



# LOS ANGELES COUNTY COMMISSION ON HIV

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## JOINT PUBLIC POLICY (JPP) COMMITTEE MEETING MINUTES April 15, 2009



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Whitney Engeran-Cordova, <i>Co-Chair</i>	Ted Liso	Mark Davis	None	Julie Cross
Lee Kochems, <i>Co-Chair</i>	Ron Osario	Mike Johnson		Carolyn Echols-Watson
Kyle Baker	Chris Villa	Ruel Nollobo		Jane Nachazel
Carrie Broadus				Craig Vincent-Jones
Jeffrey Goodman				
Manuel Negrete				
Kathy Watt				
Kimberlee Woods				

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- 4) **Diagram:** Joint Public Policy (JPP) Committee Decision Tree, 3/1/2009
- 5) **Summary:** California SB 57 and SB 227, MRMIP, 4/15/2009
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- 13) **Legislation:** HR 805: Strengthening America's Public Health System Act, Congresswoman Baldwin, 2/3/2009
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- 15) **Legislation:** HR 1616: Early Treatment for HIV Act (ETHA), Congressman Engel, 3/19/2009
- 16) **Legislation:** Draft AB 1045: HIV and AIDS Reporting, Assembly Member Perez, 2/27/2009
- 17) **Matrix:** Public Policy Issues Docket – 2009, 4/14/2009
- 18) **Letter:** Commission on HIV Policy Docket – 2009, 4/15/2009
- 19) **Matrix:** Commission on HIV Policy Docket – 2009, 4/14/2009
- 20) **Brief:** State FYs 2009/2010 Budget Analysis, 4/9/2009

1. **CALL TO ORDER:** Mr. Engeran called the meeting to order at 2:10 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order, as amended (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve 3/4/2009 JPP Committee meeting minutes, as presented (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.

5. **COMMITTEE COMMENT, NON-AGENDIZED:**

- Mr. Vincent-Jones noted the JPP Committee has been charged with formally requesting financial information from the Center for AIDS Prevention (CAP) by the Commission. This request was made at the 4/9/2009 Commission meeting after Mr. Lomax Burnett, from (CAP), expressed interest in partnering with the Commission.
- ➡ The Commission will send CAP a letter requesting financial information on its services.

6. **CO-CHAIRS' REPORT:**

A. **Prevention Planning Committee (PPC) Nomination:**

- The Board can appoint members directly to a specific committee. The Commission requires committees to identify committee-specific criteria. JPP's only criterion is that the person be nominated by the PPC.
- Mr. Kochems and Mr. Engeran-Cordova reported concerns with Dr. Woods' application as members of the Long Beach HIV Planning Group (LBCHPG). Concerns were expressed regarding the PPC nomination process in which government and community co-chairs nominate applicants without PPC membership support.
- As a representative of the LBCHPG, SPA 8 group, Mr. Johnson presented his concerns about Dr. Woods' attendance and expertise. Dr. Davis noted time commitments required by the JPP Committee and expressed concerns about her commitment.
- Ms. Watt responded that Dr. Woods was not expected to represent SPA 8 on the JPP Committee, but the PPC and she actively attended and participated in the development of the PPC's 2009-2013 Prevention Plan.
- Ms. Broadus felt the PPC nomination of representatives to the JPP Committee should be respected.
- Dr. Woods responded that she had not been advised that attendance at an unrelated meeting would impact her membership on the JPP Committee, acknowledged the time commitment, and that she has been evaluating what other commitments to let go in order to free the time. She further identified that her agency and her representation of it had adequate expertise, and that The Center manages its relations respectfully.
- Mr. Johnson suggested that Commissioners and others who expressed meet with Dr. Woods to reconcile issues and forge a solid working relationship based on mutual trust.

**MOTION #3 (Broadus/Baker):** Call the question (**Passed: Ayes:** Baker, Broadus, Goodman, Watt; **Opposed:** Engeran-Cordova, Kochems; **Abstentions:** None).

