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Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19429

FolderID:

Folder Title:

[Presidential Advisory Council on HIV/AIDS Meeting with President 12/18/1998] [Folder 1]

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Travel order [Personally Identifiable Information] (2 pages)	12/14/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19429

FOLDER TITLE:

[Presidential Advisory Council on HIV/AIDS Meeting with President 12/18/1998]
[Folder 1]

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Presidential Advisory Council on HIV/AIDS
AGENDA
Meeting with the President
December 18, 1998

Introduction by Sandra L. Thurman

Reverend Altagracia Perez

Introduction - Welcome/Background

Presenter: R. Scott Hitt, M.D. & Rabbi Joseph Edelheit

ISSUE 1: *Critical Need for Expanded Investment In HIV/AIDS Programs in FY 2000*

Presenter: Regina Aragon

ISSUE 2: *Critical Need for Expanded Access to Care for People Living with HIV/AIDS*

Presenter: Tom Henderson

ISSUE 3: *Need to develop a National HIV Counseling and Testing Awareness Campaign to be Directed out of the White House Office of National AIDS Policy*

Presenter: Alexander Robinson

ISSUE 4: *Lack of Progress on Implementing Stated Goal of an HIV Vaccine Within 10 Years*

Presenter: Alexandra Levine or Helen Miramontes

ISSUE: *Improved Agency Coordination and Improved Global Funding for HIV/AIDS*

Presenter: _____

ISSUE: *Improved HIV prevention, treatment for the incarcerated, continuum of care for those being released, and protection of the public health.*

Presenter: _____

ISSUE: *“Severe and On-going Healthcare Crisis” and focus on Racial and Ethnic Populations*

Presenter: _____

Closing: President William Jefferson Clinton

Last Updated: December 17, 1998, 10:15 am

**Presidential Advisory Council on HIV/AIDS
Meeting with the President**

December 18, 1998

THEME: SUPPORT, SUPPORT, SUPPORT

WHEN PRESIDENT ENTERS, PLEASE STAND AND APPLAUD

ATTEND THIS MEETING AS A COUNCIL, NOT AS AN INDIVIDUAL

DO NOT SPEND TIME INTRODUCING EACH MEMBER -- THEY WILL HAVE NAME TAGS AND/OR NAME TENTS

Introduction of Council's Chair - Dr. Scott Hitt by Sandra L. Thurman

Introduction by Scott Hitt, M.D.

- ◆ Thank the POTUS for the opportunity to meet with him and his staff. Thank him for his leadership, commitment and genuine caring for people living with HIV and AIDS, and for his true commitment for wanting to help end the devastating impact AIDS is having both in the U.S. and the world.
- ◆ Speaking for all members, indicate how proud you have been to serve the President and his Administration.
- ◆ Thank his staff for being at this meeting, for their past support, and for their commitment to this issue.
- ◆ Thank Sandy Thurman, Todd Summers, and any other major official in the room.
- ◆ Thank the Council members present for their commitment, leadership and friendship.
- ◆ Thank Daniel Montoya for his work as executive director and for his ability to help focus the Council's efforts.
- ◆ Acknowledge and thank him for the recent White House events focusing on AIDS,

including the Congressional Black Caucus announcement, the World AIDS Day announcement of new international funding, funding to address AIDS orphans, and new funding for vaccine development. These announcements are very important, not only for the funding they provide, but also because of the focus they bring to very critical issues.

- ◆ Remind him that media reports continue to tell the American public that HIV is manageable, that deaths are down, and that the new treatment drugs are working. What they often fail to mention is that NEW infections continue at about 40,000 a year, that many people do not have access to the new drugs, that many people cannot tolerate the new drugs, and that some 300,000 (?) Americans do not even know their HIV status, and thus can not benefit from the new drugs.
- ◆ Indicate that his focus on HIV over the past several months has sent a clear message to the American public that HIV/AIDS is not over. What we need to do now is to build on the momentum he has begun and help ensure his legacy as the one and only President who was not afraid to tackle difficult, long-term issues because he knew it was necessary and because he knew it was the right and moral thing to do.
- ◆ Mr. President, over the past year, this Advisory Council has taken a long and hard look at where the epidemic is heading and what we need to be doing as a nation to address it, and we clearly understand the role that your leadership has and will continue to play.
- ◆ In June of this year, the Council adopted as its number one priority the issue of addressing HIV/AIDS in racial and ethnic. Acknowledge his recent focus on racial and ethnic communities and the additional \$156 million in funding targeted to these communities that was obtained with the strong leadership of the Congressional Black Caucus and many others **(including the special role that Erskine Bowles played)**.
- ◆ Stress that this effort has focused the attention of the African American community on this disease in a way that has not occurred to date. It has made a tremendous impact on African American leadership, and now our challenge is to expand this focus to other communities of color and to ensure that racial/ethnic communities have equal access to the \$4 billion that the Federal government spends on AIDS each year.
- ◆ We believe that this will take additional measures, including better coordination of efforts, not only in the area of vaccine development, but in the running of programs, both in the U.S. and internationally.

◆ **PERSPECTIVE BY RABBI EDELHEIT**

Mr. President,

We are honored to be here with you so soon after you have returned from Israel, where you prophetically engaged in the making of peace, where you brought the gift of hope to the Land of the Bible. During the week of Hannukah and one week before Christmas, we are all reminded that both religious holidays promise us "light" during the darkest time of the year. As your Advisory Council we want to help you fulfill your vision, to bring forth the light of hope to those living with HIV/AIDS.

HIV/AIDS still darkens the path to the , to which you have prophetically led us; how can we help you illuminate the darkness which hides the path. We must want you that there are some who are in danger of not being able to follow when you lead us across that bridge into the 21st century. How can we be sure that the homeless IV drug user who has no access to clean needles or the newest combination of drug therapies will get to the other side? What do we have to do that will insure that the Hispanic single mother with young children whose Medicaid will not cover her drugs and primary care and also allow her to work and leave the welfare rolls, will get to the other side?

Here is a gift, a Dreidel, the traditional spinning top we play during Hannukah, the four Hebrew letters stand for the statement, Nes Gadol Haya Sham - "A Great Miracle Happened There." Mr. President, we know there will be no great miracle to end HIV/AIDS, so we are here to help revive your vision of zero rate of transmission and equitable access equitable access to care for all persons battling HIV disease? We are here with you especially on this day, when a terrible political darkness has fallen over this city, because we want you to know that we will do what ever it takes to cross that bridge with you into the 21st century.

ISSUE 1: Critical Need for Expanded Investment In HIV/AIDS Programs in FY 2000

Background:

As the President finalizes his FY 2000 budget in the coming weeks, the Council urges that he include in his request to Congress meaningful increases for the complete HIV/AIDS portfolio, including HIV prevention, care and treatment, housing, research and international programs. Together, these five major areas represent a comprehensive approach to ending the pandemic and caring for those living with HIV disease. As the number of persons living with HIV/AIDS in the United States continues to grow, these critical programs require additional funding if we are to successfully achieve the important goal of eliminating racial and ethnic disparities in health outcomes by the year 2010.

The Council is grateful to the President and other Administration officials for their strong and public support for substantial increases in HIV/AIDS funding in FY 1999. Central to this success was the leadership of the Congressional Black Caucus in proposing and advocating adoption of its HIV/AIDS Initiative. The CBC Initiative has focused important attention on the disproportionate impact of HIV disease on African Americans, Latinos and other communities of color. The Council urges the President to use his FY 2000 budget request as an opportunity to maintain and build upon the important momentum established in FY 1999 by supporting the following budget items.

Action Items:

1. Prevention

The Council continues to be concerned by the Administration's historic lack of support for increased funding for HIV prevention efforts. In FY 2000, the Council calls upon the Office of National AIDS Policy to initiate a well-targeted, national HIV testing initiative in order to reach an estimated 30% of persons living with HIV because those who are unaware of their HIV-status are at increased risk for passing the virus on to others and are missing out on early care and treatment opportunities. With 50% of new HIV infections currently related to injection drug use, the Council also urges the Administration to continue to expand substance abuse treatment services, and to support other, scientifically sound prevention programs for injection drug users and their partners.

2. CARE Act and ADAP

The Council urges the President to request from Congress adequate funding for the AIDS Drug Assistance Program (ADAP) and all other titles of the Ryan White CARE Act, which provide important medical and support services that stabilize the health and lives of individuals with HIV disease and facilitate access to HIV treatment. The Council also requests that the President

request increased funding for the Health Care Financing Administration to cover start-up costs related to expanding Medicaid coverage to low-income individuals with HIV disease, and to avoid forcing disabled individuals, including those with AIDS, to choose between entering the labor force and continued Medicaid or Medicare coverage. **(If Medicaid is an entitlement, is it mandatory spending or does funding have to be requested?)**

3. Housing

Federal housing programs play a critical role in efforts to stabilize the health of individuals living with HIV. The lack of stable housing, provided through key HUD programs such as the Housing Opportunities for People with AIDS (HOPWA), Sec. 8 and other supportive housing programs, makes it more difficult for homeless persons with HIV/AIDS and those at imminent risk for homelessness to engage in the health care system and adhere to complex HIV treatments. **The Council ... what do you want?)**

4. Research

The substantial federal investment in HIV research, to date, has resulted in remarkable treatment breakthroughs that are prolonging the lives and health of thousands of persons with HIV/AIDS. The Council is grateful for the Administration's strong commitment to vaccine research and urges full funding of this global health imperative. The Council reiterates its strong support for research on microbicides.

5. International HIV Efforts

The Council appreciates the President's World AIDS Day announcements related to new global AIDS efforts. In FY 1999, however, the President actually proposed a reduction in USAID funding. It is our hope that the President's FY 2000 budget will reflect the renewed importance of U.S. contributions towards the twin goals of ending this worldwide pandemic and mitigating the health and economic costs associated with it. The Congress' \$4 million increase for US AIDS in FY 1999 represents a small, but important step towards a full and appropriate role for the U.S. in global AIDS efforts, and should be expanded upon in FY 2000. **(We need to ensure that this \$10 million increase is built into the base funding.)**

ISSUE 2: Critical Need for Expanded Access to Care for People Living with HIV

Background:

Accessing the principal HIV care coverage programs, (Medicaid and Medicare) in most cases, requires that HIV+ persons be *already disabled*, even though new treatments offer real hope of delaying or even preventing disability.

-- Current Resource Commitment: For FY '98, the public sector devoted about \$7 billion to provision of HIV-related primary care and related services, covering everything from prescription drugs and doctors' visits to case management and housing. With Medicaid and Medicare often unavailable to cover initial care for uninsured HIV+, the burden falls increasingly on relatively smaller programs like Ryan White, HOPWA and ADAP, where disability is not a pre-condition to access.

-- Changed Circumstances: Three factors have refocused attention on the existing HIV care financing and delivery system:

-- New Standard of Care: In 1997, HHS issued new treatment guidelines for HIV, including treatment with combination drug therapy prior to development of symptoms and before substantial deterioration of the immune system resulting in disability.

-- Changing Demographics: CDC estimates that 650,000 – 900,000 Americans have HIV infection. 500,000 know their status. Only 350,000 are in care. Half of all new HIV infections are related to injection-drug use. The AIDS case rate for African Americans is eight times higher than that of whites.

