



Minutes ☿ December 9, 2019

4pm-6:30pm

Rm 233, King County Chinook Building, 401 5th Ave., Seattle

Council Members Present: *Scott Bertani, Susan Buskin, Carlos Delgadillo, Eve Lake, German Galindo, Lydia Guy-Ortiz, Katie Hara, Michael Louder, Teresia Otieno (phone), Ron Padgett, Richard Prasad, John Rodriguez, Gladys Wiessner*

Council Members Absent: *Alora Gale-Schreck, Brian Lauver, Hector Urrunaga-Diaz, Kim von Henkle*

Planning Council Staff Present: Jake Ketchum, Becca Hutcheson, Wilson Pipkin (minutes)

Recipient Staff Present: Linda Coomas, Marcee Kerr, Shila Wu

Visitors Present: Tony Radovich (SOC Committee Co-Chair), Roxanne Kerani (Harborview Medical Center), Richard Lechtenberg (Dept. of Public Health-Seattle & King County), Dennis Saxman (unaligned consumer), Matt Golden (Dept. of Public Health-Seattle & King County), Karen Hartfield (Dept. of Public Health-Seattle & King County), Tom Jaenicke (WA State Dept. of Health), Elizabeth Meachum (Dept. of Public Health-Seattle & King County), Beth Crutsinger-Perry (WA State Dept. of Health)

Italics denote Planning Council Membership.

I. **Welcome, Introductions and Announcements**

Dennis Saxman introduced himself and stated that the new location of the meeting is difficult to attend, and that he had issues when calling for information on the new location.

II. **Public Comment**

None

III. **Meeting Agenda**

The agenda was approved as written by acclamation.

IV. **Meeting Minutes**

It was suggested that if the affiliation of an attendee is unknown, that it is noted. It was suggested that acronyms be spelled out.

The October minutes were approved as amended by acclamation.

V. DOH

Beth Crutsinger-Perry from the Washington State Dept. of Health (DOH) presented on the cuts in funding from the Office of Infectious Disease. Her main points being:

- Through the Ryan White Part B AIDS Drug Assistance Program (ADAP), there was drug purchasing that generated income through rebates from pharmaceutical companies.
- This income was saved, and by 2015 the unspent amount was about \$55 million.
- The Health Resources and Services Administration (HRSA) stated in 2017 that that money needed to be spent within 3 years, and that it must be used in service of people living with HIV/AIDS (PLWH).
- In order to spend out those funds, many new, innovative and expanded programs for PLWH were funded.
- Since then, drug cost and insurance premiums have increased 55%, the rebate revenue has gone down 28%, federal funding remained constant, and there has been a 21% increase in ADAP enrollment.
- In 2015, the Office of Infectious Disease took on medical case management (MCM) costs for King, Island, and Snohomish Counties. This was to get everyone into the same system of care, but there will not be the same funding for this anymore. The exact amount of changes in funding is currently unknown. The changes in funds will go into effect on June 30th 2021.
- The Planning Council will need to consider adding MCM back into their prioritization and allocation process.
- Washington State is facing a funding deficit of anywhere from \$6 million to \$13 million.
- Applications for 2 new federal grants have been submitted. The Ryan White Supplemental grant application was for \$8.8 million, and \$3.6 million was granted and applied to the funding deficit. The ADAP emergency relief fund application was submitted for \$10 million, but will likely not be fully funded.
- There is an internal DOH staff meeting scheduled for January 6, 2020 that will include local community and health partners to prioritize the reduced budget.
- Gilead Sciences has the largest market share and has been the largest reduction in revenue to the program. Janssen Pharmaceuticals has also cut funding. ViiV, Merck & Co., AbbVie Pharmaceuticals, Thera Pharma Corp have maintained funding levels.
- This funding deficit is on the agenda for the legislative session in January 2021. Any funding decisions made there will not go into effect until July 1, 2021, which could leave a month gap.
- These funding cuts are not unique to Washington State, and every state is getting the same cuts to their rebates.

