Boston Part A EMA HIV Health Services

POLICY COMMITTEE

2010-2011 Year-End Report

June 2011

Planning Council Support
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The Policy Committee of the Boston EMA HIV Health Services Planning Council presents its 2010-2011 Year End Report

I. INTRODUCTION

A. Committee Charge

The Policy Committee is one of the Council's standing committees. The Council's bylaws were amended to add the word "state" to the committee charge in Section 6.4.5. The committee charge states:

> *"The Policy Committee shall analyze local, state and federal policy and legislative issues, and advise the Council on how these issues may impact the Boston EMA, recommend response strategies, and coordinate such response activities."*

At the first meeting, Frank Schiano explained that last year's Committee divvied up the policy topics for individual members to research and present on at one of the Policy Committee meetings. The Committee also invited outside speakers to give presentations on policy topics. "Routine Screening and Testing Laws in the EMA", and "Considerations for Expanding Access to Pre-Exposure Prophylaxis (PrEP) were two topics covered by the Committee, and presented to the Council.

After reading the Committee charge as a group, the Committee discussed ways to incorporate the work of the Policy Committee more into the Planning Council process. Suggestions included presenting to the Consumer Committee, incorporating policy issues into the Planning Council newsletter, and providing Council members with a handout that includes policy updates. It was also suggested to front load the research on policy issues at the beginning of the year, and spend the second half of the year honing in on one or two topics.

B. Committee Membership

Members	***Staff***
Frank Schiano (Chair)	Laura Kozek, PCS
James Marshall (Vice-Chair)	Cara Mathews, PCS*
Homer Blais	Apryl Pagliaro, PCS
Jim Campbell	Jonathan Santiago, BPHC
Stephen Corbett	
Donna Gallagher	
Adrian Guzman	
Kaidi Kenyatta	

C. Committee Meetings

- **Thursday, November 18, 2010 2:00pm- 4:00pm Boston Public Library**
  Review work plan and recommendations from 09-10; Nominate Vice-Chair; Discuss Policy topics for Committee and present to Planning Council.

- **Thursday, December 16, 2010 3:00pm- 5:00pm Boston Public Library**
  Elect Vice-Chair; Assignment of Policy Topics and Presentation Dates; Federal Health Care Reform Update.

- **Thursday, January 20, 2011 3:00pm- 5:00pm Boston Public Library**
  Presentation: "Routine Screening and Testing Laws in MA"-presented by Thera Meehan and Bernadette Green from the Massachusetts Department of Public Health (MDPH); Review Workplan.

- **Thursday, February 17, 2011 3:00pm-5:00pm Boston Public Library**
  Presentation: "Pre-Exposure Prophylaxis (PrEP)"-presented by Jim Maynard and Marcy Gelman from the Fenway Institute.

- **Thursday, March 24, 2011 3:00pm-5:00pm Boston Public Library**
  Debrief "Routine Screening and Testing Laws" presentation; Introduce Year-End Report; Prepare presentation on "Considerations for Expanding Access to Pre-exposure prophylaxis (PrEP)".

- **Thursday, April 14, 2011 3:00pm-5:00pm Boston Public Library**
  Report on the "Older American Act"-presented by Jim Campbell; Review Draft Presentation on "Considerations for Expanding Access to Pre-exposure prophylaxis (PrEP)"; Review 2010-2011 Evaluations; Review Draft 2010-2011 Year-End Report; Update: April 5, 2011 Public Hearing on bills S01108, H02906, and H00263.

- **Thursday, May 19, 2011 3:00pm-5:00pm Boston Public Library**
  Update on CORI Reform to be presented by Stephen Corbett; Finalize 2010-2011 Year-End Report; Finalize 2010-2011 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 (PLWH) 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 explored on a Committee and Council level through education from outside presenters, presentations by Committee members to the larger Council, and Policy updates in the newsletter. Additionally, Committee members volunteered to be responsible for tasks related to respective Policy issues, based on individual interest.

1. Federal Health Care Reform and Other Federal Issues……………….……*Donna Gallagher and James Marshall*
2. Routine Screening and Testing Laws in the EMA……………………..…..…..*Adrian Guzmán*
3. The Interaction of HIV and Aging……………….…………………………………*Jim Campbell*
4. Pre-Exposure Prophylaxis…………………………………………...……*Frank Schiano and Jim Campbell*
5. MassHealth Dental Cuts………….……………….……………………….…*Frank Schiano*
6. CORI Reform and Its Effects on PLWH…………..……………………….….*Stephen Corbett*

A. Policy Issues

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

At the first meeting, the Committee reviewed the reauthorization of the Ryan White Act. The act was reauthorized in October 2009 and will be in effect until September 2013. The update included provisions that were changed from the last authorization.