Achieving the President's stated national goal of reducing health care disparities among racial and ethnic groups is further complicated by the changing demographics of the HIV/AIDS epidemic. People with HIV are increasingly likely to be uninsured, impoverished, abusing substances, female and members of racial or ethnic minorities - populations historically underserved by the health care system and requiring culturally appropriate and sensitive care.

-- Declines in Mortality: AIDS-related deaths have declined (44% during first half of '97 compared to '96). AIDS diagnoses are down (12%). ***But the number of people living with HIV is increasing.*** Demands on the health care system have changed from a need for more intense end-stage care to a need for services associated with a chronic condition. Additional costs of caring for more HIV + with expensive drugs, however, are often offset by reducing or, at least deferring, the dramatically higher costs associated with the later stages of HIV-disease. As a result, lowered inpatient costs may well compensate for increased outpatient costs.

Status:

In April, 1997, Vice President Gore asked HCFA to evaluate the possibility of expanding access to Medicaid for poor HIV+ individuals prior to their becoming disabled. In response, HCFA/HHS has concluded that, on a national basis, Medicaid expansion cannot be done in a budget neutral manner.

However, the cost-estimate currently being used by HCFA/HHS of \$27,000 for annual AIDS-related costs to Medicaid is ***dramatically*** higher than the average cost of care experienced in private HMOs or in the VA (the largest single direct provider of health care for HIV+), which are estimated at \$10,000 - \$12,000 per year.

Between the first quarter of FY '91 and the fourth quarter of FY '97, the percentage of the Medicaid pharmaceutical budget spent on HIV drugs increased from 0.57% to 5.25%, an almost ***tenfold*** increase. Actual HIV drug expenditures grew from under \$20 million in the first quarter of FY '94 to almost \$120 million in the second quarter of FY '97. ***HIV drug costs are the single largest component of HIV treatment and care and that segment is growing rapidly.***

HCFA/HHS has suggested that individual states submit 1,115 Medicaid waiver requests proposing expanded HIV+ care and treatment, as an alternative to a national solution. Several states are currently preparing such waiver request proposals. However, three policy issues seriously hamper the ability of states to achieve budget neutrality:

-- Current Administration policy requires finding offsetting cost savings in Medicaid ***only***. Under that policy, even if expansion results in savings in other federal entitlement (*e.g.*, Medicare, SSI and SSDI) or discretionary programs (*e.g.*, HOPWA and CARE Act), those cannot be counted toward achieving budget neutrality.

-- Current Administration policy limits states to considering only a five-year budget window. A longer time frame, if permitted, might make it more likely that states could achieve budget neutrality.

-- Given the centrality of prescription drugs in the new treatment standard, any successful attempt to develop a cost-neutral strategy must include a reduction in drug prices. In fact, Massachusetts health officials indicate that an additional reduction of approximately 15%, on top of their existing 26% discount, would be necessary to achieve budget neutrality in their waiver program. While drug pricing should not be the only mechanism for achieving expanded-access cost neutrality, the resulting increased volume of federal, state and local governmental drug purchases makes accompanying drug cost reductions clearly both reasonable and essential. Unfortunately, to date no one in the federal government has been willing even to attempt to deal with the issue of drug pricing.

Action Items:

1. The President should direct the Secretary of HHS and the Director of OMB to include a broader range of programs (other entitlement and federal discretionary programs) and a longer budget time frame in the determination of budget neutrality for the purpose of the 1115 waiver applications.
2. The President should direct the Vice President to expand his discussions with the pharmaceutical industry to include the cost of HIV-related drugs. All relevant departments should also participate, including Justice and State, to ensure that anti-trust and international concerns are appropriately addressed.
3. The President should include provisions for necessary start-up costs of Medicaid expansion in his FY 2000 budget request.

ISSUE 3: Need for a National HIV Counseling and Testing Awareness Campaign to be Administered out of the White House Office of National AIDS Policy

Background:

Treatment guidelines issued by the Public Health Service recommend that doctors begin monitoring their HIV-positive patients and consider initiation of antiviral therapy as soon after infection as possible. The federal government's official treatment guidelines can benefit a patient only if the patient knows that he or she is infected with HIV. Unfortunately, the CDC estimates that one in every three Americans living with HIV, and 50% of all persons with non-symptomatic HIV infection, are ignorant of their HIV status. Because of such poor testing rates, far too many Americans learn that they are infected only when they become seriously ill and after HIV has already seriously damaged their immune system. Clearly, a major national initiative is needed to break through ignorance and denial so more people can take advantage of recent medical breakthroughs. A national media campaign can be effectively undertaken because it 1) may be targeted to reach populations at greatest risk; 2) would receive widespread and bipartisan support; and 3) provides for a public private partnership.

Political Assessment:

HIV testing is being promoted by both liberal and conservative members of Congress and the community. Some of these ideas run contrary to sound public health strategy, which is non-coercive and voluntary. This campaign would allow the President and the Administration to offer a proactive agenda that is moderate, has a high probability of success and has the potential to receive bipartisan support.

Until there is a vaccine and a cure, the most important knowledge an individual can possess regarding HIV is his/her HIV status. Knowing one's HIV status is crucial both to obtaining appropriate care and to preventing further spread of the disease. This effort, if successful, will identify a number of HIV positive individuals who will need to have access to care. Despite current limits on such access for individuals who are already known to be living with HIV, this effort should be undertaken. It will also be important to evaluate the need for expanded HIV and AIDS health care in severely underserved communities.

Action Items:

As stated earlier, this effort would be modeled on the current ONDCP youth drug prevention campaign. ONAP would work with the CDC to develop the campaign, and with the community and private industry partners to provide matching funds (public service announcements and in-kind media buys) in order to mount the campaign.

1. The PACHA recommends that the President direct and support the White House Office of National AIDS Policy in developing and overseeing a national media campaign to encourage

more individual knowledge of HIV status. Building on this “know your status” effort by the CDC, the PACHA recommends that this initiative be administered by ONAP and modeled on the National Youth Anti-Drug Media Campaign currently coordinated by the White House Office of National Drug Control Policy. Through public service announcements and other targeted media messages this broad national campaign would promote the value of HIV testing and counseling and would especially address the severe and ongoing HIV- related health crisis in minority communities.

2. The PACHA proposes new funding in FY '99 to enable ONAP to begin planning for the campaign including identification of potential partners for the campaign. In addition, the PACHA recommends that the President propose to fund this effort in his FY 2000 budget request.
3. PACHA recommends that the Department of Health and Human Services (Centers for Disease Control) be directed to review its current capacity to provide adequate funds for HIV testing and counseling. Based on the available information, if necessary, the CDC should receive an increase in FY '99 funding to ensure the success of this outreach effort.

ISSUE 4: *AIDS Vaccine Development Progress*

Background:

In May, 1997, the President declared a goal of development of an effective AIDS vaccine within one decade. This announcement had a greater impact than ever imagined, serving to inspire the effort around the world, and also serving to invigorate the scientific community within the United States. The Council expresses its thanks for his courage and vision.

The Council believes that significant progress has been made since the declaration, and applaud the President for his time and sincere effort in the endeavor, and for his commitment of additional funds.

In July, 1995 and March, 1998, the Council passed the following recommendations:

1. Substantive involvement, coordination and collaboration among all relevant federal agencies, the private sector and the international community are critical to the development of an effective AIDS vaccine.
2. Federal leadership at the highest level will be required, through the Office of National AIDS Policy, ensuring that adequate resources are provided for the coordination process necessary to achieve the goal of an effective AIDS vaccine.
3. The Office of National AIDS Policy should ensure the development and implementation of a comprehensive federal plan to achieve the goal of an effective AIDS vaccine.
4. The process of defining the structure and mission of the proposed (AIDS) Vaccine Center at NIH, and the appointment of a director with the highest level of expertise, should proceed promptly.
5. The urgent need for an AIDS vaccine mandates the simultaneous implementation of both basic and empiric scientific approaches.

However, the Council believes serious deficiencies remain which must be addressed if the President's goal is to be reached.

Eighteen months have passed since his declaration. However, the overall administrative mechanism by which to coordinate the efforts of all relevant Federal agencies, regulatory agencies, private industry and the international community has not been accomplished, nor has a comprehensive Federal vaccine strategy been developed. Further, an accomplished vaccine scientist has yet to be appointed to lead the Vaccine Center at the NIH. The Council believes that development of an effective vaccine will require immediate attention to these deficiencies, especially if the goal is to be accomplished within the stated time frame.

Action Items:

1. Urge the President to use the authority of his Office to help recruit an accomplished and vigorous vaccine scientist to lead the AIDS Vaccine Research Center at the NIH.
2. Ask the President to assure that the Office of National AIDS Policy works to coordinate the development a comprehensive federal plan to achieve the goal of an AIDS vaccine.
3. Ask the President to mandate the development of a mechanism to assure the full and on-going coordination of all relevant Federal agencies, regulatory agencies, private industry and the international community, allowing the process of vaccine development to proceed efficiently and as rapidly as possible.

INTERNAL USE ONLY

Anticipated Schedule/Time Line

Time Allotted: 30 Minutes

Introduction of Council's Chair, Scott Hitt, M.D. by Sandra Thurman	1 minute
Welcome/Background by R. Scott Hitt, M.D.	2.5 minutes
Statement by Rabbi Joseph Edelheit	1.5 minutes
Issue 1: Future Investment in HIV/AIDS Presenter: Regina Aragon	2 minutes (5 minutes total)
Issue 2: Access to Care Presenter: Tom Henderson	2 minutes (5 minutes total)
Issue 3: National Media Campaign Presenter: Alexander Robinson	2 minutes (5 minutes total)
Issue 4: AIDS Vaccine Development Presenter: Alexandra Levine, M.D.	2 minutes (5 minutes total)
Closing by President	5 minutes
TOTAL	18 minutes (30 minutes total)

Background leading to the questions/ recommendations must be extremely tight; accomplishments should begin the issue (IE. Thank you for you recent announcement of \$200 million in AIDS vaccine funding....) Presenters should limit the contextual and background information (especially historical context unless absolutely necessary). It would be appropriate for individuals to say something like, "as a person living with AIDS," or "as someone who has lost XXX friends to AIDS...."

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HOLDING --- International Issue --- Michael Isbell

Mr. President, I'd like to address an issue of great urgency -- American leadership in the fight against the global HIV pandemic. I need not repeat the well-known statistics reflecting HIV's devastation throughout the world, nor is it necessary for me to repeat the many humanitarian, economic and strategic reasons why the United States ought to work to bring the global pandemic under control. As you know, the Council has long urged you to take a global leadership role on AIDS, and we were delighted by your announcements on World AIDS Day two of which focused on additional funding for AIDS orphans and in which you directed Sandy Thurman to do a fact finding mission to South Africa in early January.

As your advisory council, we recommend that you follow up this powerful message to the world with two essential initiatives. First, we recommend that you propose and fight for a substantial increase in funding for international AIDS programs at the Agency for International Development, the CDC, and other agencies. U.S. support for international programs has essentially remained flat in real dollar terms over the last several years, and this must change if we are ever to begin to bring HIV under control in the developing world. Second, the federal programs that deal with AIDS in the developing world are scattered throughout the government. Only the President has the authority and the power to require that these many efforts be effectively coordinated, and we urge you to ensure that this happens.

