VIRGINIA DEPARTMENT OF HEALTH

Public Hearing Summary, May 2015

Katrina Fontenla
HIV Services Coordinator

5/12/2015

Summary of Public Comment Received by the Virginia Department of Health on the use of Ryan White and HIV Prevention Funding at Public Hearings in April 2015.

Public Hearing location:

Northern Virginia Regional Commission 3040 Williams Drive, Suite 200 Fairfax, VA 22031

Presentations:
Lauren Yerkes- HIV Epidemiologist
Katrina Fontenla- HIV Services Coordinator
Jennifer Flannagan- Health Educator at VCU HIV/Aids Center Education Program
Bruce Taylor- Community Health Planner

Date: April 21, 2015
Time: 7:00-8:30 PM
Total number of attendees in addition to VDH staff: 6

The hearing was called to order at 7:00 PM.

Lauren Yerkes presented data on the distribution of HIV/AIDS and care services throughout the Northern Virginia region of the Commonwealth, including:

- Diagnosis by region
- Diagnosis by age
- Trends of late testers (individuals who are diagnosed with AIDS at their initial diagnosis) by race/gender
- Definition of the HIV Care Continuum and its variables

Katrina Fontenla provided an overview of the Ryan White (RW) Part B program administered by VDH.

Topics presented:

- Federal funding through the Health Resources and Services Administration (HRSA)
- RW service planning and delivery including the Statewide Coordinated Statement of Need (SCSN)
- Minority AIDS Initiative (MAI)
- Special Projects of National Significance (SPNS) Systems Linkages and Access to Care Initiative

Jennifer Flannagan provided an overview of the Virginia ADAP.

Topics presented:

- AIDS Drug Assistance Program (ADAP)
- Eligibility and applications
- VDH Medication Eligibility Hotline
    - Tollfree 855-362-0658
- VDH Website and ADAP updates
    - www.vdh.virginia.gov/ADAP

- Programs under ADAP
    - Direct ADAP
    - Health Insurance Marketplace Assistance Program (HIMAP)
    - Pre-Existing Condition Insurance Plan (PCIP)
    - Medicare Part D Assistance Program (MPAP)
    - Insurance Continuation Assistance Program (ICAP)
- ADAP-approved ACA insurance plans
    - 2014/2015 ACA enrollment numbers (regional and statewide)

Bruce Taylor provided an update on HIV Prevention Services, and including information on:

- Community HIV Planning Group (CHPG) and membership
- Prevention planning strategies
- Populations of top priority
- Grant programs funded through HIV Prevention

Public Comment

Questions/Concerns: anything made part of public record - none

The hearing was adjourned at 8:35 PM.

Public Hearing location:
LGBT Center of Hampton Roads, 248 W. 24th Street Norfolk, VA 23517

Date: April 22, 2015
Time: 6:00-7:30 PM
Total number of attendees in addition to VDH staff: 17

The hearing was called to order at 6:00 PM. Bruce Taylor gave an introduction and explained the public hearing process.

Lauren Yerkes presented data on the distribution of HIV/AIDS and care services throughout the Eastern Virginia region of the Commonwealth, including:

- Diagnosis by region
- Diagnosis by age
- Trends of late testers (individuals who are diagnosed with AIDS at their initial diagnosis) by race/gender
- Definition of the HIV Care Continuum and its variables

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Bruce Taylor provided an update on HIV Prevention Services, including information on:

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- Populations of top priority
- Grant programs funded through HIV Prevention

The period for public comment and question was opened. Questions and discussion topics included:

Presentation: Data on the distribution of HIV/AIDS and care services throughout the Eastern Virginia region of the Commonwealth

1. A question was raised regarding the current age of diagnosis data presented based on new cases. VDH representatives explained that the current age of diagnosis data is reflective of all living cases of HIV/AIDS in Virginia.

2. A question was asked if current data figures include data from private physicians and labs. A VDH representative explained that in 2007, reporting of HIV/AIDS test results became mandatory; therefore diagnosis of HIV/AIDS is the main care marker. HIV care visits are additional care markers, but they do not have mandatory reporting requirements.

3. An attendee asked if the military contribute to the large number of cases of HIV/AIDS in Eastern region. A VDH representative answered that yes, the military can be a factor for the increased number of newly diagnosed cases in Eastern region. Additional factors such as deaths, migration, etc all mean the actual number could be different from the VDH reported data.

4. A member of the audience asked why the virally suppressed care marker is measured as <200. The VDH representative answered that viral suppression is defined as <200 because it is the CDC definition.

5. The next question posed was what percentage of the Norfolk TGA is undiagnosed but living with HIV. The VDH response stated that it is difficult to determine a statewide percentage. The current nationwide percentage is 14%. CDC is currently doing research to measure statewide percentages.

Presentation by HIV Care Services

1. The first question asked by an attendee was how often VDH has to submit their budget to the federal government for review. A VDH representative said that annual reporting to HRSA is required.

