat~~
~~**Justification:**~~	~~Ensured that the reflectiveness of unaffiliated consumers is maintained~~
~~**Proposed by:**~~	~~Membership/Council Development Committee~~

Consent Item #1 was pulled by the Part A Co-Chair of PSRA and moved to Discussion Item #27.

Consent #2	To appoint Dr. Mark Schweizer to the Healthcare Provider seat pending completion of orientation
Justification:	Appointing this individual did not drop the percentage of unaffiliated consumers on the Council
Proposed by:	Membership/Council Development Committee

Consent #3	To nominate Donna Sabatino to the Quality Management Committee
Justification:	Broward County Prevention Planning Council Community Co-Chair; she can bring good insight from the community
Proposed by:	Quality Management Committee

Consent #4	To approve the Policies and Procedures as amended
Justification:	Review of Policies and Procedures for any needed changes are part of the annual QM work plan
Proposed by:	Quality Management Committee

Motion #3	To approve all consent items (2,3 and 4)		
Proposed by:	Wynn, J	**Seconded by:**	Katz, H.B
Amendment	Pull consent item # 1 to be become discussion item # 26		
Action:	Passed Unanimously		

7. DISCUSSION ITEMS

Discussion #1	To include 3 categories for case management 1) Medical Case Management 2) Comprehensive Case Management 3) Eligibility (CIED)
Justification:	To help prepare for the implementation of the Affordable Care Act (ACA) as well as helping to make Medical Case Management (MCM) and Non-Medical Case Management (NMCM) service categories more distinct
Proposed by:	Priority Setting & Resource Allocation Committee

The Chair of PSRA reviewed the current MCM model and explained the difference between medical and non-medical case management. The intent of this motion is to provide a truer form of MCM; CM will take place at a clinical facility by a licensed medical professional. There will be different requirements. MCM as we know of it today will not be non-medical case management or comprehensive CM. PSRA wanted to ensure that as clients transition in to the ACA insurance plans that there is both medical and non-medical case management available. It was noted that there is still a sufficient allocation for non-medical case management. Also noted that core is at 83% and support is 17%. The following motion was made:

Motion #4	To approve discussion item #1		
Proposed by:	PSRA	**Seconded by:**	Katz, H.B
Action:	Passed Unanimously		

Discussion #2	To move Oral Health Care eligibility from 300% FPL to 400% FPL
Justification:	To align Oral Health Care eligibility with Medical Care eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

PSRA explained the intention to align OHC with medical services. It was noted that OHC is likely to not be covered by ACA. The following motion was made:

Motion #5	To approve discussion item #2		
Proposed by:	PSRA	**Seconded by:**	Siclari, R.
Action:	Passed Unanimously		

Discussion #3	To make revised Oral Healthcare eligibility effective August 1, 2013
Justification:	To align Oral Health Care eligibility with Medical Care eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

PSRA wanted to ensue change in eligibility became effect immediately. The following motion was made:

Motion #6	To approve discussion item #3		
Proposed by:	PSRA	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

Discussion #4	To remove "supercore" and put it on the work plan for March or April 2014.
Justification:	There are many unknowns accounting for the ACA; previously determined essential services may change
Proposed by:	Priority Setting & Resource Allocation Committee

There was a discussion on the term "supercore" and historically uses for the category. It was noted that with the transition in to the ACA, previously established core services will be covered and essential services may change. PSRA to remove the reference to "supercore" accounting for ACA unknowns. The following motion was made:

Motion #7	To approve discussion item #4		
Proposed by:	PSRA	**Seconded by:**	Gammell, B.
Action:	Passed Unanimously		

Discussion #5	To increase food bank eligibility from 15 boxes to 24 boxes per year, 3 of which may be used as vouchers.
Justification:	To increase the amount of allotments a client can receive
Proposed by:	Priority Setting & Resource Allocation Committee

Food Bank eligibility changed to increase the clients' access to food. The 3 boxes as vouchers will be maintained. The following motion was made:

Motion #8	To approve discussion item #5		
Proposed by:	PSRA	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

Discussion #6	To make Food Bank eligibility effective August 1, 2013
Justification:	To increase the amount of allotments a client can receive
Proposed by:	Priority Setting & Resource Allocation Committee

To make the change in Food Bank eligibility effective immediately. The following motion was made:

Motion #9	To approve discussion item #6		
Proposed by:	PSRA	**Seconded by:**	Siclari, R.
Action:	Passed Unanimously		

