

Boston Part A EMA HIV Health Services

**Policy Committee
2009-2010 Year-End Report**

June 2010



Planning Council Support
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Committee Updates on Policy Topics; Presentation: MA Budget and HIV Services; Review Draft 2009-2010 Year-End Report; Update: Federal Health Care Reform.

- Thursday, April 15, 2010 2:00pm-4:00pm Boston Public Library
Committee Updates on Policy Topics; Presentation: CORI Reform; Review Draft 2009-2010 Year-End Report; Review Draft 2009-2010 Year-End Report Presentation; Presentation: Federal Health Care Reform; Counseling and Testing in the New Ryan White Act
- Thursday, May 20, 2010 2:00pm-4:00pm Boston Public Library
Committee Updates on Policy Topics; Finalize 2009-2010 Year-End Report; Finalize 2009-2010 Year-End Report Presentation;

II. Work of the Committee

Policy Committee structured its work around several concerns that influence the lives of people living with HIV locally and nationally. Some of these issues were studied per the recommendation of last year's Policy Committee; others were added due to their relevance to Policy Committee issues. Each issue was followed by a particular committee member.

1. Federal Health Care Reform and Other Federal Issues.....*Donna Gallagher*
2. HIV Counseling and Testing Laws in Massachusetts.....*Annie Singh*
3. The Interaction of HIV and Aging.....*Jim Campbell and Stephen Corbett*
4. Massachusetts State Budget & Funding for HIV/AIDS Services.....*Frank Schiano and Monique Tula*
5. Names-Based HIV Case Reporting.....*Adrian Guzman*
6. CORI Reform and Its Effects on PLWH.....*Stephen Corbett and Lester Payne*

A. Policy Issues

1. Federal Health Care Reform and Other Federal Issues (Donna Gallagher)

Donna Gallagher monitored the reauthorization of the Ryan White Act and the progress of federal health care reform. The Ryan White Act was reauthorized (as the Ryan White Treatment Extension Act) and signed into law by the President on October 30, 2009. The Ryan White Treatment Extension Act is very similar to the Ryan White HIV/AIDS Treatment Modernization Act (passed 2006, expired September 30, 2009), but incorporates a number of changes sought by the HIV/AIDS community. Federal health care reform was passed in March 2010 and signed into law by the President on March 23, 2010. Among other provisions, the health care reform law will expand Medicaid eligibility to 133% of the Federal Poverty Level for all adults, including PLWH.

2. HIV Counseling and Testing Laws in Massachusetts (Annie Singh)

Annie Singh monitored HIV counseling and testing laws in Massachusetts. At present, these laws (particularly Section 70F) conflict with CDC recommendations on streamlining HIV test consent procedures in order to increase testing rates. Two bills changing the laws around

consent procedures for HIV tests were introduced into the Massachusetts legislature during the 2009-2010 term, though one had been withdrawn by its sponsor and the other had not been sent to the floor for a vote. In March 2010 the Public Health Executive Committee (of MDPH) adopted wording into their recommendation that backs verbal informed consent as long as a note is put in the patients' medical records.

3. HIV and Aging (Jim Campbell and Stephen Corbett)

Jim Campbell and Stephen Corbett monitored the interaction of HIV and aging, and presented to the committee on their findings. HIV among aging populations is a major issue both in the Boston EMA and nationally. In the Boston EMA, 53% of PLWH are over 45 years of age; in Massachusetts as a whole 57% of PLWH are over 45 years old, and 34% are over the age of 50 years. HIV among elders comes partly from new infections among that population, not just the aging of the cohorts already infected with HIV. In Massachusetts, 29% of cases of HIV diagnosed from 2005 through 2007 occurred in people older than 45 years, with 15% occurring in those over the age of 50. Elders living with HIV may face a number of health issues, including faster aging and a higher rate of age-related conditions. In many ways, aging interacts with HIV synergistically, leading to greater effects on health and quality of life than might be expected. In addition to health issues, many elderly PLWH face problems with isolation and stigma. There are complicated issues around counseling and testing for elders—many providers may not see the need for testing among the elderly population, and it can be difficult to obtain truly informed consent from elders.