Some of the provisions of the Patient Protection and Affordable Care Act, or health care reform bill, went into effect on September 23rd. Many provisions are set to go in effect in 2014. Under these provisions, young people can stay on their parents' health care plans until age 26, instead of the traditional cutoff points at 21 to 23. Insurers are no longer allowed to deny coverage to *children* under age 19 who have pre-existing conditions such as asthma or previous injuries; however, this does not yet apply to people ages 19 and older.

On the prevention side, people who buy insurance through their employers can now get preventive screenings like mammograms, colonoscopies and cancer screenings without paying a co-pay or deductible. Other preventive measures included are flu shots and diet counseling. However, such free care is not explicitly required of existing plans that have not significantly changed; it may be offered at the employer's discretion. If an emergency happens while away from home, people will no longer be charged extra for visiting an out-of-network emergency room. Insurance companies cannot retroactively cancel policies, also known as rescission, if a person gets sick and incurs high medical bills. Additionally, insurance companies cannot end someone's coverage if they fail to report their past medical history in full.

Concerning denial of healthcare, people who are denied coverage due to a pre-existing condition can get a government-sponsored policy. More of the changes, including a total ban on denial of coverage for pre-existing conditions and the requirement for all Americans to purchase insurance, take effect in 2014. Also effective in 2014, all “low income” individuals will have access to Medicaid, which is a major milestone. Low income is currently defined as 133% of the federal poverty line (i.e. $14,404 for a single person, or $29,327 for a family of four).

At the November 4, 2010 Planning Council meeting Alison Kirchgasser informed the Council that MassHealth is working with 16 other agencies to dissect the health care reform bill. The state set up a website (http://www.mass.gov/nationalhealthreform) where letters to the Secretary will be posted, along with grant proposals, and information about open stake holder meetings. There are differences between the MA and federal mandate for insurance, and the question that stands is how to reconcile those differences. The next stake holder meeting is scheduled for December 16, 2010.

Beginning January 1, 2011, AIDS Drug Assistance Programs (ADAPs) will become what the Centers for Medicare and Medicaid Services (CMS) refer to as “TrOOP (True-Out-Of-Pocket) eligible payers.” Medicare Part D Plan sponsors will be required to include Ryan White HIV/AIDS Part B ADAP expenditures covered for Part D drugs towards the TrOOP limit of Medicare Part D enrollees.

There was a public hearing held on April 5, 2011 at the Massachusetts State House regarding several bills, two in particular pertaining to HIV. One of the bills supported an increase in routine HIV testing, and the other bill referred to the exposure of public safety workers to AIDS and infectious Hepatitis. The Committee reviewed the briefing booklet that was compiled by Cara Mathews, outlining the bills and the testimonies at the hearing.

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2. Routine Screening and Testing Laws in the EMA

(Adrian Guzmán)

On January 20, 2011, Thera Meehan (Director of Policy and Planning from the Office of HIV/AIDS at MDPH) presented to the Policy Committee on HIV Routine Screening and counseling and testing laws in Massachusetts. Bernadette Green, who is the Director of Counseling and Testing attended the meeting as well. Bernadette Green and Thera Meehan from the MDPH Office of HIV/AIDS (OHA) were present at the meeting to educate the Policy Committee members and lead a discussion on Routine HIV testing. The presenters spoke about routine testing programmatically and legislatively. Thera also spoke briefly about names-based reporting.

<u>Programmatic</u>

In 2006, the Center for Disease Control and Prevention (CDC) revised the HIV testing recommendations to encourage routine testing for all patients ages 13-64 in all clinical sites. The CDC defines routine HIV testing as annual tests for people 18-64 regardless of risk, and more frequent testing if risk is presented. Massachusetts is unique in that by law patients must give written informed consent in order to be tested for HIV. In response to the CDC recommendations and keeping in mind MA law, MDPH formed a working group and released a clinical advisory, currently available on the MDPH website.