**MOTION #4 (Broadus/Baker):** Nominate Kimberly Woods to the JPP Committee for the Commission to approved forward to the Board of Supervisors for appointment (**Passed: Ayes:** Baker, Broadus, Goodman, Watt; **Opposed:** Engeran-Cordova, Kochems; **Abstentions:** None).

7. **COMMITTEE DECISION PROCESS:**

A. **Joint Public Policy (JPP) Committee Decision Tree:**

- Mr. Vincent-Jones noted JPP had requested clarification of its decision-making process. The decision tree diagrammed the process.
- JPP recommends actions to the Commission and the PPC. Final PPC decisions are forwarded to the Office of AIDS Programs and Policy (OAPP) while Commission recommendations are forwarded to the Board of Supervisors and the Chief Executive Office (CEO).
- Commission and PPC members, along with other stakeholders, can impact JPP decisions by attending and participating in meetings. The diagram illustrates that JPP recommendations to the Commission do not require further PPC approval, and vice versa, although members of both bodies can attend the others' meetings and participate in the final decision.
- The day of the JPP meeting time was changed to accommodate PPC participation.
- ➡ Mr. Vincent-Jones will revise the diagram to ensure consistent language and write a supplementary narrative to accompany the diagram.

8. **PENDING/ POSTPONED LEGISLATIVE REVIEW:**

A. **2009 Pending/ Postponed Legislation:**

i. **SB 57: California Major Risk Medical Insurance Program (MRMIP):**

- Ms. Cross reported on SB 57 and 227, which pertain to the State's major insurance risk pool. States normally have a pool through a Department of Insurance that requires companies to offer policies to those otherwise medically uninsurable. Many health care reform strategies utilize the pool to expand coverage.
- The California Major Risk Insurance Board annually selects policies for companies to offer as part of the risk pool. Premiums vary by region and the applicant's age. All have a minimum \$500 annual deductible and cost-sharing within the policy.

- Few PWHIV purchase policies due to the cost. However HIV+ immigrants have done so to meet immigration requirements. Neither Care/HIPP nor Medi-Cal HIPP provide premium assistance for MRMIP. Those enrolled in Medicare are not eligible.
- Historically, the program has had a long wait list, e.g., there are currently 265 on the waiting list. Legislation has tried to remedy that with a life-time limit and a mechanism to obtain a guarantee issue policy, but they have not been effective over time.
- SB 57 addresses cost and the wait list by: increasing required prior rejections to three unless medically uninsurable; requiring a minimum four products including a health savings account option; creating a rider risk pool for healthier people; increasing insurance annual and lifetime caps; eliminating regional cost variances; allowing a risk cost for those morbidly obese or with a history of tobacco use, while requiring an incentivized wellness program; redirecting more tobacco surtax funds to major risk; and requiring all insurance companies to contribute toward the fund.
- Several felt singling out those morbidly obese or with a history of tobacco use was a slippery slope.
- Mr. Vincent-Jones questioned pulling high profit cases from the pool. Ms. Cross replied it was a concession to the insurance industry, but several large health access groups opposed the bill for that reason, among others.
- Mr. Goodman said he had used MRMIP and, while not good, it was a useful mechanism if the person could afford it. He was in favor of improving MRMIP, regardless of potential health care reform, but did not feel this bill did.

**MOTION #5 (Broadus/Goodman):** Oppose SB 57 (*Passed by Consensus*).

ii. **SB 227: Health Care Coverage:**

- This “pay or play” bill requires companies to offer coverage or pay a MRMIP fee based on service cost efficiency; removes the annual benefits cap; and lowers out-of-pocket costs for prevention and primary care. It also allows re-enrollment of those previously graduated out of the pool to guaranteed issue plans which have often cost more.
- The bill sets some limits on raising policy rates to companies if they employ people who are less healthy.
- MRMIP hearings are scheduled 4/22/2009. As recommendations go through the Chief Executive Office (CEO), it is too late to impact these hearings, but there can be impact over time.

