

HIV Community Planning Council
PLWH ADVOCACY GROUP
Wednesday, January 18, 2017
25 Van Ness, 8th floor conference room
San Francisco, CA
3:00-5:00 pm

Committee Members Present: Cesar Cadabes, Ron Hernandez, Ken Pearce, Stacia Scherich, Charles Siron

Committee Members Absent: Wade Flores [E], Matthew Miller [E], Mick Robinson [E], Chip Supanich [E]

Others Present: Kevin Hutchcroft (HHS)

Support Staff Present: Ali Cone, Mark Molnar, Liz Stumm

Minutes

1. Introductions

The meeting was called to order at pm 3:10 pm by Chair Hernandez. Everyone introduced themselves and quorum was established.

2. Review /Approve January 18th 2017 DRAFT Agenda – VOTE

The January 18th 2017 DRAFT Agenda was reviewed and approved by consensus.

3. Review /Approve October 19th 2016 DRAFT Minutes – VOTE

The October 19th 2016 DRAFT Minutes were reviewed and approved by consensus.

4. Announcements

- None.

5. Public Comment

- None.

6. Co-Chair Election - VOTE

- The group nominated a Co-Chair for the PLWH Advocacy Group.
- **MOTION: CM Pearce nominates CM Cadabes as Co-Chair of the PLWH Advocacy group.**
- **Co-Chair Siron seconds the motion.**
- CM Cadabes accepted the nomination but noted that he has reservations about becoming the Co-Chair of the PLWH advocacy group because he is new to the care model and is no longer a consumer of services.
- CS Molnar noted that CS Jordan is putting together different trainings (including care topics) for interested parties if that would ease his hesitations.
- **VOTE: Motion passes. See column [1] for a vote break down.**

7. Support Groups

- The group received an update on support groups for HIV+ women and serodiscordant couples.

- Kevin Hutchcroft reported that there are two psychosocial support groups that focus on women that are both at Shanti. There are currently no support groups for serodiscordant couples. He found this information by sending out a questionnaire to agencies to get information about their support groups.
 - CS Cone noted that Rita de Cascia has several women's group but they may not have responded to the survey.
- Kevin noted that his psychosocial support group handout is on the DPH website, and is a living document. He can contact Rita de Cascia to find out more information about their support groups.
- CS Molnar noted that there is a gap in support groups for women, the Council could potentially create a pilot project through carry-forward funding to address this.
- CM Pearce and Co-Chair Siron volunteered to contact the agencies on the list to get details about the current psychosocial support groups.

8. HHP/Emergency Financial Assistance Pilot Project Update

- The group received an update on the Health Insurance Premium Payments/Emergency Financial Assistance pilot project.
- Kevin reported that demand for the SF version of the premium payment has not been great, probably because there is already a state program. It was set up so money could be moved easily from health insurance grants to emergency financial assistance. He doesn't have the exact number but less than 20 received payments locally.
- CM Pearce noted that in the report from CM Hall, OA-HIPP is being extended to pick up other types of premiums to allow for parity. It sounds like the issue is more about getting the word out.
 - Kevin responded that yes, the program is not being utilized to its full extent. OA-HIPP requires you to be enrolled in Covered CA and enroll in OA-HIPP within 24-48 hours. We felt there was a good chance that was not going to happen.
- The group discussed whether you have to be enrolled in Covered CA to be on OA-HIPP.
 - CM Pearce noted that they will cover Part D premiums, which is not Covered CA, it's just Medicare. They implied that they would extend this to others, and he will ask CM Hall if that applies to Medigap policies. He was told by an ADAP representative that they will not cover 3 month fills, but he just filled a 3 month prescription.
- CS Molnar commented that if such a small number of people are using this program, it would seem challenging to not refund this project.
 - Kevin responded that it is too early to make that determination, but there has not been a strong response. He can get a final number at a later date.
 - CM Pearce noted that the Council should wait to see what happens with the new administration, we may be ahead of the game when addressing fall out.
 - HHS will provide an update closer to the Summit.