Discussion #7	To increase Medical Case Management eligibility from 300% FPL to 400% effective August 1, 2013
Justification:	The limit on Marketplace exchanges is 400% FPL and setting an eligibility requirement for MCM will not affect CIED eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

Motion #10	To approve discussion item #7		
Proposed by:	PSRA	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

Discussion #8	To move $100,000 (place holder) from med co-pay to substance abuse residential treatment
Justification:	Clause will be added to ensure that money can be moved back to med co-pay if the utilization is not needed for residential substance abuse treatment
Proposed by:	Priority Setting & Resource Allocation Committee

Part B has savings and presented proposal to fund residential SA for the year. The $100,000 is to be used as a place holder. One Member inquired about the clause to move money back to med co-pay if not utilized. It was explained that in order to prevent sending the money back to Tallahassee, the money must be allocated to another line-item. The decision to approve this discussion item is only to ratify the Committee's decision, not the official decision, which is done by the health department. The following motion was made:

Motion #11	To approve discussion item #8		
Proposed by:	PSRA	**Seconded by:**	Spencer, W.
Action:	Passed with 2 oppositions		

Discussion #9	To change HICP eligibility from 0%-400% FPL, put a cap of $750 maximum per member per month, and to cover premiums and deductibles
Justification:	This is the value AICP uses as a cap
Proposed by:	Priority Setting & Resource Allocation Committee

Depending on the client's income level, a federal subsidy will be provided to cover premiums and deductibles. The cap is set to allow clients to receive additional financial assistance covering the portions of payment not covered by the federal subsidy. Clients who maintain private insurance will be eligible for HICP eligibility and subject to this cap. The following motion was made:

Motion #12	To approve discussion item #9		
Proposed by:	PSRA	**Seconded by:**	Spencer, W
Action:	Passed Unanimously		

Discussion Item #	Rank	Service	FY 13 Allocation	Factors to Consider	Recomended FY14 Allocation		Proposed By
	#		$	*Client increase from expanded testing offset by Exchange enrollment	%	$	
10	1	Medical	$5,706,496	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACA health exchanges means full funding needed for FY14-15. Expect 3% Medicare reimbursement increase ($171,195).	15%	$6,546,809	PSRA
11	2	Pharmacy	$509,576	Expanded testing will link more clients to care. Decreased PAP access. Long transition to exchanges means full funding needed	55%	$787,665	PSRA
12	3	Medical Case Mgt [Disease Mgt (DM]	$0	DM constitutes a change in the MCM category. This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site. Based on FY12 VL analysis, DM could have benefited 812 clients. 30% of FY 12 MCM clients were new; based on growth rate, FY14 estimate is 1,056.	100%	$546,650	PSRA
13	4	Health Insurance Continuation (HICP)	$0	HICP for approximately half of RW clients transitioning to ACA exchange & needing premium & out-of-pocket assistance despite subsidies. Estimated cost $3,779 (100-250% FPL) & $6,953(250-400%) New and existing clients to this service category (800 clients maximum will enroll, but not all clients will access this service category immediately)	100%	$2,329,002	PSRA
14	5	Oral Health	$2,623,653	Part F funding uncertain. Low Medicaid coverage. Difficult to access.	19%	$3,132,354	PSRA
15	6	Mental Health	$336,987	Expanded testing = more clients. No Medicaid expansion & long transition to exchange means full funding needed.	10%	$369,387	PSRA
16	7	Substance Abuse	$342,889	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACAinsurance exchange.	3%	$354,827	PSRA
		Core	$9,519,601		$14,066,694		
17	1	CIED	$467,513	Enrolling clients into Exchange may result in longer encounter time.	20%	$562,244	PSRA
18		Non-Medical Case Mgt (NMCM)	$0	This service category will encompass comprehensive case management, which is an addition to the NMCM category. Along with CIED, NMCM is a supportive service to ensure health outcomes through referral and linkage.	100%	$1,016,769	PSRA
19	2	Food Bank	$642,846	No other significant funders. Increase from 12 boxes/3vouchers (15 units) to 24 total units. Eligibility to be reviewed. Allocation split 90% for Food Bank and 10% for Food Vouchers; food vouchers to be allocated $100,000.	85%	$1,189,473	PSRA
20	3	Legal	$131,426	No other funding identified. SSI appeals process.	16%	$152,466	PSRA
21	4	Outreach	$58,768	No other funders. Expanded testing = client increase	-12%	$52,004	PSRA
		Support	$1,300,553		$2,972,956		
		TOTAL	$10,820,154		$17,039,650		

The Chair of PSRA explained the PSRA recommendations for FY 13-14 allocations. It was noted that the percentage is the increase or decrease from the previous year's allocations. There was a discussion on the Part A money used for pharmacy to pick up gap during client transition to ADAP or waiting for PAPs. Members inquired about the final FY 12 expenditure for pharmacy, which was $655,486.