HOLDING --- Improved HIV prevention, treatment, continuum of care for the incarcerated and for those being released, as well as protection of the public health

Mr. President, there are over 1,083 inmates with HIV/AIDS in federal prisons. Approximately 79% of all inmates are from Black and Latino communities, populations disproportionately affected by AIDS.

Inmates preparing for transition back into the community are asked to sign a "voluntary" treatment waiver form as a condition to participate in a work-release program. This leaves them ineligible after 30-days for subsidies such as Medicaid, Medicare or ADAP while still being under the auspices of the Federal Correctional System, for an indefinite period of time.

- This disparity in access and quality of care, poses serious health risks to the individual,
- There is a potential for treatment failure and development of drug-resistant strains of HIV. This has negative implications for our nations research effort given your 10-year goal of developing an AIDS vaccine, and
- Informed consent, at the heart of the patients bill of rights we need so much and for which you are calling, is also placed in jeopardy.

Mr. President, we need your help, to address this important public health issue.

♦ **HOLDING --- Reverend Altagracia Perez**

- ♦ I represents a predominately immigrant, underserved, culturally and linguistically mixed community in Los Angeles.
- ♦ My congregation is a mirror into the future of the AIDS epidemic.
- ♦ In this time of loving, forgiveness, and recommitment to our maker and our neighbor, we must ask ourselves whether we have done enough for our fellow woman or man or whether our efforts must be increased.
- ♦ The Rabbi spoke earlier of the symbolism that the holidays offer us. He said the holidays “promise us light during the darkest time of the year.”
- ♦ I remain committed to the fact that I too can shed some light on the darkness that the AIDS epidemic has brought upon us in the United States, and in the world.
- ♦ The AIDS epidemic continues to strike hardest at those least fortunate, those with the weakest voices in our society, and those who for too many years, have been forgotten.
- ♦ It is the role of the Council to speak for those who can not speak, to push for leadership for those who have no leaders, and to open their hearts and fill it with the love of those whose lives have been and will be forever be changed by AIDS.
- ♦ It is also the Council’s role to ask that America’s leaders, especially the President, continue to push for what is needed, even when it is difficult.
- ♦ On behalf of the Council, I ask the President to continue to show that leadership, especially for racial and ethnic communities, and especially for those in far away countries that most American’s don’t even know exist.
- ♦ Ask him to continue to be that “light in the darkness” that so many of us strive to see on a daily basis.

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Closing: President William Jefferson Clinton

Last Updated: December 17, 1998, 10:15 am

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- ◆ Mr. President, over the past year, this Advisory Council has taken a long and hard look at where the epidemic is heading and what we need to be doing as a nation to address it, and we clearly understand the role that your leadership has and will continue to play.
- ◆ In June of this year, the Council adopted as its number one priority the issue of addressing HIV/AIDS in racial and ethnic. Acknowledge his recent focus on racial and ethnic communities and the additional \$156 million in funding targeted to these communities that was obtained with the strong leadership of the Congressional Black Caucus and many others (**including the special role that Erskine Bowles played**).
- ◆ Stress that this effort has focused the attention of the African American community on this disease in a way that has not occurred to date. It has made a tremendous impact on African American leadership, and now our challenge is to expand this focus to other communities of color and to ensure that racial/ethnic communities have equal access to the \$4 billion that the Federal government spends on AIDS each year.
- ◆ We believe that this will take additional measures, including better coordination of efforts, not only in the area of vaccine development, but in the running of programs, both in the U.S. and internationally.

◆ **PERSPECTIVE BY RABBI EDELHEIT**

Mr. President,

We are honored to be here with you so soon after you have returned from Israel, where you prophetically engaged in the making of peace, where you brought the gift of hope to the Land of the Bible. During the week of Hannukah and one week before Christmas, we are all reminded that both religious holidays promise us "light" during the darkest time of the year. As your Advisory Council we want to help you fulfill your vision, to bring forth the light of hope to those living with HIV/AIDS.

HIV/AIDS still darkens the path to the , to which you have prophetically led us; how can we help you illuminate the darkness which hides the path. We must want you that there are some who are in danger of not being able to follow when you lead us across that bridge into the 21st century. How can we be sure that the homeless IV drug user who has no access to clean needles or the newest combination of drug therapies will get to the other side? What do we have to do that will insure that the Hispanic single mother with young children whose Medicaid will not cover her drugs and primary care and also allow her to work and leave the welfare rolls, will get to the other side?

Here is a gift, a Dreidel, the traditional spinning top we play during Hannukah, the four Hebrew letters stand for the statement, Nes Gadol Haya Sham - "A Great Miracle Happened There." Mr. President, we know there will be no great miracle to end HIV/AIDS, so we are here to help revive your vision of zero rate of transmission and equitable access equitable access to care for all persons battling HIV disease? We are here with you especially on this day, when a terrible political darkness has fallen over this city, because we want you to know that we will do what ever it takes to cross that bridge with you into the 21st century.

ISSUE 1: Critical Need for Expanded Investment In HIV/AIDS Programs in FY 2000

Background:

As the President finalizes his FY 2000 budget in the coming weeks, the Council urges that he include in his request to Congress meaningful increases for the complete HIV/AIDS portfolio, including HIV prevention, care and treatment, housing, research and international programs. Together, these five major areas represent a comprehensive approach to ending the pandemic and caring for those living with HIV disease. As the number of persons living with HIV/AIDS in the United States continues to grow, these critical programs require additional funding if we are to successfully achieve the important goal of eliminating racial and ethnic disparities in health outcomes by the year 2010.

The Council is grateful to the President and other Administration officials for their strong and public support for substantial increases in HIV/AIDS funding in FY 1999. Central to this success was the leadership of the Congressional Black Caucus in proposing and advocating adoption of its HIV/AIDS Initiative. The CBC Initiative has focused important attention on the disproportionate impact of HIV disease on African Americans, Latinos and other communities of color. The Council urges the President to use his FY 2000 budget request as an opportunity to maintain and build upon the important momentum established in FY 1999 by supporting the following budget items.

Action Items:

1. Prevention

The Council continues to be concerned by the Administration's historic lack of support for increased funding for HIV prevention efforts. In FY 2000, the Council calls upon the Office of National AIDS Policy to initiate a well-targeted, national HIV testing initiative in order to reach an estimated 30% of persons living with HIV because those who are unaware of their HIV-status are at increased risk for passing the virus on to others and are missing out on early care and treatment opportunities. With 50% of new HIV infections currently related to injection drug use, the Council also urges the Administration to continue to expand substance abuse treatment services, and to support other, scientifically sound prevention programs for injection drug users and their partners.

2. CARE Act and ADAP

The Council urges the President to request from Congress adequate funding for the AIDS Drug Assistance Program (ADAP) and all other titles of the Ryan White CARE Act, which provide important medical and support services that stabilize the health and lives of individuals with HIV disease and facilitate access to HIV treatment. The Council also requests that the President

request increased funding for the Health Care Financing Administration to cover start-up costs related to expanding Medicaid coverage to low-income individuals with HIV disease, and to avoid forcing disabled individuals, including those with AIDS, to choose between entering the labor force and continued Medicaid or Medicare coverage. **(If Medicaid is an entitlement, is it mandatory spending or does funding have to be requested?)**

3. Housing

Federal housing programs play a critical role in efforts to stabilize the health of individuals living with HIV. The lack of stable housing, provided through key HUD programs such as the Housing Opportunities for People with AIDS (HOPWA), Sec. 8 and other supportive housing programs, makes it more difficult for homeless persons with HIV/AIDS and those at imminent risk for homelessness to engage in the health care system and adhere to complex HIV treatments. **The Council ... what do you want?)**

4. Research

The substantial federal investment in HIV research, to date, has resulted in remarkable treatment breakthroughs that are prolonging the lives and health of thousands of persons with HIV/AIDS. The Council is grateful for the Administration's strong commitment to vaccine research and urges full funding of this global health imperative. The Council reiterates its strong support for research on microbicides.

5. International HIV Efforts

The Council appreciates the President's World AIDS Day announcements related to new global AIDS efforts. In FY 1999, however, the President actually proposed a reduction in USAID funding. It is our hope that the President's FY 2000 budget will reflect the renewed importance of U.S. contributions towards the twin goals of ending this worldwide pandemic and mitigating the health and economic costs associated with it. The Congress' \$4 million increase for US AIDS in FY 1999 represents a small, but important step towards a full and appropriate role for the U.S. in global AIDS efforts, and should be expanded upon in FY 2000. **(We need to ensure that this \$10 million increase is built into the base funding.)**

ISSUE 2: *Critical Need for Expanded Access to Care for People Living with HIV*

Background:

Accessing the principal HIV care coverage programs, (Medicaid and Medicare) in most cases, requires that HIV+ persons be ***already disabled***, even though new treatments offer real hope of delaying or even preventing disability.

-- Current Resource Commitment: For FY '98, the public sector devoted about \$7 billion to provision of HIV-related primary care and related services, covering everything from prescription drugs and doctors' visits to case management and housing. With Medicaid and Medicare often unavailable to cover initial care for uninsured HIV+, the burden falls increasingly on relatively smaller programs like Ryan White, HOPWA and ADAP, where disability is not a pre-condition to access.

-- Changed Circumstances: Three factors have refocused attention on the existing HIV care financing and delivery system:

-- New Standard of Care: In 1997, HHS issued new treatment guidelines for HIV, including treatment with combination drug therapy prior to development of symptoms and before substantial deterioration of the immune system resulting in disability.

-- Changing Demographics: CDC estimates that 650,000 – 900,000 Americans have HIV infection. 500,000 know their status. Only 350,000 are in care. Half of all new HIV infections are related to injection-drug use. The AIDS case rate for African Americans is eight times higher than that of whites.

Achieving the President's stated national goal of reducing health care disparities among racial and ethnic groups is further complicated by the changing demographics of the HIV/AIDS epidemic. People with HIV are increasingly likely to be uninsured, impoverished, abusing substances, female and members of racial or ethnic minorities - populations historically underserved by the health care system and requiring culturally appropriate and sensitive care.

-- Declines in Mortality: AIDS-related deaths have declined (44% during first half of '97 compared to '96). AIDS diagnoses are down (12%). ***But the number of people living with HIV is increasing.*** Demands on the health care system have changed from a need for more intense end-stage care to a need for services associated with a chronic condition. Additional costs of caring for more HIV + with expensive drugs, however, are often offset by reducing or, at least deferring, the dramatically higher costs associated with the later stages of HIV-disease. As a result, lowered inpatient costs may well compensate for increased outpatient costs.

Status:

In April, 1997, Vice President Gore asked HCFA to evaluate the possibility of expanding access to Medicaid for poor HIV+ individuals prior to their becoming disabled. In response, HCFA/HHS has concluded that, on a national basis, Medicaid expansion cannot be done in a budget neutral manner.

However, the cost-estimate currently being used by HCFA/HHS of \$27,000 for annual AIDS-related costs to Medicaid is ***dramatically*** higher than the average cost of care experienced in private HMOs or in the VA (the largest single direct provider of health care for HIV+), which are estimated at \$10,000 - \$12,000 per year.