<Teresia joined by phone at 4:40pm>

Carlos stated that he would like more information, as he did not understand a majority of what was covered.

Scott stated that Lifelong and Janssen Pharmaceuticals are working on raising this issue at the federal level.

VI. Cluster Identification and Response (*Susan*)

Susan presented information on cluster identification and response with the major points of information being:

- Susan gave the example of the cluster that was identified on Aurora Ave. in North Seattle.
- Molecular HIV surveillance was used to connect 9 people with related viruses diagnosed from 2008-2017, but this is only one of the tools used for cluster identification and response.
- Molecular HIV surveillance uses the genetic sequence of the virus, not the sequence of the PLWH.
- HIV mutates rapidly, and molecular identification cannot be used to prove transmission. It can be used to show that a virus is part of a cluster.
- Cluster response includes field workers helping educate and get people in care, doing more screening and care in jails and emergency rooms, syringe services, and PrEP promotion.
- There have been no new cases associated with the North Seattle cluster since July. This cluster marked a shift in populations at risk for HIV.
- All CDC funded health jurisdictions have to do cluster identification and response.
- There have been PrEP resistant strains, but there is no evidence of circulation within the population.
- Molecular surveillance is used for several diseases, not just HIV. The reporting of molecular sequences is used for HIV prevention.
- There was concern around how cluster identification and response could be used in the enforcement of laws that criminalize HIV transmission. Susan stated that Public Health does not enforce any laws.
- There was concern about the rapid robust response to this cluster, as compared to the response of communities that have been affected for much longer. It was noted that there is prevention and care work going into marginalized populations affected by the epidemic.
- The data security for cluster identification and response is held to the same standards as all other data gathered for Public Health.

VII. Recipient Report (Linda)

It was stated that the reallocation was approved in the last Needs Assessment, Priority Setting & Resource Allocation Committee (NAPSRA) meeting. It was stated that the recipient staff has been working on contract amendments, as well as programmatic and fiscal site visits to monitor compliance. Marcee continues to work diligently with DOH on Provide and also on the ECHO and Stigma collaboratives.

VIII. Executive Committee Report (Michael)

Nothing of note to report.

IX. Needs Assessment, Priority Setting & Resource Allocation Committee Report (Richard)

It was stated that an estimate of carryover funds requested is required by HRSA by December 31st. The final request with amounts allocated is not due until July, but if the initial request is not submitted, the final request cannot be submitted.

MOTION: Richard motioned that we accept this carryover plan estimation, seconded by Susan.

Discussion: It was noted information on things being voted on at Full Council meetings should be sent out in advance.

☑ The motion passed with the following vote:

- In favor – 11 – *Katie, Michael, Lydia, John, Ron, Carlos, Susan, German, Teresia, Eve, Richard*
- Opposed -0-
- Abstaining -2- *Scott, Gladys*

X. Membership/Operations Committee Report

It was stated that both co-chair positions on this committee are currently vacant, and that there is also a vacancy in the System of Care Committee.

☞ Action: Wilson will send out information on co-chair vacancies, what the committees with vacancies do, and when they meet.

XI. Break

XII. +Caucus Report (*John*)

It was stated that the +Caucus is currently working on a brochure for recruitment and outreach in the community, a handbook for new Council members, and supporting consumers.

XIII. System of Care Committee Report (*Tony*)

Michael was acknowledged for his work as co-chair of the SOC Committee, and thanked for the perspective and lived experience that he provided.

It was stated that the Standards of Care are nearing completion, and that the current work being done is on the standards for culturally and linguistically appropriate services (CLAS). There has been a lot of focus on language, but the need for acknowledging and welcoming culture has been highlighted repeatedly.

It was stated that if DOH has data on the epidemic they will share it, and if they do not have it they are willing to talk about it.

XIV. Adjourn

NEXT MEETING: January 13th, 4pm-6:30pm at the King County Chinook Building, Rm 233.