

## **Summary of AIDS Drug Assistance Program (ADAP) Advisory Committee Meeting July 22, 2013**

**Present:** Dr. David Trump (Phone), Diana Jordan, Steven Bailey, Lenore Lombardi, Kimberly Eley, Safere Diawara, Jennifer Flannagan, Carrie Rhodes, Elaine Martin, Anne Rhodes, Karen Council (member - phone), Craig Parrish (member), Dr. Robert Brennan (chair-phone), Dr. David Wheeler, Linda Eastham (member – phone), Dr. Edward Oldfield (member – phone), Bob Higginson (member – phone).

**Absent:** Dr. Daniel Nixon, Dr. Greg Townsend, Dr. Edward Oldfield, Donald Walker, Dr. Rebecca Dillingham

### **Remarks from Dr. Brennan**

- Dr. Brennan shared that he was selected to be the ADAP Advisory Committee spokesperson and there has been some worthwhile work behind the scenes. Dr. Brennan commended Jennifer Flannagan for the work since the last Hepatitis C Ad Hoc Committee meeting.

### **Remarks from Steven Bailey**

- Virginia Department of Health (VDH) is preparing to take advantage of insurance under the Affordable Care Act (ACA) for cost savings purposes.
- A statewide educational campaign is being conducted by HIV Care Services (HCS) that educates clients, medical providers, and other stakeholders on the ACA and its intersection with Ryan White. VDH is working diligently to educate and involve ADAP clients in the transitions occurring under ACA.
- As of June 2013, 457 stakeholders, including medical providers, have attended HCS-facilitated educational forums on ACA. This educational campaign will continue through the summer and will include full details of the plans available through the marketplace once released.
- Steve provided an update about the General Assembly (GA) Report. The annual GA Report on the status of ADAP has been drafted and is undergoing internal VDH review. The document is expected to be publically available in October.
- VA ADAP continues to utilize weekly monitoring tools and VDH leadership meetings to review programmatic and fiscal resources.
- VDH has completed several applications for additional funds including the Emergency Relief Funding request (requesting \$3.5 million based on grant instructions) and Ryan White Part B Supplemental Application (amount actually available is unknown).
- Enrollment, utilization and projection data will be presented today. VDH will continue to assess how resources will be able to meet the increasing needs of persons accessing ADAP.
- Funding Updates – VDH has applied for the ADAP ERF and Part B supplemental grants. VDH requested \$3.5M in ADAP ERF, as there is a limit to the amount received in the prior year. VDH applied for a little over \$5M in Part B Supplemental to make the strong case for actual need based on data that we had at the time, but prior awards are very low (about \$15 million for the entire US and territories, with prior awards ranging between \$200K and \$400K)

- VDH has received the final Notice of Grant Award (NOA) and has received a net reduction of 5.5%. VDH is making reductions in service contracts to minimize any impact on ADAP, and so far has been able to identify a quarter of a million due to staff vacancies, low utilization of certain services, and negotiations with the Norfolk Part A TGA to increase their funding proportion for medical care. This was initiated by the fact that ADAP will be purchasing and managing insurance, resulting in cost savings to all RW parts. VDH would anticipate future offsets from other parts as insurance support begins.
- Bengie Hair is no longer with VDH. Lenore Lombardi is the Acting Assistant Director for Medication Access. Lenore has worked for HCS for the past 3 years as the Lead HIV Services Coordinator, and has a work history including serving as an Executive Director for a multi-service AIDS organization and managing a hospital social work department. Anne Rhodes has accepted the Director of Surveillance position at VDH.

### **Care and Prevention in the United States (CAPUS) Demonstration Project Presentation – Elaine Martin**

#### *Questions/Comments:*

1. Dr. Brennan: is there anything that can assist the Lynchburg geographic area? *Response: Yes, Lynchburg is listed as a priority area in the RFP.*
2. How many positive testes have been in testing faculties like the health department? *Response: Positivity has declined incrementally over the last 10-15 years. May find way to include Dr. Brennan in testing the Lynchburg area.*