**MOTION #6 (Goodman/Broadus):** Support SB 227 (*Passed by Consensus*).

iii. **SB 374: ~~Health care providers: reasonable disclosure: reproductive choices~~ – Personal Trainers:**

- This bill has been gutted and re-purposed to an unrelated subject.

**MOTION #7 (Engeran-Cordova/Broadus):** Take no action on SB 374 (*Passed by Consensus*).

iv. **AB 120: ~~Health care providers: reasonable disclosure: reproductive choices~~ – Healing Arts: peer review:**

- This bill has been gutted and repurposed to an unrelated subject.

**MOTION #8 (Engeran-Cordova/Broadus):** Take no action on AB 120 (*Passed by Consensus*).

v. **AB 517: Safe Body Art Act:**

- Ms. Echols-Watson said a bill was passed 10 years ago to regulate permanent cosmetology, such as piercing and tattooing, but localities found it too vague to implement. This bill received practitioner and regulator input. It is supported by the California Environmental Health Association and the California Alliance for the Promotion of Safe Body Art.
- Mr. Vincent-Jones noted it was highly technical and would require substantial research for due diligence.
- Ms. Broadus said it related to prevention as it could educate the industry and public about blood-borne pathogens.
- Concerns were expressed about industry and government expense as well as feasibility of enforcement.

**MOTION #9 (Broadus/Negrete):** Watch AB 517 (*Passed by Consensus*).

vi. **AB 861: County Integrated Health and Human Services:**

- ⊖ Postponed to gather additional information.

vii. **AB 1397: Tissue Donation:**

- Mr. Vincent-Jones reported this is revised language for sperm-washing legislation, but details are not available yet.
- ⊖ Postponed to gather additional information.

viii. **AB 1418: Communicable Disease: Reporting:**

- This bill recommends faxing surveillance information for reporting purposes which the Commission and STD Control oppose. The author’s office said this was spot language a month ago, but has not replaced it to date.
- ⊖ Watch pending final language.

ix. **HR 805: Strengthening America’s Public Health System Act:**

- Douglas Frye advised JPP that the bill supports surveillance, but currently lacks specifics.
- ⊖ Watch pending final language.

x. **HR 1616: Early Treatment for HIV Act (ETHA):**

- Mr. Vincent-Jones reported the Commission and PPC have already supported the earlier bill on ETHA.
- ⊖ Support and prioritize.

xi. **AB 1045: HIV and AIDS Reporting:**

- This bill was sponsored by Kaiser to reduce CD4 reporting requirements. Mr. Vincent-Jones reported the Commission worked with the author’s office and sponsors of the original CD4 reporting bill (San Francisco AIDS Foundation, APLA and Los Angeles County) to amend it. The bill now permits a laboratory not to report a case only if it knows for a fact that the person is not HIV+. All parties agreed to the amended bill.

**MOTION #10 (Engeran-Cordova/Broadus):** Support AB 1045, as amended (*Passed by Consensus*).

xii. **AB 23: Medi-Cal Continuous Eligibility; and SB 796:**

- Ms. Cross said these allow the state to accept Stimulus Act funds that subsidize COBRA premiums for individuals.
- The Commission and PPC have already supported AB 23. SB 796 is the Senate companion bill.

**MOTION #11 (Broadus/Engeran-Cordova):** Support SB 796 (*Passed by Consensus*).

xiii. **Prioritization:** The Committee reviewed the Commission on Public Policy Docket (2009) to prioritize particularly significant legislation for the CEO. The recommendations will be forwarded to the CEO for inclusion in the County’s legislative agendas. The items given high priority are as follows.

