LOS ANGELES COUNTY COMMISSION ON HIV

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PUBLIC POLICY COMMITTEE
MEETING MINUTES

Approved 1/22/2015

May 27, 2015

The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Aaron Fox, MPM, *Co-Chair*	Kyle Baker	Miki Jackson	Jane Nachazel
Richard Zaldivar, *Co-Chair*	Joseph Cadden, MD	Craig Pulsipher	
Lee Kochems, MA	Mitchell Kushner, MPH, MD	Lambert Talley	
Ricky Rosales	Gregory Rios *(on leave)*		**DHSP STAFF**
Eric Sanjurjo, MPH	Shoshanna Scholar		None
Will Watts, Esq.	Jason Tran/Eric Paul Leue		

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Public Policy Committee Agenda, *5/27/2015*
2) **Minutes**: Public Policy Committee Meeting Minutes, *2/25/2015*
3) **Minutes**: Public Policy Committee Meeting Minutes, *3/25/2015*
4) **Minutes**: Public Policy Committee Meeting Minutes, *4/29/2015*
5) **Docket**: Commission Legislation Docket 2015, *5/14/2015*
6) **Bill**: AB 690: Medi-Cal: federally qualified health centers: rural health clinics, *2/25/2015*
7) **Bill**: AB 1130: Clinics: licensing: hours of operation, *2/27/2015*

1. **CALL TO ORDER**: Mr. Fox called the meeting to order at 1:20 pm.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve 2/25/2015, 3/25/2015 and 4/29/2015 Public Policy Committee meeting minutes, as presented **(*Passed by Consensus*)**.

4. **PUBLIC COMMENT *(Non-Agendized or Follow-Up)***: There were no comments.

5. **COMMITTEE COMMENT *(Non-Agendized or Follow-Up)***: There were no comments.

6. **CIMMITTEE CO-CHAIR OPEN NOMINATIONS**:
   - Mr. Fox was nominated. Nominations close and elections will be held at the June meeting.

7. **STATE LEGISLATION/POLICY ISSUES**:
   - Mr. Fox reported the state budget process was nearly complete. The Assembly voted on their budget that day. The Senate will vote soon. Budget differences then need to be reconciled. Both the Assembly and Senate have supported most California HIV Alliance budget asks except for a General Fund increase for mid-sized counties.
   - Both budgets support ADAP modernization by taking household size into consideration and raising the eligibility cap to 500% Federal Poverty Level. Both budgets also support increased funding from the state to counties for their ADAP enrollment process from $2 to $4 million. Counties decide how to use the funds which can include hiring an ADAP

Coordinator for administrative work or hiring more enrollment workers. The Alliance urged targeting funds to workers. $1 million was funded for the Office of AIDS (OA) to increase capacity for ADAP OA-HIPP. Rebate dollars would fund those asks.

- The Alliance also sought General Fund dollars for an OA PrEP director and PrEP navigators statewide to increase access.
- There were some discrepancies between the Assembly and Senate budgets that will be negotiated before the final budget moves to the Governor by 6/15/2015. He has a line item veto so may cut items prior to signing the budget by 7/1/2015 especially as he calculates available funding at approximately $2.5 billion less than do the Assembly and Senate.
- Asks funded by rebate dollars are likely to survive as they do not impact General Fund dollars. The later would fund the Alliance's PrEP ask and its support for CalHEP asks for rapid HCV test kits, a linkage to care demonstration project and a state syringe access clearing house to reduce supply costs. The Assembly and Senate budgets did not fund an Alliance ask for $10 million in STD prevention. The May Revise included treatment for all HIV-HVC co-infected people receiving ADAP.
- Mr. Kochems noted significant pressure to fully fund Medi-Cal. Mr. Fox said the May Revise included funding for those in the DACA program and there is an increase in high-cost medications which will primarily go to Medi-Cal.
- He was surprised that the Assembly and Senate approved as many increases as they did. He felt treatment cost increases have gained supporters for prevention funding on both sides of the aisle. Mostly new leadership may also impact decisions.

A. 2015 Legislative Session:

1) Docket:

- The 2015 Legislative Docket was approved at the 5/14/2015 Commission meeting, as amended to change AB 690 (Medi-Cal: FQHC: rural health clinics) and AB 1130 (Clinics: licensing: hours of operation) from Watch to Support
- Mr. Fox said AB 690 and AB 1130 were discussed at the last meeting, but information was insufficient to make an informed decision. The Committee chose to place them on the Docket as Watch pending more information.
- AB 690 would allow Federally Qualified Health Centers (FQHCs) to bill Medi-Cal for the state rate for Marriage and Family Therapists (MFTs) . Currently, FQHCs can only bill for Licensed Clinical Social Workers. Other providers can bill for MFTs which allows them greater staffing options. Bills on the issue have been introduced several times.
- The California Primary Care Association (CPCA) was sponsoring the bill to increase access. The Department of Health Care Services has opposed such bills due to expected increased expenditures from increased services levels.
- AB 1130, also sponsored by CPCA, pertains to satellite or intermittent clinics, e.g., mobile vans. Clinic licensure is a long process taking up to a year. Intermittent clinic licensure takes less time, but such clinics are limited to 20 service hours and cannot bill the state after that point. The bill would increase allowable operation hours to 30.
- Mr. Kochems recommended adding the Fair Pay Act to the Docket. Mr. Fox noted the Los Angeles LGBT Center supports the bill as well as a number of others Public Policy has not yet addressed.
- ➲ Correct updated 2015 Legislative Docket to reflect the Commission changed both AB 690 and AB 1130 to Support. Public Policy discussed and supported that determination.
- ➲ Update 2015 Legislative Docket to reflect that AB 690 was combined with AB 858 and was now under that number. AB 858 addresses clinic operations, e.g., ability to bill for both a primary and mental health visit on the same day.
- ➲ Mr. Fox in collaboration with Mr. Kochems will develop a list of other bills to consider at the next meeting and forward it to Dawn McClendon. Others may also suggest bills by forwarding them to Ms. McClendon.
- ➲ The next meeting will also consider criteria to include or exclude bills on the Docket, e.g., intersectionality such as how general health bills or bills pertaining to social determinants of health impact services for PLWH.