Between the first quarter of FY '91 and the fourth quarter of FY '97, the percentage of the Medicaid pharmaceutical budget spent on HIV drugs increased from 0.57% to 5.25%, an almost ***tenfold*** increase. Actual HIV drug expenditures grew from under \$20 million in the first quarter of FY '94 to almost \$120 million in the second quarter of FY '97. ***HIV drug costs are the single largest component of HIV treatment and care and that segment is growing rapidly.***

HCFA/HHS has suggested that individual states submit 1,115 Medicaid waiver requests proposing expanded HIV+ care and treatment, as an alternative to a national solution. Several states are currently preparing such waiver request proposals. However, three policy issues seriously hamper the ability of states to achieve budget neutrality:

-- Current Administration policy requires finding offsetting cost savings in Medicaid ***only***. Under that policy, even if expansion results in savings in other federal entitlement (*e.g.*, Medicare, SSI and SSDI) or discretionary programs (*e.g.*, HOPWA and CARE Act), those cannot be counted toward achieving budget neutrality.

-- Current Administration policy limits states to considering only a five-year budget window. A longer time frame, if permitted, might make it more likely that states could achieve budget neutrality.

-- Given the centrality of prescription drugs in the new treatment standard, any successful attempt to develop a cost-neutral strategy must include a reduction in drug prices. In fact, Massachusetts health officials indicate that an additional reduction of approximately 15%, on top of their existing 26% discount, would be necessary to achieve budget neutrality in their waiver program. While drug pricing should not be the only mechanism for achieving expanded-access cost neutrality, the resulting increased volume of federal, state and local governmental drug purchases makes accompanying drug cost reductions clearly both reasonable and essential. Unfortunately, to date no one in the federal government has been willing even to attempt to deal with the issue of drug pricing.

Action Items:

1. The President should direct the Secretary of HHS and the Director of OMB to include a broader range of programs (other entitlement and federal discretionary programs) and a longer budget time frame in the determination of budget neutrality for the purpose of the 1115 waiver applications.
2. The President should direct the Vice President to expand his discussions with the pharmaceutical industry to include the cost of HIV-related drugs. All relevant departments should also participate, including Justice and State, to ensure that anti-trust and international concerns are appropriately addressed.
3. The President should include provisions for necessary start-up costs of Medicaid expansion in his FY 2000 budget request.

ISSUE 3: Need for a National HIV Counseling and Testing Awareness Campaign to be Administered out of the White House Office of National AIDS Policy

Background:

Treatment guidelines issued by the Public Health Service recommend that doctors begin monitoring their HIV-positive patients and consider initiation of antiviral therapy as soon after infection as possible. The federal government's official treatment guidelines can benefit a patient only if the patient knows that he or she is infected with HIV. Unfortunately, the CDC estimates that one in every three Americans living with HIV, and 50% of all persons with non-symptomatic HIV infection, are ignorant of their HIV status. Because of such poor testing rates, far too many Americans learn that they are infected only when they become seriously ill and after HIV has already seriously damaged their immune system. Clearly, a major national initiative is needed to break through ignorance and denial so more people can take advantage of recent medical breakthroughs. A national media campaign can be effectively undertaken because it 1) may be targeted to reach populations at greatest risk; 2) would receive widespread and bipartisan support; and 3) provides for a public private partnership.

Political Assessment:

HIV testing is being promoted by both liberal and conservative members of Congress and the community. Some of these ideas run contrary to sound public health strategy, which is non-coercive and voluntary. This campaign would allow the President and the Administration to offer a proactive agenda that is moderate, has a high probability of success and has the potential to receive bipartisan support.

Until there is a vaccine and a cure, the most important knowledge an individual can possess regarding HIV is his/her HIV status. Knowing one's HIV status is crucial both to obtaining appropriate care and to preventing further spread of the disease. This effort, if successful, will identify a number of HIV positive individuals who will need to have access to care. Despite current limits on such access for individuals who are already known to be living with HIV, this effort should be undertaken. It will also be important to evaluate the need for expanded HIV and AIDS health care in severely underserved communities.

Action Items:

As stated earlier, this effort would be modeled on the current ONDCP youth drug prevention campaign. ONAP would work with the CDC to develop the campaign, and with the community and private industry partners to provide matching funds (public service announcements and in-kind media buys) in order to mount the campaign.

1. The PACHA recommends that the President direct and support the White House Office of National AIDS Policy in developing and overseeing a national media campaign to encourage

more individual knowledge of HIV status. Building on this “know your status” effort by the CDC, the PACHA recommends that this initiative be administered by ONAP and modeled on the National Youth Anti-Drug Media Campaign currently coordinated by the White House Office of National Drug Control Policy. Through public service announcements and other targeted media messages this broad national campaign would promote the value of HIV testing and counseling and would especially address the severe and ongoing HIV- related health crisis in minority communities.

2. The PACHA proposes new funding in FY '99 to enable ONAP to begin planning for the campaign including identification of potential partners for the campaign. In addition, the PACHA recommends that the President propose to fund this effort in his FY 2000 budget request.
3. PACHA recommends that the Department of Health and Human Services (Centers for Disease Control) be directed to review its current capacity to provide adequate funds for HIV testing and counseling. Based on the available information, if necessary, the CDC should receive an increase in FY '99 funding to ensure the success of this outreach effort.

ISSUE 4: *AIDS Vaccine Development Progress*

Background:

In May, 1997, the President declared a goal of development of an effective AIDS vaccine within one decade. This announcement had a greater impact than ever imagined, serving to inspire the effort around the world, and also serving to invigorate the scientific community within the United States. The Council expresses its thanks for his courage and vision.

The Council believes that significant progress has been made since the declaration, and applaud the President for his time and sincere effort in the endeavor, and for his commitment of additional funds.

In July, 1995 and March, 1998, the Council passed the following recommendations:

1. Substantive involvement, coordination and collaboration among all relevant federal agencies, the private sector and the international community are critical to the development of an effective AIDS vaccine.
2. Federal leadership at the highest level will be required, through the Office of National AIDS Policy, ensuring that adequate resources are provided for the coordination process necessary to achieve the goal of an effective AIDS vaccine.
3. The Office of National AIDS Policy should ensure the development and implementation of a comprehensive federal plan to achieve the goal of an effective AIDS vaccine.
4. The process of defining the structure and mission of the proposed (AIDS) Vaccine Center at NIH, and the appointment of a director with the highest level of expertise, should proceed promptly.
5. The urgent need for an AIDS vaccine mandates the simultaneous implementation of both basic and empiric scientific approaches.

However, the Council believes serious deficiencies remain which must be addressed if the President's goal is to be reached.

Eighteen months have passed since his declaration. However, the overall administrative mechanism by which to coordinate the efforts of all relevant Federal agencies, regulatory agencies, private industry and the international community has not been accomplished, nor has a comprehensive Federal vaccine strategy been developed. Further, an accomplished vaccine scientist has yet to be appointed to lead the Vaccine Center at the NIH. The Council believes that development of an effective vaccine will require immediate attention to these deficiencies, especially if the goal is to be accomplished within the stated time frame.

Action Items:

1. Urge the President to use the authority of his Office to help recruit an accomplished and vigorous vaccine scientist to lead the AIDS Vaccine Research Center at the NIH.
2. Ask the President to assure that the Office of National AIDS Policy works to coordinate the development a comprehensive federal plan to achieve the goal of an AIDS vaccine.
3. Ask the President to mandate the development of a mechanism to assure the full and on-going coordination of all relevant Federal agencies, regulatory agencies, private industry and the international community, allowing the process of vaccine development to proceed efficiently and as rapidly as possible.

INTERNAL USE ONLY

Anticipated Schedule/Time Line

Time Allotted: 30 Minutes

Introduction of Council's Chair, Scott Hitt, M.D. by Sandra Thurman	1 minute
Welcome/Background by R. Scott Hitt, M.D.	2.5 minutes
Statement by Rabbi Joseph Edelheit	1.5 minutes
Issue 1: Future Investment in HIV/AIDS Presenter: Regina Aragon	2 minutes (5 minutes total)
Issue 2: Access to Care Presenter: Tom Henderson	2 minutes (5 minutes total)
Issue 3: National Media Campaign Presenter: Alexander Robinson	2 minutes (5 minutes total)
Issue 4: AIDS Vaccine Development Presenter: Alexandra Levine, M.D.	2 minutes (5 minutes total)
Closing by President	5 minutes
TOTAL	18 minutes (30 minutes total)

Background leading to the questions/ recommendations must be extremely tight; accomplishments should begin the issue (IE. Thank you for your recent announcement of \$200 million in AIDS vaccine funding....) Presenters should limit the contextual and background information (especially historical context unless absolutely necessary). It would be appropriate for individuals to say something like, "as a person living with AIDS," or "as someone who has lost XXX friends to AIDS...."

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HOLDING --- International Issue --- Michael Isbell

Mr. President, I'd like to address an issue of great urgency -- American leadership in the fight against the global HIV pandemic. I need not repeat the well-known statistics reflecting HIV's devastation throughout the world, nor is it necessary for me to repeat the many humanitarian, economic and strategic reasons why the United States ought to work to bring the global pandemic under control. As you know, the Council has long urged you to take a global leadership role on AIDS, and we were delighted by your announcements on World AIDS Day two of which focused on additional funding for AIDS orphans and in which you directed Sandy Thurman to do a fact finding mission to South Africa in early January.

As your advisory council, we recommend that you follow up this powerful message to the world with two essential initiatives. First, we recommend that you propose and fight for a substantial increase in funding for international AIDS programs at the Agency for International Development, the CDC, and other agencies. U.S. support for international programs has essentially remained flat in real dollar terms over the last several years, and this must change if we are ever to begin to bring HIV under control in the developing world. Second, the federal programs that deal with AIDS in the developing world are scattered throughout the government. Only the President has the authority and the power to require that these many efforts be effectively coordinated, and we urge you to ensure that this happens.

HOLDING --- Improved HIV prevention, treatment, continuum of care for the incarcerated and for those being released, as well as protection of the public health

Mr. President, there are over 1,083 inmates with HIV/AIDS in federal prisons. Approximately 79% of all inmates are from Black and Latino communities, populations disproportionately affected by AIDS.

Inmates preparing for transition back into the community are asked to sign a "voluntary" treatment waiver form as a condition to participate in a work-release program. This leaves them ineligible after 30-days for subsidies such as Medicaid, Medicare or ADAP while still being under the auspices of the Federal Correctional System, for an indefinite period of time.

- This disparity in access and quality of care, poses serious health risks to the individual,
- There is a potential for treatment failure and development of drug-resistant strains of HIV. This has negative implications for our nations research effort given your 10-year goal of developing an AIDS vaccine, and
- Informed consent, at the heart of the patients bill of rights we need so much and for which you are calling, is also placed in jeopardy.

Mr. President, we need your help, to address this important public health issue.