There was a discussion on the possible agency bid for DM. CM is a disease-state model and increased 100% because it is a new line-item service category. Members who may be affiliated with the CM service category were cautioned to abstain from the record in an abundance of caution.

There was a discussion on Part B residential SA. Non-medical case management (NMCM) recommended

allocation is for social/supportive services. This allocation is in addition to CIED.

Regarding the Food Bank line item, currently the service category is maintained at 90% boxes, 10% vouchers.

Regarding Outreach, current initiatives have expanded testing and counciling. PSRA recommends a decrease of allocations to this line item due to key points of entry and other initiatives outside of this service category.

The following motions were made:

Motion #13	To approve discussion item #10		
Proposed by:	PSRA	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

Motion #14	To approve discussion item #11		
Proposed by:	PSRA	**Seconded by:**	Creary, K.
Action:	Passed Unanimously		

Motion #15	To approve discussion item #12		
Proposed by:	PSRA	**Seconded by:**	Spencer, W.
Action:	Passed with 7 abstentions		

Motion #16	To approve discussion item #13		
Proposed by:	PSRA	**Seconded by:**	Spencer, W.
Action:	Passed with 1 abstention		

Motion #17	To approve discussion item #14		
Proposed by:	PSRA	**Seconded by:**	Wynn, J.
Action:	Passed with 4 abstentions		

Motion #18	To approve discussion item #15		
Proposed by:	PSRA	**Seconded by:**	Katz, H.B
Action:	Passed Unanimously		

Motion #19	To approve discussion item #16		
Proposed by:	PSRA	**Seconded by:**	Creary, K.
Action:	Passed with 1 abstention		

Motion #20	To approve discussion item #17		
Proposed by:	PSRA	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

Motion #21	To approve discussion item #18		
Proposed by:	PSRA	**Seconded by:**	Katz, H.B.
Action:	Passed with 8 abstentions		

Discussion Item #	FY 14 Rank	Service	FY 13 Allocation	Factors to Consider	Recommended FY 14 Allocation	Proposed By
	#		$			
		Utilize FY13/14 allocation plus % increase				
22	1	Medical	$100,000	Expanded testing will link more clients to care. ACA Impact	$105,000	PSRA
23	2	Medical Case Mgt	$176,644		$185,476	PSRA
24	3	Mental Health	$128,418		$134,839	PSRA
25	4	Substance Abuse	$400,000		$420,000	PSRA
		Core	$805,062		$845,315	
26	1	Eligibility	$290,957	Uncertainty of insurance exchange plans will make eligibility determinations more time-consuming and difficult.	$320,053	PSRA
		Support	$290,957		$320,053	
		TOTAL	$1,096,019		$1,165,368	

There was a discussion on the protocol for qualification in Minority AIDS Initiative (MAI). MAI allocations are much smaller than Part A allocations. The purpose of MAI is to have a holistic approach to services ensuring that the needs of our minority population are met. MAI MCM has been defined by the ARTAS model. The following motions were made:

Motion #22	To approve discussion item #19		
Proposed by:	PSRA	**Seconded by:**	Katz, H.B.
Action:	Passed with 1 abstention		

Motion #23	To approve discussion item #20		
Proposed by:	PSRA	**Seconded by:**	Siclari, R.
Action:	Passed with 1 abstention		

Motion #24	To approve discussion item #21		
Proposed by:	PSRA	**Seconded by:**	Tomlinson, K.
Action:	Passed with 1 abstention		

Motion #25	To approve discussion item #22		
Proposed by:	PSRA	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

Motion #26	To approve discussion item #23		
Proposed by:	PSRA	**Seconded by:**	Siclari, R.
Action:	Passed with 1 abstention		

Motion #27	To approve discussion item #24		
Proposed by:	PSRA	**Seconded by:**	Tomlinson, K.
Action:	Passed with 2 abstentions		

Motion #28	To approve discussion item #25		
Proposed by:	PSRA	**Seconded by:**	Creary, K..
Action:	Passed Unanimously		

Motion #29	To approve discussion item #26		
Proposed by:	PSRA	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

Discussion #27	To appoint Yolanda Reed to the Affected Communities seat
Justification:	Ensured that the reflectiveness of unaffiliated consumers is maintained
Proposed by:	Membership/Council Development Committee