9. Injectable HIV Medications

- The group received a presentation on injectable HIV medications.
- Kevin reported that clinical trials for injectable HIV medication is now at phase 3. II (safety for human subjects has been determined, now looking at efficacy).
- There are two different strategies:
 - Combining an integrase inhibitor cabotegravir with a non-nucleoside reverse transcriptase inhibitor to inhibit enzymes HIV needs for replication.
 - An antibody which prevents HIV from entering a cell.
- Both strategies are at the phase 3 level. The antibody is a different mechanism, there is no toxicity level at all. We may see some medications coming out this year. The drawbacks are you cannot withdraw the medication if you are experiencing side effects. The biggest adverse effect is pain at

injection site. The medications have been very effective, comparable to the oral medication. The trial was injections at 4 8 weeks, the 4 week injection was slightly more effective. Overall the subjects wanted to continue receiving injections. Participants reported that the injections reduce stigma because you don't have to have a daily reminder while taking oral medication.

- CM Pearce commented that injectable medications would be especially beneficial to an aging population, who might experience short-term memory loss.
- Co-Chair Hernandez inquired about the cost of the injectable medication.
 - Kevin responded that it is too early to tell because it has not been approved by the FDA, but they are being fast tracked.

10. ADAP

- The group discussed ADAP challenges.
- Kevin reported that it has been a difficult transition since July, from Ramsell who was the pharmacy eligibility provider for 20 years. The OA broke the functions up by three different providers, A.J. Boggs as the benefits manager, Magellan as the pharmacy network and Pool Administrators Incorporated to do the OA-HIPP.
- ADAP has had to continually extend client's eligibility because the portal is not working. He visited with the State Health Officer, and they expect that the basics of the portal should be up this month. They expect to work through the remainder of the year to have the portal completed. There was a breach in confidentiality that shut down the portal. We are back to the old system of faxing applications, he recommends to work directly with the OA and bypass A.J. Boggs for the time being.
- CM Pearce noted that the report from the OA stated that anyone from November who needs to be re-upped from Nov-Jan was automatically given a 6 month extension. We need to get this information out.
- Kevin noted that clients who needed to be re-certified from Dec-Feb were automatically given a 6 month extension. This notice was sent to every enrollment worker. He recommends still going to your enrollment worker even though you are automatically extended for audit purposes.
- The group discussed bumping Kevin's psychosocial support presentation from the Full Council agenda to make room in the agenda for ADAP questions.

11. Public Policy Discussion

- The group discussed recent public policy news.
- Kevin Hutchcroft reported that the House and Senate have passed resolutions that set the stage for reconciliation later on. The budget process is you have to have 2 resolutions, one that sets the basic parameters for the budget and a reconciliation. The reconciliation deals with budget matters, which only needs a majority vote in the Senate to reduce payments to Medicare expansion and reduce support for exchanges in every state. In order to stop the prohibition on preexisting conditions exclusions they will need 60 votes as well as people staying on their parent's insurance plans until they are 26.
- CM Pearce commented that the impact in our EMA is Medicare expansion, what will happen to ADAP?
 - Kevin responded that ADAP has the most bipartisan political support. It is bad politics to take away medication from people who have HIV. Medicaid expansion is in danger but we still have Healthy SF, a political culture and funds to support it. The other issue is sanctuary cities, but they will not affect SF's budget in a major way.
- CM Scherich would like to propose to have monthly meetings.

- CM Pearce noted that there has been poor attendance at monthly meetings and the group voted last month to have bi-monthly meetings. The group can always choose to have a special meeting if a pertinent issues arises.

12. Next Meeting Date & Agenda Items- VOTE

The next Membership Committee Meeting is scheduled for Wednesday March 15th 2017, 25 Van Ness, 8th Floor Conference Room, SF CA from 3-5 pm.

Parking Lot: Health Insurance Premium Payment Assistance, ADAP, Injectable HIV medications and Public Policy.

13. Adjournment

- The Meeting was adjourned at 4:22 pm by Co-Chair Hernandez.

PLWH Advocacy Group

HIV Community Planning Council

Roll Call: **P**=Present; **A**=Absent; **E**=Excused; **L**=Leave of Absence

Votes: **Y**=Yes; **N**=No; **B**=Abstain; **R**=Recused (deduct from quorum)

January 18, 2017

roll [1] [2] [3] [4] [5] [6] [7] [8] [9]

1.	Cesar Cadabes	P	Y										
2.	Wade Flores	E	-										
3.	Ron Hernandez	P	Y										
5.	Matthew Miller	E	-										
6.	Ken Pearce	P	Y										
7.	Mick Robinson	E	-										
8.	Stacia Scherich	P	-										
9.	Charles Siron	P	Y										
10.	Chip Supanich	E	-										

Ayes										
Nayes										
Abstain										