♦ **HOLDING --- Reverend Altagracia Perez**

- ♦ I represents a predominately immigrant, underserved, culturally and linguistically mixed community in Los Angeles.
- ♦ My congregation is a mirror into the future of the AIDS epidemic.
- ♦ In this time of loving, forgiveness, and recommitment to our maker and our neighbor, we must ask ourselves whether we have done enough for our fellow woman or man or whether our efforts must be increased.
- ♦ The Rabbi spoke earlier of the symbolism that the holidays offer us. He said the holidays “promise us light during the darkest time of the year.”
- ♦ I remain committed to the fact that I too can shed some light on the darkness that the AIDS epidemic has brought upon us in the United States, and in the world.
- ♦ The AIDS epidemic continues to strike hardest at those least fortunate, those with the weakest voices in our society, and those who for too many years, have been forgotten.
- ♦ It is the role of the Council to speak for those who can not speak, to push for leadership for those who have no leaders, and to open their hearts and fill it with the love of those whose lives have been and will be forever be changed by AIDS.
- ♦ It is also the Council’s role to ask that America’s leaders, especially the President, continue to push for what is needed, even when it is difficult.
- ♦ On behalf of the Council, I ask the President to continue to show that leadership, especially for racial and ethnic communities, and especially for those in far away countries that most American’s don’t even know exist.
- ♦ Ask him to continue to be that “light in the darkness” that so many of us strive to see on a daily basis.

Presidential Advisory Council on HIV/AIDS
AGENDA
Meeting with the President
December 18, 1998

Introduction by Sandra L. Thurman

Reverend Altagracia Perez

Introduction - Welcome/Background

Presenter: R. Scott Hitt, M.D. & Rabbi Joseph Edelheit

ISSUE 1: *Critical Need for Expanded Investment In HIV/AIDS Programs in FY 2000*

Presenter: Regina Aragon

ISSUE 2: *Critical Need for Expanded Access to Care for People Living with HIV/AIDS*

Presenter: Tom Henderson

ISSUE 3: *Need to develop a National HIV Counseling and Testing Awareness Campaign to be Directed out of the White House Office of National AIDS Policy*

Presenter: Alexander Robinson

ISSUE 4: *Lack of Progress on Implementing Stated Goal of an HIV Vaccine Within 10 Years*

Presenter: Alexandra Levine or Helen Miramontes

ISSUE: *Improved Agency Coordination and Improved Global Funding for HIV/AIDS*

Presenter: _____

ISSUE: *Improved HIV prevention, treatment for the incarcerated, continuum of care for those being released, and protection of the public health.*

Presenter: _____

ISSUE: *“Severe and On-going Healthcare Crisis” and focus on Racial and Ethnic Populations*

Presenter: _____

Closing: President William Jefferson Clinton

Last Updated: December 17, 1998, 10:15 am

Presidential Advisory Council on HIV/AIDS Meeting with the President

December 18, 1998

THEME: SUPPORT, SUPPORT, SUPPORT

WHEN PRESIDENT ENTERS, PLEASE STAND AND APPLAUD

ATTEND THIS MEETING AS A COUNCIL, NOT AS AN INDIVIDUAL

DO NOT SPEND TIME INTRODUCING EACH MEMBER -- THEY WILL HAVE NAME TAGS AND/OR NAME TENTS

Introduction of Council's Chair - Dr. Scott Hitt by Sandra L. Thurman

Introduction by Scott Hitt, M.D.

- ◆ Thank the POTUS for the opportunity to meet with him and his staff. Thank him for his leadership, commitment and genuine caring for people living with HIV and AIDS, and for his true commitment for wanting to help end the devastating impact AIDS is having both in the U.S. and the world.
- ◆ Speaking for all members, indicate how proud you have been to serve the President and his Administration.
- ◆ Thank his staff for being at this meeting, for their past support, and for their commitment to this issue.
- ◆ Thank Sandy Thurman, Todd Summers, and any other major official in the room.
- ◆ Thank the Council members present for their commitment, leadership and friendship.
- ◆ Thank Daniel Montoya for his work as executive director and for his ability to help focus the Council's efforts.
- ◆ Acknowledge and thank him for the recent White House events focusing on AIDS,

including the Congressional Black Caucus announcement, the World AIDS Day announcement of new international funding, funding to address AIDS orphans, and new funding for vaccine development. These announcements are very important, not only for the funding they provide, but also because of the focus they bring to very critical issues.

- ◆ Remind him that media reports continue to tell the American public that HIV is manageable, that deaths are down, and that the new treatment drugs are working. What they often fail to mention is that NEW infections continue at about 40,000 a year, that many people do not have access to the new drugs, that many people cannot tolerate the new drugs, and that some 300,000 (?) Americans do not even know their HIV status, and thus can not benefit from the new drugs.
- ◆ Indicate that his focus on HIV over the past several months has sent a clear message to the American public that HIV/AIDS is not over. What we need to do now is to build on the momentum he has begun and help ensure his legacy as the one and only President who was not afraid to tackle difficult, long-term issues because he knew it was necessary and because he knew it was the right and moral thing to do.
- ◆ Mr. President, over the past year, this Advisory Council has taken a long and hard look at where the epidemic is heading and what we need to be doing as a nation to address it, and we clearly understand the role that your leadership has and will continue to play.
- ◆ In June of this year, the Council adopted as its number one priority the issue of addressing HIV/AIDS in racial and ethnic. Acknowledge his recent focus on racial and ethnic communities and the additional \$156 million in funding targeted to these communities that was obtained with the strong leadership of the Congressional Black Caucus and many others (**including the special role that Erskine Bowles played**).
- ◆ Stress that this effort has focused the attention of the African American community on this disease in a way that has not occurred to date. It has made a tremendous impact on African American leadership, and now our challenge is to expand this focus to other communities of color and to ensure that racial/ethnic communities have equal access to the \$4 billion that the Federal government spends on AIDS each year.
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-- Changed Circumstances: Three factors have refocused attention on the existing HIV care financing and delivery system:

-- New Standard of Care: In 1997, HHS issued new treatment guidelines for HIV, including treatment with combination drug therapy prior to development of symptoms and before substantial deterioration of the immune system resulting in disability.

-- Changing Demographics: CDC estimates that 650,000 – 900,000 Americans have HIV infection. 500,000 know their status. Only 350,000 are in care. Half of all new HIV infections are related to injection-drug use. The AIDS case rate for African Americans is eight times higher than that of whites.

Achieving the President's stated national goal of reducing health care disparities among racial and ethnic groups is further complicated by the changing demographics of the HIV/AIDS epidemic. People with HIV are increasingly likely to be uninsured, impoverished, abusing substances, female and members of racial or ethnic minorities - populations historically underserved by the health care system and requiring culturally appropriate and sensitive care.

-- Declines in Mortality: AIDS-related deaths have declined (44% during first half of '97 compared to '96). AIDS diagnoses are down (12%). ***But the number of people living with HIV is increasing.*** Demands on the health care system have changed from a need for more intense end-stage care to a need for services associated with a chronic condition. Additional costs of caring for more HIV + with expensive drugs, however, are often offset by reducing or, at least deferring, the dramatically higher costs associated with the later stages of HIV-disease. As a result, lowered inpatient costs may well compensate for increased outpatient costs.

Status:

In April, 1997, Vice President Gore asked HCFA to evaluate the possibility of expanding access to Medicaid for poor HIV+ individuals prior to their becoming disabled. In response, HCFA/HHS has concluded that, on a national basis, Medicaid expansion cannot be done in a budget neutral manner.

However, the cost-estimate currently being used by HCFA/HHS of \$27,000 for annual AIDS-related costs to Medicaid is ***dramatically*** higher than the average cost of care experienced in private HMOs or in the VA (the largest single direct provider of health care for HIV+), which are estimated at \$10,000 - \$12,000 per year.

Between the first quarter of FY '91 and the fourth quarter of FY '97, the percentage of the Medicaid pharmaceutical budget spent on HIV drugs increased from 0.57% to 5.25%, an almost ***tenfold*** increase. Actual HIV drug expenditures grew from under \$20 million in the first quarter of FY '94 to almost \$120 million in the second quarter of FY '97. ***HIV drug costs are the single largest component of HIV treatment and care and that segment is growing rapidly.***

HCFA/HHS has suggested that individual states submit 1,115 Medicaid waiver requests proposing expanded HIV+ care and treatment, as an alternative to a national solution. Several states are currently preparing such waiver request proposals. However, three policy issues seriously hamper the ability of states to achieve budget neutrality:

-- Current Administration policy requires finding offsetting cost savings in Medicaid ***only***. Under that policy, even if expansion results in savings in other federal entitlement (*e.g.*, Medicare, SSI and SSDI) or discretionary programs (*e.g.*, HOPWA and CARE Act), those cannot be counted toward achieving budget neutrality.

-- Current Administration policy limits states to considering only a five-year budget window. A longer time frame, if permitted, might make it more likely that states could achieve budget neutrality.

-- Given the centrality of prescription drugs in the new treatment standard, any successful attempt to develop a cost-neutral strategy must include a reduction in drug prices. In fact, Massachusetts health officials indicate that an additional reduction of approximately 15%, on top of their existing 26% discount, would be necessary to achieve budget neutrality in their waiver program. While drug pricing should not be the only mechanism for achieving expanded-access cost neutrality, the resulting increased volume of federal, state and local governmental drug purchases makes accompanying drug cost reductions clearly both reasonable and essential. Unfortunately, to date no one in the federal government has been willing even to attempt to deal with the issue of drug pricing.

Action Items:

1. The President should direct the Secretary of HHS and the Director of OMB to include a broader range of programs (other entitlement and federal discretionary programs) and a longer budget time frame in the determination of budget neutrality for the purpose of the 1115 waiver applications.
2. The President should direct the Vice President to expand his discussions with the pharmaceutical industry to include the cost of HIV-related drugs. All relevant departments should also participate, including Justice and State, to ensure that anti-trust and international concerns are appropriately addressed.
3. The President should include provisions for necessary start-up costs of Medicaid expansion in his FY 2000 budget request.

ISSUE 3: Need for a National HIV Counseling and Testing Awareness Campaign to be Administered out of the White House Office of National AIDS Policy

Background:

Treatment guidelines issued by the Public Health Service recommend that doctors begin monitoring their HIV-positive patients and consider initiation of antiviral therapy as soon after infection as possible. The federal government's official treatment guidelines can benefit a patient only if the patient knows that he or she is infected with HIV. Unfortunately, the CDC estimates that one in every three Americans living with HIV, and 50% of all persons with non-symptomatic HIV infection, are ignorant of their HIV status. Because of such poor testing rates, far too many Americans learn that they are infected only when they become seriously ill and after HIV has already seriously damaged their immune system. Clearly, a major national initiative is needed to break through ignorance and denial so more people can take advantage of recent medical breakthroughs. A national media campaign can be effectively undertaken because it 1) may be targeted to reach populations at greatest risk; 2) would receive widespread and bipartisan support; and 3) provides for a public private partnership.

Political Assessment:

HIV testing is being promoted by both liberal and conservative members of Congress and the community. Some of these ideas run contrary to sound public health strategy, which is non-coercive and voluntary. This campaign would allow the President and the Administration to offer a proactive agenda that is moderate, has a high probability of success and has the potential to receive bipartisan support.

Until there is a vaccine and a cure, the most important knowledge an individual can possess regarding HIV is his/her HIV status. Knowing one's HIV status is crucial both to obtaining appropriate care and to preventing further spread of the disease. This effort, if successful, will identify a number of HIV positive individuals who will need to have access to care. Despite current limits on such access for individuals who are already known to be living with HIV, this effort should be undertaken. It will also be important to evaluate the need for expanded HIV and AIDS health care in severely underserved communities.