The Part A Co-Chair of PSRA requested that this be discussion item. There was a discussion on the importance of maintaining PLWHA seats on the council. The Chair of Membership/Council Development (MCDC) explained the Committee rationale for the chosen seat. The PSRA Part A Co-Chair expressed concern over the importance of having PLWHA representation in the process. It was noted that the seat chosen can be held by affected persons who are not necessarily infected. Staff explained that she will be reflected as an unaffiliated consumer; however, the overarching term utilized by HRSA is "Affected Communities." The following motion was made:

Motion #30	To appoint Yolanda Reed to fill the Affected Communities seat		
Proposed by:	Wynn, J.	**Seconded by:**	Moragne, T.
Action:	Passed Unanimously		

8. JULY COMMITTEE REPORTS

a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

July 11, 2013 *Chair: K. Creary, Vice Chair: T. Wilson*

A. Work plan item update / Status Summary:
Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA Work plan item 1.1 --The members moved to recommend the appointment of Yolonda Reed to fill the affected communities seat and Dr. Schweizer to fill the Health care Providers seat pending his completion of the orientation prior to HIVPC council meeting. Work plan item 4.1-- Members reviewed and revised the Mentoring Plan. The Plan now includes language from HRSA regarding the purpose of mentoring as well as information regarding the Florida Sunshine Law. Additionally, a timeline was set for three to six months and mentoring is now mandatory for new members.
B. Rationale for Recommendations:
Appointing the aforementioned individuals still ensured that the reflectiveness of unaffiliated consumers is maintained. The Committee will continue to table the review of current council members' applications until September; member update forms will be completed by all HIVPC members by that time period. Members voted to recommend that the Ad Hoc By-Laws Committee review the excused absence policy so that council members that are PLWHAs are limited on the amount of excused absences they can receive. Members also felt that the resignation policy for council members' change in employment should be reviewed due to a current contradiction in the Committee's policies and procedures. In order to fully understand the work of the HIV Planning Council, the Committee voted to have the mentoring plan mandatory for new members unless they are already familiarized with the process.
C. Data Reports / Data Review Updates:
The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.

D. Data Requests:
None.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Review draft letters describing the mentoring plan; Review and Update the Recruitment and Retention Plan; Review Policies & Procedures; Plan & Implement HIVPC Training Survey. *Next Meeting Date*: August 1, 2013

The Chair of MCDC spoke on the recruitment efforts to have active members participate in the mentoring program. HIVPC members were asked to sign up for and participate in the Mentoring Program.

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**

No July Meeting ___ *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

Next Agenda Items: Hot Topic Presentation; Plan 3rd Community Event; Training for Peer Educators. *Next Meeting Date:* August 6, 2013

c. **JOINT PLANNING COMMITTEE**

July 8, 2013___ *Part A Co-Chair: C. Roberson, Part B Co-Chair: K. Saiswick*

A. Work plan item update / Status Summary:
Work plan item 1.5– The Committee discussed key areas that they would like to discuss during the focus group sessions; the three populations identified in a previous meeting are 1) Black Heterosexual males, 2) Black Heterosexual females, 3) Young adults ages 18-28. Members decided that they would like to gather information regarding the following: sources of education and background knowledge of participants regarding HIV/AIDS; beliefs and attitudes; information received regarding treatment; reasons for or against disclosure; assistance provided to aid in disclosure; linkage, access, and barriers to care. The Committee members also mentioned the importance of conducting key informant interviews involving physicians and case workers. Work plan item 2.5- The Committee reviewed the data on the impact of co-morbidities on the cost and complexity of providing care. Members focused on how the following co-morbidities could be targeted areas of discussion in the focus groups: 1) prevalence of homelessness 2) formerly incarcerated HIV+ individuals 3) substance abuse and mental illness 4) sexually transmitted diseases- especially syphilis and 4) economics, including food security.
B. Rationale for Recommendations:
Members recommended that Joshua Rodriguez be contacted for prevention updates in the interim since the representative for the prevention seat is no longer on the HIV Planning Council.
C. Data Reports / Data Review Updates:
The Committee reviewed the 2011 data on the impact of co-morbidities on the cost and complexity of providing care, which was submitted in the 2012 grant application.
D. Data Requests:
Members requested that a draft of the focus group questions be prepared and sent to Committee members in preparation for the next Joint Planning Committee meeting.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Review and Finalize Focus Group Questions; Collect HHS indicators from Parts A-D; Review and Update Comprehensive Plan to reflect epidemic trends. *Next Meeting Date*: August 12, 2013.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