### **ACA Update- Jennifer Flannagan**

- Jennifer reviewed the ACA fact sheet and provided an update about communication with stakeholders. A statewide educational campaign is underway by VDH staff. Specifically, the following groups and stakeholders will be reached and will assist us with this effort. Various audiences being reached include providers, Ryan White Part B contractors, Planning Council, Community Planning Group and Special Projects of National Significance (SPNS) Navigators. VDH has been conducted detailed regional trainings for nurses, case managers, and eligibility workers in July through the Virginia HIV/AIDS Resource and Consultation Centers. Staff will continue to have a presence in the community and share updated information as it becomes available.
- Jennifer reviewed VDH Eligibility and Plan for enrollment. The existing ADAP eligibility criteria and policy is being updated to include clients with insurance in order to increase the ability to generate rebate revenue. ADAP will pay toward medication copayments. This update will be announced and circulated within the next few weeks, pending vetting with a select group of consumers, providers and other community partners. You will hear more about efforts to transition currently insured clients to ADAP today.
- VDH is considering strategies to ensure ADAP clients are enrolled into insurance under the federal marketplace. Staff have communicated with Indigent Care programs at Virginia Commonwealth University (VCU) and University of Virginia (UVA) to partner in efforts to insure uninsured clients.
- It appears that clients within certain Federal Poverty Levels (FPL) ranges may yield lower annual costs under insurance, based on the limited cost information we have. Enrollment efforts will be focused on the following categories in this order:

- Pre-Existing Condition Insurance Plan (PCIP)-enrolled
- 101%-250% FPL (highest levels of federal subsidies)
- 251%-400% (moderate subsidies)
- Less than 100% (no subsidies)
- The goal is to have 3,000 clients enrolled in insurance by January 1, 2014.
- VDH is committed to ensuring new and existing ADAP clients do not experience any interruption to medication access during the transition to insurance.

#### **ADAP Data Report Presentation – Anne Rhodes**

- Per Steve, Anne will enter GY14 with fewer resources. VDH is exploring options to increase resources to ADAP and is having conversations with Health Resources and Services Administration (HRSA).
- There is an internal discussion about realignment of funds.
- The GA report is almost complete.
- VDH is in communication with community partners about resources.
- Per Dr. Trump, discussions include the Commissioner and Secretary.

#### **Hepatitis C Ad hoc Committee Summary/Recommendations – Dr. Brennan and Jennifer Flannagan**

- Dr. Brennan shared that two conference calls were held with the Ad hoc Committee. The summary was recently sent to the Committee.
- Jennifer conducted research with other states (New Jersey and Massachusetts).
- Dr. Richard Sterling suggested not to add new Hepatitis C treatment medications (Telaprevir and Boceprevir) to the ADAP Formulary.
- Hepatitis C treatment medications previously removed from the Formulary were considered to be added back. VDH understands that these medications are essential and will move forward with Committee recommendations once resources are confirmed. Patient Assistance Programs (PAPs) for Hepatitis C treatment medications are available.
- At this time, VDH would like to defer adding the medications back to the Formulary until resources to fully sustain ADAP are clearer. This is also true with the recommendation to add Gardasil.
- Clients would contact VDH to access Hepatitis C treatment medications. Dr. Brennan proposed drafting a memo for providers explaining that the Ad hoc Committee met and proposed to add the Hepatitis C treatment medications back to the Formulary; however they will not be added at this time. This letter will be signed by VDH staff and Dr. Brennan.

#### **Items for next agenda**

- Complera currently requires prior authorization. This item will be revisited. There are concerns with clinical complications of Complera. Some research was conducted with other states and NASTAD. Jennifer will compile previous assessment information and send to Committee members.

#### **Next Steps**

- Committee will receive follow-up from VDH regarding the format of the call.
- Jennifer will pull prior Complera assessment and will check for recent medication and treatment guidelines updates.

- Jennifer will draft Hepatitis C memo and will send to Dr. Brennan for review. Memo will be co-signed by VDH staff and Dr. Brennan.
- Jennifer will prepare update to Formulary and post on website.
- VDH will consult NASTAD to inquire about slots for Hepatitis C treatment medications.
- Data presentation will be added to VDH website.
- Diana Jordan will follow-up on testing data information for Lynchburg area
- VDH will obtain feedback from the Committee and will send summary out by Friday. Dr. Brennan will review summary. Survey will be sent to Committee by Friday.
- Next conference call will be held within the next 2-3 months.