Action Items:

As stated earlier, this effort would be modeled on the current ONDCP youth drug prevention campaign. ONAP would work with the CDC to develop the campaign, and with the community and private industry partners to provide matching funds (public service announcements and in-kind media buys) in order to mount the campaign.

1. The PACHA recommends that the President direct and support the White House Office of National AIDS Policy in developing and overseeing a national media campaign to encourage

more individual knowledge of HIV status. Building on this “know your status” effort by the CDC, the PACHA recommends that this initiative be administered by ONAP and modeled on the National Youth Anti-Drug Media Campaign currently coordinated by the White House Office of National Drug Control Policy. Through public service announcements and other targeted media messages this broad national campaign would promote the value of HIV testing and counseling and would especially address the severe and ongoing HIV- related health crisis in minority communities.

2. The PACHA proposes new funding in FY '99 to enable ONAP to begin planning for the campaign including identification of potential partners for the campaign. In addition, the PACHA recommends that the President propose to fund this effort in his FY 2000 budget request.
3. PACHA recommends that the Department of Health and Human Services (Centers for Disease Control) be directed to review its current capacity to provide adequate funds for HIV testing and counseling. Based on the available information, if necessary, the CDC should receive an increase in FY '99 funding to ensure the success of this outreach effort.

ISSUE 4: *AIDS Vaccine Development Progress*

Background:

In May, 1997, the President declared a goal of development of an effective AIDS vaccine within one decade. This announcement had a greater impact than ever imagined, serving to inspire the effort around the world, and also serving to invigorate the scientific community within the United States. The Council expresses its thanks for his courage and vision.

The Council believes that significant progress has been made since the declaration, and applaud the President for his time and sincere effort in the endeavor, and for his commitment of additional funds.

In July, 1995 and March, 1998, the Council passed the following recommendations:

1. Substantive involvement, coordination and collaboration among all relevant federal agencies, the private sector and the international community are critical to the development of an effective AIDS vaccine.
2. Federal leadership at the highest level will be required, through the Office of National AIDS Policy, ensuring that adequate resources are provided for the coordination process necessary to achieve the goal of an effective AIDS vaccine.
3. The Office of National AIDS Policy should ensure the development and implementation of a comprehensive federal plan to achieve the goal of an effective AIDS vaccine.
4. The process of defining the structure and mission of the proposed (AIDS) Vaccine Center at NIH, and the appointment of a director with the highest level of expertise, should proceed promptly.
5. The urgent need for an AIDS vaccine mandates the simultaneous implementation of both basic and empiric scientific approaches.

However, the Council believes serious deficiencies remain which must be addressed if the President's goal is to be reached.

Eighteen months have passed since his declaration. However, the overall administrative mechanism by which to coordinate the efforts of all relevant Federal agencies, regulatory agencies, private industry and the international community has not been accomplished, nor has a comprehensive Federal vaccine strategy been developed. Further, an accomplished vaccine scientist has yet to be appointed to lead the Vaccine Center at the NIH. The Council believes that development of an effective vaccine will require immediate attention to these deficiencies, especially if the goal is to be accomplished within the stated time frame.

Action Items:

1. Urge the President to use the authority of his Office to help recruit an accomplished and vigorous vaccine scientist to lead the AIDS Vaccine Research Center at the NIH.
2. Ask the President to assure that the Office of National AIDS Policy works to coordinate the development a comprehensive federal plan to achieve the goal of an AIDS vaccine.
3. Ask the President to mandate the development of a mechanism to assure the full and on-going coordination of all relevant Federal agencies, regulatory agencies, private industry and the international community, allowing the process of vaccine development to proceed efficiently and as rapidly as possible.

INTERNAL USE ONLY

Anticipated Schedule/Time Line

Time Allotted: 30 Minutes

Introduction of Council's Chair, Scott Hitt, M.D. by Sandra Thurman	1 minute
Welcome/Background by R. Scott Hitt, M.D.	2.5 minutes
Statement by Rabbi Joseph Edelheit	1.5 minutes
Issue 1: Future Investment in HIV/AIDS Presenter: Regina Aragon	2 minutes (5 minutes total)
Issue 2: Access to Care Presenter: Tom Henderson	2 minutes (5 minutes total)
Issue 3: National Media Campaign Presenter: Alexander Robinson	2 minutes (5 minutes total)
Issue 4: AIDS Vaccine Development Presenter: Alexandra Levine, M.D.	2 minutes (5 minutes total)
Closing by President	5 minutes
TOTAL	18 minutes (30 minutes total)

Background leading to the questions/ recommendations must be extremely tight; accomplishments should begin the issue (IE. Thank you for your recent announcement of \$200 million in AIDS vaccine funding....) Presenters should limit the contextual and background information (especially historical context unless absolutely necessary). It would be appropriate for individuals to say something like, "as a person living with AIDS," or "as someone who has lost XXX friends to AIDS...."

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HOLDING --- International Issue --- Michael Isbell

Mr. President, I'd like to address an issue of great urgency -- American leadership in the fight against the global HIV pandemic. I need not repeat the well-known statistics reflecting HIV's devastation throughout the world, nor is it necessary for me to repeat the many humanitarian, economic and strategic reasons why the United States ought to work to bring the global pandemic under control. As you know, the Council has long urged you to take a global leadership role on AIDS, and we were delighted by your announcements on World AIDS Day two of which focused on additional funding for AIDS orphans and in which you directed Sandy Thurman to do a fact finding mission to South Africa in early January.

As your advisory council, we recommend that you follow up this powerful message to the world with two essential initiatives. First, we recommend that you propose and fight for a substantial increase in funding for international AIDS programs at the Agency for International Development, the CDC, and other agencies. U.S. support for international programs has essentially remained flat in real dollar terms over the last several years, and this must change if we are ever to begin to bring HIV under control in the developing world. Second, the federal programs that deal with AIDS in the developing world are scattered throughout the government. Only the President has the authority and the power to require that these many efforts be effectively coordinated, and we urge you to ensure that this happens.

HOLDING --- Improved HIV prevention, treatment, continuum of care for the incarcerated and for those being released, as well as protection of the public health

Mr. President, there are over 1,083 inmates with HIV/AIDS in federal prisons. Approximately 79% of all inmates are from Black and Latino communities, populations disproportionately affected by AIDS.

Inmates preparing for transition back into the community are asked to sign a "voluntary" treatment waiver form as a condition to participate in a work-release program. This leaves them ineligible after 30-days for subsidies such as Medicaid, Medicare or ADAP while still being under the auspices of the Federal Correctional System, for an indefinite period of time.

- This disparity in access and quality of care, poses serious health risks to the individual,
- There is a potential for treatment failure and development of drug-resistant strains of HIV. This has negative implications for our nations research effort given your 10-year goal of developing an AIDS vaccine, and
- Informed consent, at the heart of the patients bill of rights we need so much and for which you are calling, is also placed in jeopardy.

Mr. President, we need your help, to address this important public health issue.

♦ **HOLDING --- Reverend Altagracia Perez**

- ♦ I represents a predominately immigrant, underserved, culturally and linguistically mixed community in Los Angeles.
- ♦ My congregation is a mirror into the future of the AIDS epidemic.
- ♦ In this time of loving, forgiveness, and recommitment to our maker and our neighbor, we must ask ourselves whether we have done enough for our fellow woman or man or whether our efforts must be increased.
- ♦ The Rabbi spoke earlier of the symbolism that the holidays offer us. He said the holidays “promise us light during the darkest time of the year.”
- ♦ I remain committed to the fact that I too can shed some light on the darkness that the AIDS epidemic has brought upon us in the United States, and in the world.
- ♦ The AIDS epidemic continues to strike hardest at those least fortunate, those with the weakest voices in our society, and those who for too many years, have been forgotten.
- ♦ It is the role of the Council to speak for those who can not speak, to push for leadership for those who have no leaders, and to open their hearts and fill it with the love of those whose lives have been and will be forever be changed by AIDS.
- ♦ It is also the Council’s role to ask that America’s leaders, especially the President, continue to push for what is needed, even when it is difficult.
- ♦ On behalf of the Council, I ask the President to continue to show that leadership, especially for racial and ethnic communities, and especially for those in far away countries that most American’s don’t even know exist.
- ♦ Ask him to continue to be that “light in the darkness” that so many of us strive to see on a daily basis.

Presidential Advisory Council on HIV/AIDS
AGENDA
Meeting with the President
December 18, 1998

Introduction by Sandra L. Thurman

Reverend Altagracia Perez

Introduction - Welcome/Background

Presenter: R. Scott Hitt, M.D. & Rabbi Joseph Edelheit

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Presenter: Regina Aragon

ISSUE 2: *Critical Need for Expanded Access to Care for People Living with HIV/AIDS*

Presenter: Tom Henderson

ISSUE 3: *Need to develop a National HIV Counseling and Testing Awareness Campaign to be Directed out of the White House Office of National AIDS Policy*

Presenter: Alexander Robinson

ISSUE 4: *Lack of Progress on Implementing Stated Goal of an HIV Vaccine Within 10 Years*

Presenter: Alexandra Levine or Helen Miramontes

ISSUE: *Improved Agency Coordination and Improved Global Funding for HIV/AIDS*

Presenter: _____

ISSUE: *Improved HIV prevention, treatment for the incarcerated, continuum of care for those being released, and protection of the public health.*

Presenter: _____

ISSUE: *“Severe and On-going Healthcare Crisis” and focus on Racial and Ethnic Populations*

Presenter: _____

Closing: President William Jefferson Clinton

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Closing: President William Jefferson Clinton

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Closing: President William Jefferson Clinton

PRESIDENT CLINTON AND VICE PRESIDENT GORE: LEADING THE FIGHT AGAINST HIV/AIDS

December 18, 1998

"We all know there is much to do, in boosting prevention and international support, and in developing an HIV vaccine. I will make sure this vaccine remains a top priority for my Administration."

President Bill Clinton
December 18, 1998

Today, President Clinton announces the release of \$479 million in new Ryan White funding to improve primary health care and supportive services for people with HIV/AIDS. The President will unveil these grants in a meeting with his Advisory Council on HIV/AIDS to hear a report on their work and to seek their advice on ways to improve the Nation's response to the HIV/AIDS epidemic.

Presidential Leadership In The Battle Against HIV/AIDS. The President's Advisory Council on HIV/AIDS was created by the President in 1995 to provide guidance on the Nation's efforts to care for those living with HIV/AIDS, to stop the spread of the disease, and to improve vaccine and treatment efforts. Today, President Clinton will:

- Announce \$479 million in grants are being released under Title I of the Ryan White CARE Act to fund primary health care and supportive services for people living with HIV/AIDS. These grants serve low-income individuals and families in 50 eligible metropolitan areas hardest hit by the AIDS epidemic, and include special funds targeting African-Americans and other racial and ethnic minorities;
- Renew his call on Congress to pass legislation that will assist us in the fight against HIV/AIDS, including passage of: a strong, enforceable Patients' Bill of Rights, legislation, such as the Jeffords/Kennedy bill, that helps people with disabilities access affordable health care coverage so they can return to work, and enhanced efforts to find an AIDS vaccine.