Also in 2006, MDPH received funding to implement routine screening pilots in clinical sites. Over 30,000 Routine tests were conducted; there were 212 HIV diagnoses of which 180 were new, and 32 of these HIV positive patients were re-engaged into care. The objectives of the routine screening pilots are to establish effective routine HIV screening models, increase HIV testing in clinical sites, identify undiagnosed infections, and link PLWH to services. Between 2008-2010, eight clinical sites were funded around MA, specifically targeting black populations. The results of the pilot programs showed increased HIV testing across all clinical sites. The presentation also compared data on race/ethnicity, age, gender, mode of exposure, and test history for everyone who accepted a routine HIV test versus those who received a positive test. Recently, MDPH has received another round of funding for routine HIV testing, which enabled the expansion of target populations to Hispanic, intravenous drug users (IDU), and men who have sex with men (MSM). The grant is approximately $900,000.

<u>Legislative</u>

Massachusetts has required written consent for HIV testing since the mid-1980s. It was initially enacted to protect people from being tested without knowledge or consent. Since 2006, the CDC has been putting pressure on states to remove “legal barriers to testing,” and CDC has been working with many states to change laws, including those regarding consent. For the first time in MA in 2009, the written consent law was challenged legislatively. The lobbying for the bill was funded by a pharmaceutical company to eradicate written and verbal informed consent.

The bill maintained protections for disclosure, but not for testing. The state did not take a stand, yet tried to educate the community. The result was a compromised bill that said verbal consent had to be documented in the patient chart, but did not have to be a separate written form. The bill did not pass and currently there is still written informed consent required in MA.

In January, 2011, the House and Senate filled a bill to increase routine screening for HIV was referred to the Joint Committee on Public Health. On April 5, 2011, a hearing was held at the State House to discuss this bill to increase routine screening for HIV.

Names-Based Reporting
Sites are reporting, including one of the larger organizations that was previously not complying. At this point there is not an exact match up for every code with a name, and it is unknown at this point if that will ever be possible.

Adrian Guzman presented this information, and New Hampshire HIV testing and counseling legislative information the Planning Council on March 10, 2011.

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3. The Interaction of HIV and Aging
(Jim Campbell)

Jim Campbell monitored the interaction of HIV and aging, and presented to the Committee on their findings on April 14, 2011. 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. 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.

At the April 14, 2011 meeting, Jim Campbell gave an update on policy issues regarding HIV and aging. One proposal that is being discussed pertains to allowing PLWH to access senior services at the age of 50. Tony Fauci, from the National Institute of Allergy and Infectious Diseases (NIAID), is in the process of setting up a committee for HIV and aging. Other efforts have focused on social security and benefits for the Lesbian/Gay/Bi-sexual/Transgender (LGBT) community.

4. Pre-Exposure Prophylaxis (PrEP)

(Jim Campbell & Frank Schiano)

Marcy Gelman and Jim Maynard, from Fenway Community Health Center, presented to the Policy Committee at the February 17, 2011 meeting on pre-exposure prophylaxis (PrEP) as a prevention method for HIV. The presentation discussed the following topics:

- History of Fenway Center and its involvement with HIV/AIDS research and care.
- HIV prevention targets
  - To decrease source of infection
  - To decrease host susceptibility (PrEP falls into this category)
  - To alter behavior
- Intervention periods to target for prevention
  - Prior to exposure
  - Point of transmission
  - After infection (mostly transmission reduction)
- Disappointments in prevention efforts
- PrEP details
  - FDA approved medication to be given prior to exposure to a disease of concern
  - Medication is continued throughout periods of risk
  - Medication can be oral (i.e. pill) or topical (such as a gel)
  - Many clinical trials have been carried out since 2004 all over the world
- PrEP versus post exposure prophylaxis (PEP)
  - PEP is a regiment of anti-retroviral therapy (ART) that is given within 72 hours of an exposure
  - PEP is a 28 day course
  - PEP is not effective for people who are continuously exposed
- Prevention successes in 2010
  - Caprisa 004 – found safety and efficacy of 1% tenofovir gel microbicide in women; carried out in South Africa
  - CDC PrEP study (called Project PrEPare at Fenway) – tested safety and tolerability of oral tenofovir in MSM; enrolled 300 people at Fenway; only 7 infections in placebo group; study showed safety, but not efficacy
  - IPREX – showed efficacy in PrEP for MSM; carried out at 11 sites around the world, including Fenway; 2499 participants (89 in Boston); found to be 95% efficacious for MSM if taken every day

The Committee discussed the following policy issues surrounding PrEP.