8. OUTREACH THROUGH MOBILE APPLICATIONS:

- Mr. Fox noted the Consumer Caucus referred this item. Mr. Sanjurjo said Caucus discussion was prompted by Ms. Jackson's Commission comments on improved outreach to the diagnosed/not in care and in care/not on ART/not virally suppressed.
- The Caucus focused on mobile applications since most people today use them to connect for sexual encounters. The Caucus discussed the four or five main dating applications and how they could assist, e.g., in reducing stigma for PLWH who are taking ART by differentiating between HIV+/detectable and HIV+/undetectable.
- He noted Manhunt changed its status categories over the last year. As of that day, it had seven including detectable, undetectable, PrEP, ask me, don't know and won't answer. The Caucus recommended review of all applications, development of a consistent way of categorizing status options and working with providers to implement them.
- Mr. Zaldivar was unsure why this was referred to Public Policy, i.e., if Public Policy was the venue to develop messages for private distribution. Ms. Jackson noted nearly all Commission/DHSP public awareness campaigns use private media, e.g., magazines. Mr. Zaldivar clarified he was not opposed to Commission involvement, but questioned Public Policy pertinence.

- Mr. Sanjurjo felt the Caucus was powerless to act independently. He had been on the Caucus for two years and requests to move various items forward had been denied. An attendee had said the Commission hosted a forum in the recent past.
- Mr. Kochems replied the Consumer Caucus had generated multiple concepts informed by the consumer perspective. Some went directly to the full Commission for consideration while others went to various Committees, usually all Committees, for input and development to operationalize the concept. This item may be pertinent to Standards and Best Practices for best practices development. Public Policy could make policy recommendations, e.g., on a national AIDS policy.
- Caucus strategy differs per its nature, but the Caucus can move motions to the Commission and likely has the votes to pass them. The Caucus can also recommend items to DHSP or other bodies.
- Ms. Jackson said she felt application providers were concerned about legal liability and that was reflected in their language.
- Mr. Fox recalled there had been a Community Engagement Task Force until recently. That approach may be most pertinent.
- Mr. Rosales felt the subject should go to all Committees for input, but the request could be more specific, i.e., what impact does the Caucus hope to have and what work product would address that, e.g., a letter or a meeting with vendors.
- Mr. Sanjurjo replied the Caucus sought meetings with providers to develop recommendations. He felt that similar to discussions with Kaiser on PrEP implementation. Mr. Fox said PrEP pertained to medical care access which is clearly under Commission purview. There is consumer support for both, but this issue was harder to frame and prioritize.
- Mr. Kochems felt framing was vague, but supported retaining the issue on the agenda to discuss policy implications. Public Policy could make a policy statement, e.g., that dating applications should address HIV in a more comprehensive manner consistent with Commission HIV services, prevention and treatment best practices. Other Committees could offer input.
- Mr. Zaldivar felt the input was needed first to frame a response. This is a prevention issue. He suggested raising it at the Commission so that it could be directed to the best venue to develop input to inform a Public Policy statement.
- Mr. Pulsipher reported application owners met in San Francisco in 2014. He believed the meeting was organized by the San Francisco AIDS Foundation. Information from that meeting could inform next steps. Mr. Fox said there was engagement with individual providers to encourage prevention, e.g., offering an application subscription for taking an HIV test.
- He coninued it was important to determine what components of the issue Public Policy should address. Before speaking with someone, Public Policy needs to know what it will say and what will be requested. He felt unqualified to create that ask, e.g., medical input was important in determining what status categories to request.
- Mr. Kochems noted the Consumer Caucus is often the non-expert, nonprofessional voice when it brings an issue to Committee(s). It is respectful and important for that voice to be heard and acted upon by the Commission.
- Public Policy can seek more information, but it should also be remembered that the Commission has long supported universal health care in its broadest sense. That originated in Public Policy which has the ability to stretch. Beyond prevention, this issue also speaks to discrimination against and stigmatization of PLWH seeking to date.

➲ Mr. Sanjurjo will report back to the Consumer Caucus and request input on:

1) What part does the Consumer Caucus see the Public Policy Committee playing on this issue and what part does the Caucus see other Committees playing?
2) What does the Consumer Caucus really want to happen and does it believe the Commission is the body to do that, e.g., the Commission also has the ability to carry the issue to another body such as the Department of Public Health?
3) What are the Consumer Caucus' specific recommendations?

9. STERILE SYRINGE ACCESS UPDATE:

- Mr. Fox said he, Mr. Rosales and Ms. Scholar reviewed County guidelines and will do a final review after Ms. Scholar's edits.
- Ms. Scholar advised Substance Abuse Prevention and Control (SAPC) guidelines were being updated. SAPC was receptive.
- Mr. Scholar also updated the Los Angeles Police Department policy for review at the next Work Group meeting. Once those updates were finalized, the Work Group will discuss whether to address the Sheriff guidelines as well.

➲ The Sterile Syringe Access Work Group will schedule a meeting for next month.

10. ANNOUNCEMENTS: There were no announcements.

11. ADJOURNMENT: The meeting adjourned at 2:40 pm.