2. The next question posed was in response to a SPNS slide discussing the two year effectiveness strategy; the attendee stated that if VDH is using a two year window to evaluate effectiveness and how it benefits RWPB clients today. The VDH representative answered that a two year window for collection of information regarding services and client health is for the SPNS grant. That window allows enough time for the completed data to come in and for the program's effectiveness to be evaluated then decide how to implement these programs in other areas throughout Virginia. The VDH representative also stated that direct feedback from clients is received at forums such as public hearings and from consumer advisory boards (CABs) which influence care and services provided immediately and that VDH requires providers to submit weekly and monthly data reports from contractors to evaluate the effectiveness of RWPB services. Additionally, the VDH representative stated that as we work to expand access to care and additional services it is important to hear from clients so relevant needs are addressed.

3. An attendee stated they are having difficulty with the process of transitioning from private insurance to Medicare. The VDH representatives suggested the discussion should be addressed with ADAP staff and VDH followed up with the client.

ADAP Presentation

1. An attendee asked about the differences between insurance plans in 2015 compared to plans in 2014. The presenter cited some companies having removed Complera and Stribild from their medication formulary as a primary difference. Additionally, all ADAP clients who were reenrolled in these plans during open enrollment period were allowed to continue on these medications without interruption and newly enrolled clients to these plans need to have their medical providers submit a medication exception to access these medications.

2. A person attending stated that there is no coverage for eye exams and treatments. This was noted by VDH staff as an area to potentially expand services.

3. The next question posed by an attendee asked why clients receiving full Low Income Subsidies (LIS) are ineligible for Medicare Prescription Drug Assistance Program (MPAP). The presenter stated that it is necessary to abide by the requirements of the grant. A VDH representative also stated that under the MPAP program VDH provides assistance with Medicare Part D premiums and co-pays, clients who receive full/partial LIS are eligible to receive assistance. The contact information for the VDH MPAP specialist was shared with the attendee.

Prevention Presentation

1. An attendee asked if VDH will pay expenses related to attending community HIV Planning Group meetings. The VDH representative said yes, VDH will pay travel and expenses such as food/meals etc. and representatives from the Eastern Virginia region,

care providers, and the transgender communities are needed. The VDH representative shared his contact information and the website to submit an application.

2. The next question posed by an attendee was whether or not HIV/AIDS education is funded by the Commonwealth of Virginia. The VDH representative responded that yes, state funds are used for HIV/AIDS education, not the CDC funds.

3. An attendee inquired if VDH collaborates with the Department of Education to address sex education needs. The VDH Prevention representative stated that VDH participates in the Youth Risk Behavior Surveillance System (YRBSS), which is a survey that addresses high risk activity among youth. School health education is run through the Department of Education (DOE), therefore we share resources, but the DOE sets the curriculum.

Feedback/Suggestions

1. A question from an attendee raised was with ACA in place, is it possible there will be another ADAP waitlist in the future? A presenter replied that VDH looks at where ADAP stands financially, monitors medication access, client enrollment numbers and closely monitors the budget. VDH monitors all resources and would initiate necessary actions before a waitlist is put in effect.

2. An attendee wanted to know if Intravenous Drug Use (IDU) pilots will occur in Virginia. The VDH prevention staff stated that pilots are federally mandated and resources are in place for IDUs such as needle drop offs, wound care, health assessments, HIV testing, and substance abuse treatment. State funding stipulations limit the use of IDU outreach but community organizations have the ability to think of more innovative ways to address drug users.

3. The following question asked by an attendee was if state funds can be used to educate pharmacists. The VDH Prevention staff stated yes, public health issues become state health issues and when state health issues occur VDH initiates programs to assist in those issues.

4. An attendee asked why Ramsell is not used for PrEP. VDH Prevention staff stated that Ramsell is under Ryan White; Ryan White is only used for people living with HIV/AIDS.

5. A person attending the meeting asked how would a client living in a Part B area (with no consortia available) make his concerns known to providers and VDH. VDH staff suggested they attend CAB meetings, work with peers and collaborate ideas, attend public hearings, fill out feedback surveys, and discuss concerns with case managers.

6. A person suggested expanding RWPB funds to include housing, utilities, car repairs, and optical services for adults.

7. Additional concerns were stated, such as lack of providers in rural areas and the matter of disclosing status in public forums.

Public Hearing location:
Council of Community Services 502 Campbell Ave SW, Roanoke, VA 24016

Date: April 28, 2015
Time: 7:00-8:30 PM
Total number of attendees in addition to VDH staff: 8

The hearing was called to order at 7:00 PM. Bruce Taylor gave an introduction and each attendee introduced themselves.

Lauren Yerkes presented data on the distribution of HIV/AIDS throughout the Southwest Health Districts.

- Diagnosis by region
- Diagnosis by age
- Trends of late testers (individuals who are diagnosed with AIDS at their initial diagnosis) by race/gender
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Public Comment

The period for public comment and question was opened. Questions and discussion topics included:

- Several comments and concerns regarding Case Management services in the South West Virginia region were shared by all attendees. These concerns were communicated to VDH staff for follow up.

The hearing was adjourned at 9:45 PM.