- Prohibition of use of ADAP dollars.
- Prohibition of use of HRSA dollars.
- Who is eligible to receive PrEP?
- Who should prescribe PrEP?
- Will PrEP increase disparities?
- Will PrEP encourage more unsafe behavior?
- What will access be like in a resource limited setting? – (costs $1000/mo per person).

On May 12, 2011, Jim Campbell and Frank Schiano presented on “Considerations for Access to PrEP” at the Consumer Committee and Planning Council meetings.

5. MassHealth Dental Cuts

(Frank Schiano)

Helene Bednarsh, from the HIV Dental Ombudsman Program, presented to the Policy Committee during the December 16, 2010 meeting on the impact of the dental cuts by MassHealth that went into effect on July 1, 2010. Helene spoke about the history of cutting funding for adult dental services, starting with 9C cuts in 2002, which were eventually restored, leading up to the most recent adult dental cuts in July 2010, cutting off services to 700,000 people to allegedly save $54 million.

The HIV Dental Program, which reimburses dentists for providing dental care to PLWH, has seen an increase in the number of patients and providers enrolled in the program since July. Due to this increase in enrollment, the HIV Dental Program has had to limit some of their services, and postpone procedures when possible.

At this point, there has not been any notification from MassHealth that the services will be restored. Other options for PLWH besides the HIV Dental Program, are community health centers and dental schools. However, most of these options require clients to pay some out of pocket cost. Helene explained to the Committee that while advocacy efforts from consumers is important, even more critical is the buy-in from physicians, nurses, and other professionals outside of the HIV and dental fields in order to combat this issue. There was a hearing in August regarding the adult dental cuts, and a FY11 budget hearing is scheduled for January 2011.

At the April 21, 2011 Planning Council meeting, Laura Kozek provided an update on behalf of Alison Kirchgasser from the Office of Medicaid. Laura educated Council members that the House budget proposal was released on April 13, 2011. Similar to the Governor's proposal, the House budget did not restore the MassHealth adult dental benefits that were cut on July 1, 2010. A major change from the Governor's proposal is that the House budget proposal did not include funding for the Commonwealth Care Bridge program for legal immigrants, which would impact about 19,000 individuals who would then only be eligible for the health safety net through participating hospital emergency rooms and community health centers.

On May 3, 2011, there was a follow-up hearing regarding adult dental cuts, with substantial testimony provided in support of funding restoration. Also on May 3, 2011, Project Able organized a "Lobby Day" at the State House. Lobby Day provides consumers and advocates with an opportunity to rally at the statehouse and visit their legislators to lobby for funding for HIV/AIDS programs and services.

6. CORI Reform and Its Effects on PLWH

(Stephen Corbett)

Stephen Corbett monitored the issue of CORI (Criminal Offender Record Information) Reform, and presented an update to the larger Council on CORI Reform implementation on June 9, 2011. 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).

On August 6, 2010, Massachusetts Governor Patrick signed into law, legislation overhauling the Commonwealth's Criminal Offender Record Information law (CORI). The new law contains several provisions that will affect employers' use of the criminal histories of prospective and current employees.

The following provisions went into effect on November 4, 2010:

- The Criminal History Systems Board (CHSB) will be renamed the Department of Criminal Justice Information Services (DCJIS). The day-to-day operational division of CHSB, the agency responsible for the collection, storage, dissemination, and use of CORI prior to November 4, 2010, will become DCJIS. The board, however, which hears employers' applications for access to CORI, as well as complaints, will retain the name Criminal History Systems Board until May 4, 2012. Businesses and organizations that submitted CORI requests to CHSB and obtained CORI reports from CHSB prior to November 4, 2010 will submit the same CORI requests to DCJIS and will receive the same reports from DCJIS until May 4, 2012.

- Certified volunteer organizations will be authorized to obtain CORI for paid staff, vendors and contractors, in addition to volunteers. Volunteer organizations working with children and certified under section 172H of chapter 6 of the General Laws to screen volunteers, now will be authorized to obtain CORI reports to screen paid staff, vendors, and contractors, in addition to volunteers.

- The law "bans the box" on initial written employment applications. Except in instances where an employer is prohibited by law from hiring individuals because of criminal convictions, employers in Massachusetts will no longer be allowed to ask whether an applicant for a job has been convicted of a criminal offense on an initial written employment application.

Stephen Corbett presented an update to the larger Council on CORI Reform implementation on June 9, 2011.