July 15, 2013 ___ *Chair: C. Grant*

A. Work plan item update / Status Summary:
Work plan item 2.2 – Review of Committee Policies and Procedures. Minor changes were made to the Policies and Procedures. The Committee was asked to review the document and add recommendations for revision. No additional recommendations were made and the Policies and Procedures were approved as amended. *Work plan item 3.1* – The Committee heard an update on the Quality Improvement (QI) Network activities for the first Quarter of FY 13-14. Several QI Projects are in progress. *Work plan item 1.1 and 5.1* – Quarterly Review of Data and Performance Measures. The Committee

reviewed a summary of FY 12-13 HAB Performance Measures, In+Care Campaign Retention Rates, HHS Indicators, and Part A/MAI client demographics. Additionally, the Committee reviewed Viral Load analysis by category. The report provides demographic data (such as gender, race, ethnicity, age, education level, housing status, sexual orientation, HIV disease stage, etc.) by viral load category: *Undetectable VL: Viral Load is < / = 50; Suppressed Detectable VL: Viral Load >50 and < / =200; Not Suppressed VL: Viral Load >200 and < 100,000; High VL: Viral Load is > / = 100,000.*

B. Rationale for Recommendations:

Donna Sabatino, Broward County Prevention Planning Council Community Co-Chair, expressed her desire to join the QM Committee. Ms. Sabatino discussed her experience and noted she hopes to share the community's input with the Committee. Members voted unanimously to add Ms. Sabatino to the Committee.

C. Data Reports / Data Review Updates:

The Committee reviewed the following reports: Quarterly Network Update, summary of FY 12-13 HAB Performance Measures, In+Care Campaign Retention Rates, HHS Indicators, and Demographics. Additionally, the Committee reviewed Viral Load analysis by category.

D. Data Requests:

The Committee requested the following:

1) Quarterly Data report template to include the definitions, numerators, denominators, and exclusions for each measure.
2) The CY 12-13 Florida Health Department at Broward County surveillance report for the percentage of individuals newly diagnosed with HIV/AIDS.
3) Clarify the difference in denominators for the Viral Load Suppression measure in the HHS Indicators report and the Viral Load Analysis report.

E. Other Business Items:

There was no other business. *Agenda Items for Next Meeting:* Standing Agenda Items, Review of 3-Year QM Work Plan, Data Follow-Up. *Next Meeting Date*: August 19, 2013

.

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

July 10 & 17, 2013____ *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: L. Agate*

A. Work plan item update / Status Summary:

The Committee continued the discussion on medical (MCM) and non-medical case management (NMCM) service categories. Members reviewed a handout with a comparison of other EMA's for those service categories. Members expressed the need to make sure that the EMA's MCM is providing appropriate disease case management.

Work Plan Item 1.6 – The PSRA Committee reviewed and revised the scope of services and eligibility for each service category. Members discussed the history of why services were placed as "supercore" and "core" and briefly referred to the Committee's policies and procedures for clarification.

B. Rationale for Recommendations:

Members recommended defining MCM as disease management and non-MCM as comprehensive services including referral and eligibility determination in order to make the two service categories more distinct as well as prepare for the implementation of the Affordable Care Act. Therefore, the Committee approved three aspects of case management: 1) Medical Case Management 2) Comprehensive Case Management 3) Eligibility (CIED).

In preparation for the implementation of the Affordable Care Act, the eligibility for Oral Health Care was changed from 300 to 400% FPL in order to serve more clients. This change now aligns with the eligibility for medical care. Additionally, the eligibility for food bank increased from 15 boxes to 24 boxes per year, 3 of which may be used as vouchers. All eligibility changes take effect on August 1, 2013.

As part of Part B's allocations, the Committee members voted to move $100,000 (as a place holder) from med co-pay to substance abuse residential treatment. A clause will be added to ensure that money can be moved back to med co-pay if the utilization is not needed for residential substance abuse

treatment.

C. Data Reports / Data Review Updates:

Members reviewed Committee & Consumer Rankings; FY 12/13 Part A Scorecards; Part B Scorecards; FY 12/13 Viral Load Data; Data for All Funders; FY12/13 Clients 100-400% FPL; 2010-2012 Part A and MAI Funding Allocations, Demographics, and Utilization by Service Category.

D. Data Requests:

The members requested to review how the Committee has historically recorded individual member rankings in order to keep the same practice. The Committee also requested that staff research the following agenda item under allocations: "study requiring that only chronically ill clients need specialty care referral."