Number	Title	Position
<b>STATE LEGISLATION</b>		
SB 56	Health care	Support
SB 57	California Major Risk Medical Insurance Program (MRMIP)	Oppose
SB 158	Health care coverage: human papillomavirus vaccination	Support
SB 227	Health care coverage	Support
AB 2	Individual health care coverage ( <i>Related Bill: AB 108</i> )	Support
AB 217	Medi-Cal alcohol and drug screening and brief intervention services	Support
AB 221	HIV testing: skin punctures	Support
AB 244	Health care coverage: mental health services	Support
AB 1045	HIV and AIDS reporting	Support as amended
AB 1445	Medi-Cal	Support
AJR 9	Ryan White HIV/AIDS Treatment Modernization Act of 2006	Support
<b>FEDERAL LEGISLATION</b>		
HR 109	America’s Affordable Health Care Act of 2009	Support
HR 179	Community AIDS and Hepatitis Prevention Act	Support
HR 444	340B Program Improvement and Integrity Act of 2009	Support
HR 463	Prevention First Act of 2009 ( <i>Companion Bill: S 21</i> )	Support
HR 1616	Early Treatment for HIV Act (ETHA) of 2009	Support
HRes 24	Expressing the sense of Congress on the need for a national AIDS Strategy	Support with recommendations
S21	Prevention First Act ( <i>Companion Bill: HR 463</i> )	Support

9. **STATE BUDGET:**

A. **FY 2008-2009 Budget:**

- To clarify, Ms. Cross said the Supplemental Security Income (SSI) benefit rate and In-Home Supportive Services (IHSS) would be cut 5/1/2009. On 7/1/2009, more SSI and IHSS cuts are planned plus defunding optional Medi-Cal services. FY 2008-2009 and FY 2009-2010 cuts can be rescinded, but Stimulus funds are approximately \$2 billion short. Treasurer Bill Lockyer identified Denti-Cal and IHSS cuts as not cost-effective, but no action has been taken on his recommendations.
- Mr. Baker asked if the state risked not meeting its Maintenance of Effort (MOE) requirements. Ms. Cross replied MOE can be counted various ways. Medi-Cal cuts will make meeting it more complicated, but not impossible.

B. **FY 2010 Budget Process/ Timeline:**

- The May Revise process continues despite a passed budget that will most likely require more changes if the six budget propositions fail.
- The \$8.2 billion in Stimulus funds will be disbursed through programs with specific regulations for its use.
- Mr. Engeran-Cordova noted the federal government had threatened to garnish funds for prison health care. That threat remains, but the General Fund has no money to attach and physical assets are difficult to liquidate.

10. **FEDERAL BUDGET:**

- The federal budget is still in conference. What was passed constitutes place markers. Targets are hoped for in early May.
- \$1.4 million was included in the Omnibus Bill for the Office of National AIDS Programs (ONAP). Funding has not been determined for FY 2010. ONAP is in charge of developing the National AIDS Strategy.
- Add CDC, HRSA and ONAP on the agenda under Federal Budget.
- \$650 million in Stimulus Act funds was targeted to non-specific prevention. Mr. Baker noted a nationwide effort to incorporate HIV into other health prevention. He will update the Committee on strategy being developed by AIDS Watch.

11. **PUBLIC BENEFITS:** This item was postponed.

12. **RYAN WHITE EXTENSION:** This item was postponed.

13. **HIV SURVEILLANCE:** This item was postponed.

14. **HIV/STD CONTROL IN THE ADULT FILM INDUSTRY:** This item was postponed.

15. **PREVENTION:** This item was postponed.

16. **CORRECTIONS:** This item was postponed.

17. **HEALTHCARE REFORM:** This item was postponed.

18. **WORK PLAN:** This item was postponed.

19. **ANNOUNCEMENTS:** There were no announcements.

20. **ADJOURNMENT:** The meeting was adjourned at 5:10 pm.

**MOTION #12 (*Broadus/Watt*):** Extend the meeting to 5:10 pm for comment and adjourn (*Passed by Consensus*).