Building On Efforts To Address The HIV/AIDS Epidemic. Today's activities build on Administration efforts in the past few months to gain critical investments in HIV/AIDS research and treatment, including:

- Launching a new initiative on World AIDS Day 1998 to address the crisis of AIDS orphans and international HIV/AIDS. This initiative increases NIH AIDS research funding by 12 percent, HIV vaccine research by 33 percent, and designates \$10 million in an effort to address the growing crisis of AIDS orphans in developing countries;
- Declaring HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis, and unveiling a new \$156 million initiative to address this problem, including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies, all targeted toward ethnic and racial minorities in communities across the country;
- Working with Congress to secure historic increases in a wide range of effective HIV/AIDS programs.

A Solid Record Of Progress In The Fight Against HIV/AIDS. The Clinton/Gore Administration has a proud record of accomplishment in its response to HIV/AIDS, including:

- **Increasing funding for major HIV/AIDS programs by over 100 percent;**
- **Protecting Medicaid and Social Security.** The President fought to preserve the guarantee of coverage under Medicaid, which serves more than 50 percent of people living with AIDS – and 92 percent of children – and revised eligibility rules for Social Security Disability Insurance to increase the number of HIV-positive persons who qualify for benefits;
- **Focusing National Efforts on an AIDS Vaccine.** In 1997, the President challenged the nation to develop an HIV vaccine within the next ten years. The President has fought to increase research funding to help achieve this goal.

**PRESIDENTIAL ADVISORY COUNCIL ON AIDS MEETING
WASHINGTON, DC
DECEMBER 18, 1998
ITINERARY**

Thursday, December 17, 1998

Delta Airlines #1749

Lv. New York, NY (LAG) 10:30 am
Ar. Washington, DC 11:35 am

E-Ticket - X54CZH

Accommodations:

2 nights stay
The Hay Adams Hotel
One Lafayette Square
16th and H street, NW
Washington DC 20006
(202) 638-6600/Fax - (202) 638-2716

12 noon Council Meeting
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503
(202) 456-2437/fax (202) 456-2438

Friday, December 18, 1998

Meeting with the President of the United States Time to be announced

Saturday, December 19, 1998

Lv. Washington, DC 1:30 pm
Ar. New York, NY LAG 2:25 pm

Monsanto Als

Delta Airlines #

Lv. New York, NY (LAG) 10:30 am
Ar. Washington, DC 11:35 am

Accommodations:

The Morrison Clark Hotel
1015 L Street
Washington, DC
(202) 898-1200

Lv.	Washington	1:30 pm
Ar.	New York, LAG	2:35 pm

FRASERHOWZE/DEBRA
US GOVERNMENT TRAVEL

DEBRA FRASERHOWZE
E-TICKET
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DEBRA FRASERHOWZE
E-TICKET
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DEC 10 1998 INV/ITN:ITIN CUST:3000 BR:35 ACT:IN673
17 DEC 98 - THURSDAY
DELTA 1759 COACH CLASS EQUIP-BOEING 727 JET
LV: NYC/LAGUARDIA 330P 10:30 NONSTOP MILES- 214 CONFIRMED
AR: WASH/REAGAN 435P 11:30 ELAPSED TIME- 1:05
OPERATED BY-DELTA SHUTTLE
SNACK

19 DEC 98 - SATURDAY
DELTA 1754 COACH CLASS EQUIP-BOEING 727 JET
LV: WASH/REAGAN 130P NONSTOP MILES- 214 CONFIRMED
AR: NYC/LAGUARDIA 225P ELAPSED TIME- :55
OPERATED BY-DELTA SHUTTLE
SNACK

AIR TRANSPORTATION

61.12	TAX	14.88	TTL	76.00
	SUB TOTAL			76.00
	CREDIT CARD PAYMENT			76.00-
	AMOUNT DUE			0.00

Daniel Montoya
Executive Director
Presidential Advisory Council on HIV and AIDS
736 Jackson Place, NW
Washington, DC 20503

Communities of color in America are facing the deadliest health crisis in modern times, some of these are experiencing death rates from chronic diseases rivaling those in third world nations. This has been the case long before AIDS first began its' 18 year reign of destruction on American soil.

In the community of Harlem researchers discovered that a Black man has less of a chance of reaching age 65 than a man living in Bangladesh, one of the poorest *per capita* income nations in the world. This fact was supported by data that predates the AIDS crisis by more than half a decade. In the last two years, 115 babies were born in Baltimore positive for syphilis. Baltimore is a city whose syphilis rate is 18 times the nation's average. Native Americans now constitute 1% of the American population as well as 1% of the nation's AIDS epidemic.

Latinos, the fastest growing minority in this nation, are experiencing a new epidemic that is multigenerational in nature. When combined with the numbers of AIDS-related deaths among African Americans, these two communities have already produced 80,000 children orphaned as a result of the epidemic. Fueled by drug use and sexually transmitted disease, communities of African and Latino descent are in peril all over America. If the present trends continue, the Asian population in this nation will soon have an epidemic that rivals the Asian continent, as African Americans now have one that rivals the African continent

Mr. President, when the Congressional Black Caucus called for your administration to declare HIV and AIDS and public health a national state of emergency in African American and other communities of color, many within your administration opposed the declaration. Some in opposition noted that the combined rates of death, proliferation of disease, and lack of adequate health care infrastructures in these communities require a long-term sustained response, to which we all agreed. Some in our community however differ with the conclusion that a long-term sustained response falls outside of the remedies contained within the FEMA Public Health Law which already has precedence in its' use in HIV and AIDS. Nonetheless no one can disagree with the historic response that was brought by the mere request for the declaration from the Congressional Black Caucus. This response was bipartisan in nature and was the first step towards actualizing your desire to truly reduce racial disparities in healthcare and prevention in this nation. The response allowed legislatures with seats on both sides of the House to take an active vote to protect the lives of Black constituents and others of color who were in every district represented by Congressional leaders across America.

The state of emergency that we now find in these communities is also an indication that you and the first lady were right when you called for universal health care in the beginning of your administration. Had this produced the same response, it is possible that these communities would not be in the condition in which they now exist. Mr. President, the entire nation benefited by your response to this request.

Your leadership is now critical to maintain the momentum to these communities crippled by HIV and AIDS, drug abuse, and sexually transmitted diseases. These diseases quite too often result in long-term chronic health and death rates that have placed some segments of America in such eminent peril that their communities will never be able to substantially benefit from any change or reform in a social security system to which many have contributed. We therefore make the following request.

- 1) Understanding the concern of your health advisors. If you fall short of the declaration of the state of emergency in African American communities, we ask that you acknowledge as you deliver your State of the Union Address that your administration has determined that African American and other minority communities are facing a health crisis that requires sustained emergency measures.
- 2) We ask that you go further in acknowledging the fact that some of these communities exist in a severe and ongoing crisis that requires emergency intervention. As a result we urge that this knowledge be central to your decisions while setting priorities and your end-term budget proposal. We hope that you would include Vice President Al Gore at these meetings.
- 3) We want to acknowledge the outstanding efforts of former chief of staff, Erskin Bowles, during the budget negotiations that allowed for the \$110 million included in the Omnibus Budget. It was Mr. Bowles who worked most closely with the CBC and other leaders in our community to ensure the success of this initiative. In addition to the request on appropriations, we are asking specifically that funding targeted for this issue be placed as a high priority in your year-end budget proposal and that your administration allow for consultation with the Congressional Black and Hispanic Caucuses to meet this end.

**Social &
Scientific
Systems**

Presidential Advisory Council on HIV/AIDS

December 17-18, 1998

Welcome Council Members!

You are scheduled to meet at the Office of National AIDS Policy on Thursday, December 17, from 12-4 p.m. The Office of National AIDS Policy is located at 736 Jackson Place, NW (across the street from Lafayette Park), approximately ½ block from the Hay Adams Hotel. If you have any questions please see the hotel concierge.

Alexander Robinson will be hosting a welcome reception at his home on Thursday, December 17 at 6:30 p.m. Alexander's address is 771 Third Street, NE, Washington, DC, and his telephone number is 202-543-3688.

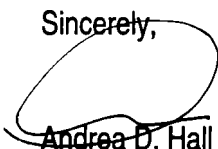
You are scheduled to meet at the Office of National AIDS Policy again on Friday, December 18, from 10-4 p.m. and are TENTATIVELY scheduled to meet with the POTUS at 5:45 p.m., this time may change. If this time is confirmed and is in conflict with your scheduled departure please contact OBER United Travel at 301-402-4040 as soon as possible to reschedule your flight. If you will need to extend your stay at the hotel please notify Daniel immediately.

Attached please find a copy of the Logistical Fact Sheet (includes reimbursement information), an expense report and your travel order.

Information regarding the March meeting will be forthcoming.

Have a successful meeting!

Sincerely,



Andrea D. Hall

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

WASHINGTON, DC
DECEMBER 18, 1998

LOGISTICAL FACT SHEET

**Meeting Date
and Time:**

Council Meeting: Thursday, December 17; TIME: 12 noon
Meeting with the POTUS: Friday, December 18; TIME: 5.45 p.m.

Meeting Location:

The Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503
Telephone: (202) 456-2437
Facsimile: (202) 456-2438

Hotel

Accommodations:

The Hay-Adams Hotel
One Lafayette Square
16th and H Street, NW
Washington, DC 20006
Telephone: (202) 638-6600
Facsimile: (202) 638-2716

A single room has been reserved in your name at the *Hay-Adams Hotel* for arrival on Thursday, December 17, and departure on Friday, December 18. Your room and tax have been prepaid, but you will be responsible for any incidental charges (phone calls, room service, movies, etc.) Please complete the attached form to indicate any changes in your reservation or any special accommodation requests. Check-in time is 3:00 p.m., and check-out time is 12:00 noon.

**Long Distance Travel
Information:**

Please call Ober United Travel, Executive Plaza South Office at (800) 638-8500 to make your travel reservations. When speaking with an agent, please identify yourself as part of the Presidential Advisory Council on HIV/AIDS Group and give the name Andrea Hall, (301) 986-4870, as the group contact. You will be issued an electronic ticket and your travel order will be sent by Federal Express. All airline tickets issued will be at the Government coach rate. IF YOU PREFER TO PURCHASE YOUR OWN TICKET, YOU WILL BE REIMBURSED ONLY UP TO THE COST OF THE GOVERNMENT- COACH RATE.

Ground

Transportation:

You can reach the *Hay-Adams Hotel* the following ways:

■ From NATIONAL AIRPORT

By Taxi: Taxi service is available from National Airport. The cost is approximately \$10. Taxis are located outside the baggage claim area. Allow approximately 15 minutes from National Airport to the hotel.

By Metro: Board the Blue Line heading toward *Addison Road*. Exit the Blue Line at the *McPherson Square* station. After exiting the station, walk 2 blocks south on 16th Street. The Hay-Adams Hotel will be on your right at the corner of 16th and H Streets.

By Automobile: Follow the George Washington Memorial Parkway North approximately 1.5 miles to the 14th Street Bridge exit (Route 1). Take this exit and cross the 14th Street Bridge, staying in the left lane. Follow 14th Street to K Street. Turn left onto K Street. Turn left onto 16th Street. The Hay-Adams Hotel is on the corner of 16th and H Streets. Approximate travel time by car is 20 minutes.

■ From DULLES INTERNATIONAL AIRPORT

By Taxi: Taxi service is available from Dulles Airport. The cost is approximately \$45. Taxis are located outside the baggage claim area. Allow approximately 40 minutes from Dulles Airport to the hotel.