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Review HICP eligibility requirements; FY14/15 Part A and MAI Allocations. *Next Meeting Date*: July 17, 2013.

A. Work plan item update / Status Summary:

Work Plan Item 1.6 – The PSRA Committee reviewed and revised the scope of service and eligibility for the Health Insurance Continuation Program (HICP) service category. Members voted to change the eligibility to 0-400% FPL, covering premiums and deductibles with a cap of $750 per client per month. Members also discussed the term utilized by the Health Resources and Services Administration (HRSA), which is Health Insurance Premium and Cost-Sharing Assistance. However; it was decided that the term HICP will continue to be used locally.

Work Plan Item 1.9 – The Committee allocated FY14/15 funds for Part A and MAI service categories. For Part A core services, the allocations are as follows: 1) Medical: $6,546,809; 2) Pharmacy - $787,665; 3) Medical Case Management (MCM), which is now Disease Case Management - $546,650; 4) HICP -$2,329,002; 5) Oral Health: $3,132,354; 6) Mental Health: $369,387; 7) Substance Abuse: $354,827

For Part A support services, the allocations are: 1) Centralized Intake and Eligibility Determination (CIED): $562,244; 2) Non-Medical Case Management (NMCM): $1,016,769; 3) Food Bank $1,089,473; ($100,000 allocated to food bank) 4) Legal: $152,466 5) Outreach: $52,004

The FY14/15 total planned allocations for Part A are $17,139,650 ($14,066,694 for core and $3,072,956 for support).

For MAI core service categories, the allocations are: 1) Medical: $105,000; 2) MCM: $185,476; 3) Mental Health: $134,839 4) Substance Abuse: $420,000

For MAI support services, the allocations are: CIED: $320,053

The FY14/15 total planned allocations for MAI are $1,165,368 ($845,315 for core and $320,053 for support).

B. Rationale for Recommendations:

In preparation for the implementation of the Affordable Care Act, the eligibility for HICP was changed as previously mentioned. The Committee justified using $750 as a maximum amount since it is the same cap amount utilized by the AIDS Insurance Continuation Program (AICP).

The Committee based the FY/14 allocations on different factors that may be present in the upcoming year: the implementation of the Affordable Care Act; expanded testing and linkage to care for more clients; the state of Florida not participating in Medicaid expansion; the need for HICP. Members also factored in the possible increase need for more support services such as Non-Medical Case Management.

C. Data Reports / Data Review Updates:

Members reviewed FY 12/13 Part A Scorecards; Part B Scorecards; FY 12/13 Viral Load Data; Client and Expenditure Data for All Funders; FY12/13 Clients 100-400% FPL; 2010-2012 Part A and MAI Funding Allocations, Demographics, and Utilization by Service Category.

D. Data Requests:
None.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Review Expenditures; Reallocations; Review Policies and Procedures. *Next Meeting Date*: August 21, 2013.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

July 30, 2013 *Chair: Dionne Proulx*

Staff to re-send calendar information to confirm meeting time of 3:30 p.m.

f. JOINT EXECUTIVE COMMITTEE

July 18, 2013 *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

A. Work plan item update / Status Summary:
The Joint Executive Committee viewed a presentation by the Part B Co-Chair, Joey Wynn, on the impact of Health Care Reform. The presentation incorporated the following: the affect the HCR law has on individuals such as making insurance more affordable and providing better options for coverage; the law also prevents insurance companies from denying coverage due to pre-existing conditions or canceling coverage due to mistakes on paperwork. The presentation also illustrated the Ryan White core services vs. the Affordable Health Care's (ACA) Essential Health Benefits (EHB). Committee members were also informed about various resources to find more information on HCR. Following the presentation, members discussed the need for education and training to the community. It was mentioned that the Joint Client/Community Relations Committee, along with Ryan White Part A Program Office, will conduct a Resource Fair in September. This event is open to providers and clients; the topic will surround the ACA. The Joint Executive Committee established a mission and timeline to accommodate the implementation of the ACA. It was decided that a 6 month timeline should be initially developed (August 2013 to January 2014), followed by establishing a 12 month timeline due to the possibility of Medicaid expansion in the future. The Committee decided on the following goals: 1) Determining how to cover the gaps in services clients will experience next year in Medicaid, private insurance and Ryan White Part A (e.g. mental health, substance abuse and under-served populations); 2) Reviewing service utilization by FPL for each service category, which was previously completed; 3) Conducting multiple town hall forums to educate and inform the community about healthcare reform, eligibility and application process (July 2013); 4) Identifying potential gaps in coverage/service faced by clients entering insurance exchanges through ACA as well as in Medicaid; 5) Comparing insurance plan coverage with Part A coverage; 6) Identifying services that may need Part A funding; 7) Keeping the possibility of Medicaid expansion in Florida and the closure of the federally run PCIP plan on the Committee's radar.
B. Rationale for Recommendations:
A mission and timeline was developed to prepare for the implementation of the Affordable Care Act (ACA); the ACA will impact the Ryan White HIV/AIDS Program.
C. Data Reports /Data Review Updates:
None.
D. Data Requests:
Staff will send the Part B Co-Chair the blank work plan to create a draft timeline.
E. Other Business Items:
None. *Items for Next Meeting:* TBD. *Next Meeting Date*: October 17, 2013 at 12:30 p.m.