However, there is good news in the area of HIV and aging. It is a topic that is being widely discussed, and many providers are working to address the issue of HIV among their elderly patients. In addition, the care model for HIV has changed: for many PLWH, their main physician is no longer an HIV specialist, but rather a general practitioner who is trained to offer more comprehensive health care services on multiple health matters, including HIV, aging, and general health concerns. This means that they can receive better-coordinated medical treatment, rather than having their HIV treated in isolation from their aging-related issues or vice versa.

4. Massachusetts State Budget and Funding for HIV/AIDS Services (Frank Schiano and Monique Tula)

Frank Schiano and Monique Tula monitored the Commonwealth's budget and the funds it provides for HIV/AIDS services. On March 18, 2010, they gave a presentation in which they gave an explanation of the budget process and discussed the proposed FY 2011 budget. The total budget for FY2010 was \$27.5 billion, of which \$497 million was appropriated for public health activities. The latest proposed budget for FY2011 appropriated a total of \$28.2 billion, but the Commonwealth is facing a projected budget gap of \$2.7 billion. They also discussed the nature of 9C cuts and when future ones may occur. It was explained that 9C cuts are budget cuts (from executive agencies) that can be made unilaterally by the Governor based on projected state revenue. If the Governor deems it necessary, they can occur in October, January, and April. A supplemental budget can be used to put money back into the system if unexpected revenues are

collected. Monique and Frank also laid out a detailed history of funding for HIV and hepatitis C care, including the various line items under which funding was allocated. The HIV/AIDS line item was funded at \$51.1 million in 2001, which was decreased to \$41.4 million in 2002 and then \$35.8 million in 2003. Since 2003 the funding level has stayed relatively constant, never going more than \$2 million above or below the 2003 level. The line item for hepatitis C care, by contrast, has sometimes been included in the HIV/AIDS or health promotion line items, as well as being a line item on its own. Hepatitis C's funding level has varied from \$2.75 million to \$560,000 although it has not been possible to track the funding level since FY2008, when it was rolled into the broader health promotion line item.

5. Names-Based HIV Case Reporting (Adrian Guzman)

Adrian Guzman monitored the issue of names-based HIV case reporting in Massachusetts. On January 21, 2010 he made a presentation to the committee in which he discussed the rationale for the federal requirement that HIV case reporting be names-based (to reduce duplication of reports and improve the accuracy of case counts) and Massachusetts' progress towards names-based reporting. According to an unofficial report from MDPH in January 2010, Massachusetts has re-reported 70% of its code-based case reports as names-based reports. At present, HRSA will accept code-based case reports, adjusting them downward by 5% to account for possible duplication of case counts, and the adjustment will be increased to 6% in fiscal year 2010. Beginning in fiscal year 2013, names-based reports are the only case reports that will be accepted. This means that Massachusetts must have a mature names-based reporting system by 2013 in order to avoid drastic cuts in Ryan White funding. If Massachusetts's names-based system is not mature by that point its case counts will drop dramatically, leading to reductions in Ryan White formula funding.

6. CORI Reform and Its Effects on PLWH (Stephen Corbett and Lester Payne)

Stephen Corbett and Lester Payne monitored the issue of CORI reform and how it might affect access to services for PLWH who have CORIs, and Stephen gave a presentation on the topic. A CORI (Criminal Offender Record Information) is a record of a person's criminal history in Massachusetts. It includes all criminal cases where the person appeared in court, even if the person was acquitted or the charges were dismissed. A CORI can be used to allow school officials, employers, and others to screen for potentially dangerous ex-offenders, but it can also cause problems for ex-offenders who pose little threat to society. It is relatively easy for people to gain access to someone's CORI, even if they are not trained on how to interpret CORIs. Having a CORI can make it very difficult for someone to find housing (public or private), find employment, or do certain kinds of volunteer work.