III. RECOMMENDATIONS

A. Progress on Recommendations from the 2009-2010 Policy Committee

The 2009-2010 Policy Committee made several recommendations to the incoming committee members. The following were implemented without changes:

- Advise the Planning Council on the effects of policy developments and recommend steps for the Planning Council to take in response to these effects.
  Robert Greenwald, Managing Director of the Legal Services Center at Harvard Law School (HLS), and a member of the Presidential Advisory Council on HIV/AIDS (PACHA), presented to the Consumer Committee and the Planning Council on November 4, 2010 on National Health Care Reform. He called his presentation "Health Care Reform- The Good, the Bad and the Ugly" and educated the Council about existing advocacy efforts.

- 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.
  Adrian Guzman presented to the Council on "Routine Screening and Testing Laws in the EMA" on March 10th, 2011.

- Add time to Planning Council agendas (after committee updates) for the Council to discuss responses to policy developments.
  Council members are encouraged to ask questions after the presentations, Committee updates, during Council meetings, and also via evaluations. Answers to the questions are posted on the PCS website.

- Orient new Policy Committee members to policy developments in previous terms.
  At the second meeting, the Committee reviewed policy topics and summaries from the previous term. This document provides members with developments on the policy topics.

- At the start of each term re-evaluate the topics followed in the previous term.
  At the first meeting, the Committee reviewed the Policy Committee's 2009-2010 Year-End Report's recommendations, including the topics that the Committee followed. Committee members were encouraged to read the entire Year-End Report at their leisure.

  The following topics were followed by the 2009-2010 Committee:
  - *Federal Health Care Reform and Other Federal Issues*
  - *HIV Counseling and Testing Laws in Massachusetts*
  - *The Interaction of HIV and Aging*
  - *Massachusetts State Budget & Funding for HIV/AIDS Services*
  - *Names-Based HIV Case Reporting*
  - *CORI Reform and Its Effects on PLWH*

- Monitor the topic of pre-exposure prophylaxis (PrEP).
  The Committee explored PrEP extensively and presented to the Council on this topic.

- Facilitate participation in meetings by members who are not physically present (e.g., by conference call).
  It was decided that, conference call participation is not feasible or encouraged for any of the Planning Council committees.

- Monitor the interaction of Ryan White reauthorization and federal health reform.
  Robert Greenwald presented to the Consumer Committee and to the Council on this topic at the November 2010 meeting. The Committee will continue to monitor this topic. Two sets of outside speakers were invited to present to the Policy Committee: Thera Meehan and Bernadette Green (MDPH), on "Routine Screening and Testing Laws in MA"; and Jim Maynard and Marcy Gelman (Fenway Institute), on "PrEP".

- Have members give presentations on their policy topics and invite outside speakers when appropriate.
  Members are encouraged to take leadership in areas that they are interested in. Outside speakers will also be used to explore topics where expertise is beneficial.

- 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.
  At the first meeting, the Committee discussed the policy topics to follow for the 2010-2011 term. The initial topics that were suggested are as follows (in no particular order):
    - *Criminalization of HIV*
    - *Federal Health Care Reform*
    - *MassHealth Dental Cuts*
    - *HIV and Aging*
    - *Names-Based Reporting*
    - *Repeal of Alcohol Tax*
    - *Routine Screening and Testing Laws*
    - *State-Level HIV/AIDS Policies*

These topics were brought to the Executive Committee and the list was since modified, eliminating Criminalization of HIV and the Repeal of Alcohol Tax. The final list of issues followed during the 2010-2011 year includes:

- MassHealth Dental Cuts
- The Interaction of HIV and Aging
- Federal Health Care Reform
- CORI Reform
- Routine Screening and Testing Laws in the EMA
- Pre-Exposure
- Prophylaxis (PrEP).

It was decided that Adrian Guzmán would provide updates to the Committee on Names-Based Reporting, but that it was not necessary to follow as a separate topic.

B. Recommendations to the 2011-2012 Policy Committee

- Solicit the input of the Planning Council as to which policy topics are high priority to follow.
- Reach out to Committee chairs to get feedback on Policy issues that Council members would like the Policy Committee to follow.
- Continue to the federal budget situation.
- Continue to follow Federal Health Care Reform.
- Keep a list of what, if any, funding/services are cut from the federal budget and the health care bill.
- Provide a briefing book on policy issues to Council members at the beginning of the term.

C. Recommendations to the 2011-2012 Planning Council

- Continue to have a selection of Policy Committee presentations to the Council throughout the Planning Council year.
- Continue to solicit outside experts at the Council level.