g. PART A EXECUTIVE COMMITTEE

July 18, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:
The Part A Executive Committee reviewed and approved the HIV Planning Council agenda for the upcoming meeting on July 25, 2013 at 9:00 a.m. The members briefly discussed the agenda items

related to the FY14/15 allocations for Part A and MAI service categories. The Part A Chair of the Priority Setting and Resource Allocation (PSRA) Committee discussed the changes to Medical Case Management (MCM). It was reported that historically, MCM provided more social services. However, the category will now represent Disease Management (DM). This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site.
B. Rationale for Recommendations:
The members decided that additional justification needed to be written in the line item for MCM to provide more clarification as to why the changes to the service category were necessary.
C. Data Reports /Data Review Updates:
The Committee reviewed the FY14/15 Part A and MAI allocations per service category.
D. Data Requests:
None.
E. Other Business Items:
None. *Items for Next Meeting:* Nominating Committee; EIIHA Strategy; Mentoring Plan; Reallocations. *Next Meeting Date*: August 15, 2013 at 12:30 p.m.

h. **AD HOC BY-LAWS COMMITTEE**

Meeting Cancelled *Chair: W. Spencer*

Agenda Items: Revision of Grievance Policy and Procedure; Draft Policy on Reporting Violations; *Next Meeting Date*: TBD

9. GRANTEE REPORTS

a) Part A

The Grant application guidance is anticipated the week of August 6, 2013. The last agency monitoring is next week. It was mentioned that there is an upcoming MCM training, which will be focused on the implementation of the ACA.. Trainings will be held on Aug 20th and Aug 29th. All RW parts will be on the panel to discuss how the ACA will affect them. The Part B Chair is expected to present at the trainings.

Members inquired about anticipated RFP date and turnaround time. Providers noted that the RFP is usually due between the week of Christmas and New Years and requested that RFP be extended to avoid the same practice this year.

b) Part B

Counterpart in Tallahassee confirmed that Part B for the State received a 4.6% decrease but the affects will not be felt in Broward County. Update at the South Florida Aids Network (SFAN) regarding new ADAP clients. In May 2013, Grantee utilized 8% of the budget and 13% in July. One member inquired about enrollment in the Exchange. Training anticipated with ADAP for staff to better answer client questions. There was a discussion on the anticipated change to clients and the need to educate clients on upcoming changes. It was noted that Joint Executive will discuss how ACA will affect Parts A and B and provide education to consumers once knowledge of how the government will roll-out later in the year.

One member noted that providers are hiring individuals to act as navigators to educate clients on the anticipated changes. Joint Client/Community Relations (JCCR) and SFAN will host resource events within the community later this year.

10. OTHER REPORT

a) Part C

The vice chair requested that the Part C report given to Joint Executive be included in the minutes for the record. The following is a summary of the report given at the last Joint Executive Committee meeting:

Grantee received notice of funding for 10 months. Part C received approximately $720,000, which is a 5% cut. Funds of $38,000 were given from the homeless program and they are not anticipated to be cut. There is a person hired under this grant is conducting counseling and testing; however, linkage is a large component. The fiscal year has changed from July-June to May-April. The Part C Grantee mentioned that they are noticing many newly diagnosed clients from local hospitals discharged with AIDS diagnosis. The trend is currently being tracked.

b) Part D: None

c) Housing Opportunities for Persons with AIDS (HOPWA)
Shortage of funds anticipated for the next 2 years. Baseline to be accrued after August utilization finalized. HOPWA to propose to board to use excess money and made the suggestion that half of the funds are utilized for the FY 13/14 and the other half for FY 14 /15 year. HOPWA CM received a 2% cut. There was a discussion about a possible glitch in the HOPWA system. One member noted that she personally heard stories regarding a change in HOPWA waitlist. The HOPWA Administrator will investigate possible glitch regarding the number assigned to clients who are waitlisted. It was noted that individuals may have confused the access number with their waitlist number, which are different.

d) Prevention: None

11. UNFINISHED BUSINESS
The HIVPC Chair mentioned that staff created a form indicating the changes in eligibility criteria beginning August 1, 2013. It was requested that the Grantee inform providers and case managers the changes in eligibility.