By Automobile: Take the Dulles Access Road toward Route 66 East and Washington, DC. Take Route 66 East to the Theodore Roosevelt Memorial Bridge. Cross the bridge and take the Constitution Avenue exit. Follow Constitution Avenue to 16th Street. Turn left onto 16th Street and follow to H Street. Turn right onto H Street. The Hay-Adams Hotel is on the corner of 16th and H Street. Approximate travel time by car is 40 minutes.

■ From UNION STATION

By Taxi: Taxi service is available from Union Station. The cost is approximately \$5. Allow approximately 10 minutes from Union Station to the hotel.

By Metro: Board the Red Line heading toward *Shady Grove*. Exit at the *Metro Center* station. Transfer to the Blue Line heading toward *Addison Road* or the Orange Line heading toward *Vienna*. Exit the Blue/Orange Line at the *McPherson Square* station. After exiting the station, walk 2 blocks south on 16th Street. The Hay-Adams Hotel will be on your right at the corner of 16th and H Streets.

Ground Transportation (continued):

■ BY AUTOMOBILE

From the North: Follow 95 South to I-495 West. Go west toward Silver Spring for approximately 3 miles to Exit 31B, Georgia Avenue South (Silver Spring). Stay in the far right lane and veer right onto 16th Street. Follow 16th Street going south for approximately 7 miles to H Street. The Hay-Adams Hotel is on the corner of 16th and H Streets.

From the South: Follow 95 North to I-395 North toward Washington, DC. Continue on I-395 North to the 14th Street Bridge. Cross the 14th Street Bridge and stay in the left lane. Follow 14th Street to K Street. Turn left onto K Street. Turn left onto 16th Street. The Hay-Adams Hotel is on the corner of 16th and H Streets.

From Rockville/Bethesda: Take Connecticut Avenue past Dupont Circle to K Street. Turn right onto K Street. Turn left onto 16th Street. The Hay-Adams Hotel is on the corner of 16th and H Streets.

Parking: Parking is available at the hotel at the daily rate of \$12.

Reimbursement Information:

Council members will be reimbursed for meals and ground transportation directly from the National Institutes of Health. Reimbursement will be based on the following NIH/Office of AIDS Research guidelines applicable to this meeting:

- You will be reimbursed for meals and incidental expenses at the flat rate of \$31.50 per travel day and \$42 per non-travel day.
- Your room and tax will be prepaid at the rate of \$126 (inclusive of tax) per night. You will be responsible for any incidental expenses (room service, telephone calls, etc.).
- You will be provided with one prepaid, Government-coach fare, round-trip ticket from the airport closest to your home or office to Washington, DC. If you choose to make your own travel arrangements, you will only be reimbursed up to the cost of the government-coach fare.
- You will be reimbursed for expenses covering reasonable ground transportation. This includes travel between your home or office and the airport or rail terminal (you will be reimbursed at the rate of 32¢ per mile if by private automobile); taxi, limo, or subway expenses between the airport or train station and your hotel; and any parking fees.

**Reimbursement
Information (continued):**

- Where economical, use of a private auto from your departure city to Washington, DC, will be reimbursed at the rate of 32¢ per mile. Any mileage in excess of 300 miles must be documented by toll or gasoline receipts.
- Meal receipts are not required.

**Contact
Information:**

For program questions, please contact:

Daniel C. Montoya
Executive Director
Presidential Advisory Council on HIV/AIDS
736 Jackson Place, N.W.
Washington, DC 20503
Telephone: (202) 456-2437
Facsimile: (202) 456-2438
E-mail: montoya_dc@a1.eop.gov

For logistical questions please contact:

Andrea Hall
Social & Scientific Systems, Inc.
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814
Telephone: (301) 986-4870 ext. 316
Facsimile: (301) 913-0351
E-mail: adh@s-3.com

THE WHITE HOUSE
WASHINGTON

December 15, 1998

TO: Presidential Advisory Council on HIV/AIDS

FROM: Daniel C. Montoya, Presidential Advisory Council on HIV/AIDS, The White House

RE: NIH/Office of AIDS Research Travel Regulations

In reference to the Council travel and reimbursement process, following are general reimbursement guidelines applicable at all times; guidelines for obtaining an advance payment for travel costs; and a cursory listing of items not able to be reimbursed by the Government. The travel order you are issued indicates you are on official Government business and, therefore, are subject to all the rules and regulations of a Federal Employee. Any business activities that are not directly related to the Presidential Advisory Council on HIV/AIDS will not be covered.

■ **Reimbursement Guidelines**

Note: If travel from the previous Council meeting has not been cleared, travel for the next meeting cannot be prepaid. In order to receive reimbursement for expenses, you must submit receipts dated **WITHIN** the timeframe listed on your travel order.

•**Hotel Accommodations:** The current maximum Federal per diem rate for Washington, DC is \$126 per night, inclusive of tax. If you choose to stay at the contracted meeting hotel, your room will be prepaid for the dates of the Full Council meeting. **We strongly encourage you to stay at the contracted hotel;** however, if you choose to stay elsewhere, you will be reimbursed up to the current per diem amount of \$126 (inclusive of tax) per night. A receipt is required for reimbursement.

•**Airline Ticket Purchase:** GOVERNMENT COACH RATE FARES only will be reimbursed. An original receipt is required and must be submitted for reimbursement. If the travel reservation is NOT made through Ober Travel (800) 638-8500, you must receive pre-authorization for reimbursement of your ticket PRIOR to the meeting dates. **Travel arrangements made through Ober must be completed two weeks prior to the start of the meeting.**

•**Ground Transportation:** You will be reimbursed for reasonable ground transportation expenses. This includes transportation from your home/office to the airport and return (32 cents per mile if by private automobile), taxi or subway expenses between the airport and your hotel, and parking fees. Receipts **MUST** be provided for ground transportation fees in excess of \$75 and all parking fees.

•**Private Automobile:** Where economical, use of private auto from departure city to the meeting site will be reimbursed at the rate of 32 cents per mile. Any mileage in excess of 300 miles must be documented by toll or gasoline receipts. Reimbursement for use of a rental car is NOT authorized.

■ Reimbursement Guidelines (continued)

•**Meals & Incidental Expenses:** Maximum Federal per diem travel allowances apply, **no matter how much is spent**. Currently, the maximum Meals & Incidental Expenses (M&IE) for Washington, DC, is \$42 per day. (Incidental expenses are your phone calls, faxes, etc.)

•**Receipts:** All receipts must be submitted immediately following the conclusion of your travel in order to justify reimbursements. **If travel from the previous Council meeting has not been cleared, travel for the next meeting cannot be prepaid.** You will receive a *Federal Express* return address label to use for mailing your receipts. The receipts should be sent to Social & Scientific Systems for reimbursement by the National Institutes of Health (Social & Scientific Systems, Attention: Andrea Hall, 7101 Wisconsin Avenue, Suite 1300, Bethesda, MD 20814). If you have any questions about your reimbursement or the receipts required, please call Andrea Hall at (301) 986-4870. Receipts required include hotel accommodations, ground transportation, parking/toll fees, and airline tickets and must be dated within the time frame listed on your travel order.

■ Advance Payments

•**Hotel Accommodations:** A hotel reservation for a single room will be made on your behalf only for the inclusive dates of the full Council meeting. Your room and tax **ONLY** will be prepaid. You will be required to provide the hotel with a credit card or cash deposit upon check-in to activate the telephone in your room and to cover any incidental charges (room service, movies, mini-bar service, additional person in the room, etc.). You will be responsible for payment of any additional stay beyond or before the meeting dates.

•**Airline Ticket Purchase:** Airline reservations **MUST** be made through Ober Travel (800) 638-8500 in order to receive a prepaid Government rate ticket. Airline tickets at the Government Coach Rate will be issued only for the dates shown on the travel order. If you must combine travel to the meeting with another trip, you will be required to pay the difference between the Government Coach fare and regular coach fare if the travel dates are outside those shown on the travel order. If you must travel to or from the meeting from a destination other than your home, you must receive prior written approval. **You must make reservations with Ober Travel two weeks in advance of the meeting, and no changes to your ticket will be permitted after that point.**

•**Cash Advances:** Payment can be made in advance for meals/incidental expenses only. If a cash advance for meals is needed, you **MUST** request it 4 weeks in advance of the meeting. The cash advance does not include ground transportation expenses since they are variable. If you receive a cash advance and/or a prepaid airline ticket and **DO NOT** attend the meeting, you **MUST** return the advance and/or ticket immediately.

■ Non-Reimbursable Expenses

•Reimbursement is not permitted for babysitting, phone calls, travel companions/nurses, dry cleaning, tipping, or expenses not specifically authorized by the *Travel Order*, i.e., rental car.

If you have any questions or need further clarification on any of the points discussed above, please do not hesitate to call me at (202) 456-2437.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Travel order [Personally Identifiable Information] (2 pages)	12/14/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19429

FOLDER TITLE:

[Presidential Advisory Council on HIV/AIDS Meeting with President 12/18/1998]
[Folder 1]

2018-0764-F
jm2160

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

For Reimbursement of Travel Expenses for (Name) _____

Directions: To assist in accurately completing your travel voucher, please enter below
ALL trip expenses and attach appropriate **RECEIPTS**.

DEPARTURE DAY:

Time _____ a.m./p.m. departed from residence/office via Private Owned Vehicle (POV)/
Taxi/Metro to airport.

POV mileage _____ @ \$.31 per mile Cost \$ _____

or Taxi /Metro fare to airport (receipt attached) Cost \$ _____

Lodging: (attach receipts) Cost \$ _____

Taxis: (attach receipts)

Date	From	To	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Misc. Expenses: Phone calls/parking/faxing/tolls/subway/gas/etc. (Attach receipts)

Date		Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETURN DAY:

Airport Parking: Date: _____ Cost \$ _____
(Attach Receipts)

POV Mileage _____

Time of arrival _____ a.m./p.m. to residence/office via POV/Taxi/Metro

Please complete and return this sheet with your receipts in the provided FedEx envelope.

Presidential Advisory Council on HIV/AIDS
AGENDA
Meeting with the President
December 18, 1998

Introduction by Sandra L. Thurman

Reverend Altagracia Perez —

Introduction - Welcome/Background

Presenter: R. Scott Hitt, M.D. & Rabbi Joseph Edelheit

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Presenter: Regina Aragon

ISSUE 2: *Critical Need for Expanded Access to Care for People Living with HIV/AIDS*

Presenter: Tom Henderson

ISSUE 3: *Need to develop a National HIV Counseling and Testing Awareness Campaign to be Directed out of the White House Office of National AIDS Policy*

Presenter: Alexander Robinson

ISSUE 4: *Lack of Progress on Implementing Stated Goal of an HIV Vaccine Within 10 Years*

Presenter: Alexandra Levine or Helen Miramontes

ISSUE: *Improved Agency Coordination and Improved Global Funding for HIV/AIDS*

Presenter: _____

ISSUE: *Improved HIV prevention, treatment for the incarcerated, continuum of care for those being released, and protection of the public health.*

Presenter: _____

ISSUE: *"Severe and On-going Healthcare Crisis" and focus on Racial and Ethnic Populations*

Presenter: _____

Closing: President William Jefferson Clinton

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