Issues with CORI can have a large impact on PLWH. In 2007, 2.5% of men and 3.9% of women incarcerated in Massachusetts (and likely to face problems with CORI upon their release) were PLWH, and 20% of SPAN's clientele (formerly incarcerated persons who are reintegrating into society) are PLWH. AIDS Action, Cambridge Cares About AIDS, and JRI report CORI as a major issue for their clients, particularly in regards to obtaining housing. Because of all the problems caused by the current CORI system, a movement to reform CORI is underway, led by

the Boston Workers' Alliance. The Boston Workers' Alliance is seeking to shorten the period before a CORI is sealed, to remove non-convictions from CORI records, and to regulate for-profit companies that run background checks (including CORI checks).

B. Discussion with Mary Ann Hart of Project ABLE

Mary Ann Hart, lobbyist for Project ABLE, attended the meeting to talk about how Project ABLE works and to give an update on the Massachusetts state budget. As of Ms. Hart's presentation, funding for the Commonwealth's AIDS line item was \$35.4 million, down from \$51 million before 2001.

Project ABLE is a coalition of AIDS service organizations, consumer groups, and other entities engaged in HIV care. It strictly focuses on the Massachusetts AIDS line item in the state budget, and does not get involved with federal issues or take positions on legislation. Project ABLE holds one big meeting each year, as well as a lobby day, and smaller meetings and phone calls throughout the year. If a line item is facing a reduction, Project ABLE does not decide what programs under that line item will be cut, but will make recommendations to the Massachusetts Department of Public Health (MDPH) as to where cuts should occur. Project ABLE's members have agreed that their common interest is served by keeping earmarks out of the AIDS-related portions of the budget, and they have had great success in keeping those portions earmark-free.

III. A. Progress on Recommendations from the 2008-2009 Policy Committee

The 2008-2009 Policy Committee made several recommendations to the incoming committee members. The following were implemented without changes:

- Continue monitoring federal health reform
- Continue following the extension or reauthorization of the Ryan White HIV/AIDS Treatment Modernization Act.
- Continue monitoring Massachusetts' progress toward names-based reporting.
- Continue monitoring the Massachusetts budget and funding for the HIV/AIDS line item.
- Continue monitoring regulations and policies regarding HIV counseling and testing in Massachusetts.
- Continue monitoring the interaction of HIV and aging-related issues.

The following recommendations were implemented with changes:

- Monitor the impact of racial and other disparities in HIV infection rates and outcomes:
The 2009-2010 Committee discussed this recommendation and concluded that it was not feasible to follow this issue, as health disparities involve so many different policy areas.
- Create a 'scorecard' to track developments in each policy area and update it at each meeting:
The 2009-2010 Committee discussed this recommendation and concluded that there was no need to create such a 'scorecard', as members could easily give updates on their policy topics as changes occurred. Multiple members have given followup presentations on their topics in order to keep the Committee current on all developments.

- The Committee's meeting time is provisionally set for 3-5 pm, but the Committee should decide on its meeting time at the first meeting:
In keeping with this recommendation, the Committee considered meeting times at its first meeting and decided to meet from 2-4 pm.
 - Continue monitoring the New Hampshire budget and funding for HIV/AIDS services:
Since Denise Rondeau had been providing updates to the Planning Council on the funding environment in New Hampshire, it was decided to focus the Committee's attention on other issues.
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B. Recommendations to the 2010-2011 Policy Committee

- Advise the Planning Council on the effects of policy developments and recommend steps for the Planning Council to take in response to these effects.
- Present to the Planning Council on a policy topic early in the term in order to increase the amount of information available to the Council.
- Add time to Planning Council agendas (after committee updates) for the Council to discuss responses to policy developments.
- Orient new Policy Committee members to policy developments in previous terms.
- At the start of each term re-evaluate the topics followed in the previous term.
- Facilitate participation in meetings by members who are not physically present (e.g., by conference call).
- Monitor the topic of pre-exposure prophylaxis (PrEP).
- Monitor the interaction of Ryan White reauthorization and federal health reform.
- Have members give presentations on their policy topics and invite outside speakers when appropriate.
- Use the Policy Committee's first meeting to create a list of potential policy topics and have the Planning Council prioritize the top 3 issues on which to report throughout the year.