12. NEW BUSINESS: None

13. ANNOUNCEMENTS:
CMS navigators to be announced on August 15, 2013.

14. PUBLIC COMMENT: None

15. REQUEST FOR DATA: None

16. AGENDA ITEMS FOR NEXT MEETING: August 22, 2013 at 9:00 a.m**. VENUE:** BRHPC

17. ADJOURNMENT
Without objection, the meeting was adjourned at 10:49 a.m.

HIV PLANNING COUNCIL ATTENDANCE CY 2013

2013 MEETING DATES Indicate if no meeting was held.												
Meeting Dates →	24	28	28	25	23	27	25					
Member NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Creary, Karen	√	√	√	√	√	√	√					
Dyer, Leroy	√	√	√	√	√	√	A					
Gammell, Bradford	√	√	√	√	√	√	√					
Grant Claudette	√	√	√	√	E	√	A					
Hayes, Marie	√	√	A	√	√	√	√					
Bhrangger, Ronald	√	E	√	√	√	A	√					
Holness, Dale V.C. (Comm)	A	A	A	A	A	A	A					
Katz, Bradley	√	√	√	√	√	√	√					
Kuryla, Samantha	√	A	√	√	√	√	√					
Marcoviche, William	√	E	√	√	√	A	√					
Moragne, Timothy	A	√	√	√	√	√	√					
Roberson, Carl	√	√	√	√	E	√	E					
Siclari, Rick	√	√	√	√	√	√	√					
Spencer, Will	√	√	√	√	A	√	√					
Taylor-Bennett, Carla	√	√	√	√	A	√	√					
Tomlinson, Karlene	√	√	√	A	√	√	√					
Wilson, Tara	√	√	√	√	E	E	E					
Wynn, Joey	√	√	√	A	√	√	√					
Proulx, Dionne	N	√	√	√	A	√	√					
Parker-Maysonet, Patricia	N= 6/04/13					√	√					
DeSantis, Mario	N= 6/04/13					√	√					

THE FERGUSON GROUP LLC
1130 Connecticut Avenue, NW
Suite 300
Washington, D.C. 20036
202.331.8500
202.331.1598 fax

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: September 23, 2013

Fiscal Year 2014 Appropriations:

The Fiscal Year (FY) 2014 appropriations season has ground to a halt. The House, Senate, and the President have not reached agreement on how to proceed with funding the government for the upcoming fiscal year (which starts Tuesday, October 1st). The House passed a Continuing Resolution (CR) that would fund the government at current levels but also completely defund programs and services authorized under the Affordable Care Act through December 15th, after which they would be expected to pass a full year funding bill. Senate Majority Leader Harry Reid (D-NV) and President Obama have both objected to the defunding of the Affordable Care Act. Leaders are predicting a government shut down until the dispute can be resolved. None of the 12 appropriations bills have been passed and signed into law. How the House and Senate will reach agreement on a short-term lasting funding agreement is completely unknown.

Ryan White Reauthorization Bill

Earlier this summer, Congressman Frank Pallone (D-NJ) introduced legislation (H.R. 2699) to reauthorize the Ryan White Program with a limited scope. Essentially, it promotes the "Consensus Document" that stakeholders assembled and would extend the hold harmless provisions and extend the transitional grant area (TGA) transfer. His bill remains without any co-sponsors or support on the Energy and Commerce Health Subcommittee for a hearing. We do not expect this bill, or any other reauthorization legislation, to go anywhere in the House or Senate.

Series of Congressional Briefings/Hearings

In response to calls from stakeholders to improve awareness levels within Congress about HIV and the AIDS epidemic, a host of hearings and congressional briefings were held this month. The Senate Special Committee on Aging held its first ever hearing on "Older Americans: The Changing Face of HIV in America" on September 17th, and it was widely attended. Citing data models about the age demographics of people living with HIV in 2015, the Committee examine how federal, state, and local aging and health care systems will be prepared (or not) to meet the challenge. The Congressional Black Caucus held a September 20 congressional briefing on the ethical framework of drug manufacturers' targeting of black women, highlighting the need for improved education and consent.