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Meeting with NASTAD [National Alliance of State and Territorial AIDS Directors] 4/27/94

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THE WHITE HOUSE

WASHINGTON

April 11, 1994

Ms. Julie M. Scofield
Executive Director
National Alliance of State and Territorial
AIDS Directors
Suite 617
444 North Capitol Street, N.W.
Washington, D.C. 20001

Dear Ms. Scofield:

This letter confirms that Kristine M. Gebbie, National AIDS Policy Coordinator, will give the keynote address at the closing luncheon of the annual meeting of the National Alliance of State and Territorial AIDS Directors, on Wednesday, April 27, 1994 at the Renaissance Hotel in Washington, D.C..

Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant
and Scheduler to the
National AIDS Policy Coordinator

Enclosures

# National Alliance of State and Territorial AIDS Directors



This is possible

Yes

April 4, 1994

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W., Suite 1060
Washington, D.C. 20500

Dear Ms. Gebbie:

On behalf of the Executive Committee of the National Alliance of State and Territorial AIDS Directors (NASTAD), I would like to extend an invitation to you to participate in our upcoming annual meeting which is scheduled for April 24-27 at the Renaissance Hotel in Washington, D.C.

Specifically, we would like you to be our keynote speaker at our closing luncheon on Wednesday, April 27. The focus of the closing session is coordination between HIV prevention and care programs and substance abuse programs.

As you know, NASTAD is a two year old association of directors of state and territorial based HIV/AIDS prevention and care programs. Over the last year, we have focussed on activities designed to strengthen HIV/AIDS programs administered by state and territorial health departments. Clearly, issues of coordination between HIV/AIDS and substance abuse programs are of great concern to our members although these are issues that are not easily addressed.

Your perspective on this issue and efforts underway at the federal level to improve coordination and administration of these programs would be very valuable. In addition, this would be an excellent opportunity to provide an update on your activities since your appointment late last year and to share your priorities for the future.

*444 North Capitol Street NW, Suite 617, Washington, DC, 20001 Phone: (202)434-8090 Fax: (202)434-8092*

We are very hopeful that you will be able to join us on April 27. If you are unavailable at this time, there may be other opportunities to hear from you during the course of the four-day meeting. NASTAD members are very eager to hear from you at the meeting and want to be flexible in order to accommodate your schedule. I will follow-up with your office in the next few days to discuss your availability. In the meantime, I can be reached at (202) 434-8090 if you or your staff have any questions.

Thank you for your consideration. We look forward to hearing from you.

Sincerely,

Julie M. Scofield

Julie M. Scofield
Executive Director

cc: John Auerbach, Chair

Talking Points
NASTAD Closing Plenary Luncheon
April 27, 1994
Based on a conversation with Julie Scofield, Executive Director
Prepared by: Carlos Vélez, April 20, 1994

- The administration is committed to supporting HIV/AIDS prevention activities at the national, state and local level. This is demonstrated by the implementation of the Community Planning Process, which will impact the decision-making process at the state and local level. CDC worked closely with national organizations, such as NASTAD, ASTHO, the AIDS Action Council, the National Minority AIDS Council, the National Association of People with AIDS, and several others to develop the guidance language. HHS staff went above and beyond what was expected to reach consensus on how the process should be structured.

- The development of the Community Planning Process began in the summer of 1993, in response to the CDC External Review Committee's findings and input received from representatives of national and community groups. It was perceived that to increase the effectiveness of prevention activities, the priorities for prevention must be determined based on the needs of each individual state rather than centralized from Washington. The Community Planning Process is based on the concept of shared responsibility for the decision-making on prevention.

- To fully implement the Community Planning Process, CDC has funded give national minority organizations to provide technical assistance to state and local communities in the areas of parity, inclusion and representation. This exemplifies the commitment of this administration to create long lasting partnerships to make our prevention work more effective.

- The state AIDS directors have raised a concern that the lack of increases in prevention funding in the FY 1995 budget request for CDC may put in jeopardy the effective implementation of the Community Planning Process. The argument is based on two assumptions: 1) unless additional funding is provided, no new organizations will be able to participate in the process; and, 2) this is the base year of funding on which future funding will be determined.

- The funding which will be provided for FY 1995 will be sufficient for new organizations to be funded if there is a substantial shift in the priority setting for prevention activities. Each state and community is empowered to use the money as they see fit, but the state health department must work with the community to arrive at the most expeditious way of allocating the resources.

- The funding for community planning comes from the unrestricted funding that CDC receives. This funding is not allocated like an authorization bill, for which specific funding is appropriated every year.

- CDC is also contemplating how to implement more of the changes recommended by the External Review Committee. This includes looking at the nature of surveillance activities, counseling and testing, public information campaigns and partnership programs with state and local governments and non-governmental organizations. It is important that the states work in partnership with CDC to implement many of the necessary changes to make HIV/AIDS prevention effective.

- The State AIDS Directors want to hear on the administration's position on the fast track authorization of the Ryan White CARE Act. Public statements that have been made in the past have been unequivocal about the fact that the administration would not support the introduction of any major health-related bill while the Health Security Act is being debated. However, the administration, and more specifically HRSA, are working on developing language that will address many concerns about Ryan White, including continued and expanded availability of access to care.

- HRSA conducted a series of focus sessions with various groups of service delivery populations in the summer of 1993. This process was intended to identify barriers to access and care among various populations. The findings of this process are being used to produce changes that will increase access to care for those populations.

- The State health authorities have voiced in the past concerns that Ryan White-funded activities at the state and city/MSA level lack the necessary coordination. This lack of coordination, created by the different funding streams for Titles I and II, is something that the states believe should be addressed in the Ryan White reauthorization process. The alternative concern is that merging Titles I and II and coordinating all funding through the states will add an additional level of bureaucratic control to funding which is currently going to the most impacted cities/MSAs directly.

- The Health Security Act (HSA) will provide for increased activities in the areas of HIV/AIDS research, services and prevention. The Act will provide universal coverage for all Americans, including people living with HIV/AIDS. The comprehensive benefits package will provide for medical care, long term care, medications and preventive care. These benefits cannot be taken away from any American. The HSA also will provide for HIV counselling and testing and will allow for all clinicians to provide prevention information to their patients. The HSA will also include the continuation and expansion of Ryan White to continue to provide support services to people living with HIV/AIDS.

- HSA will also include provisions for funding research related to behavior that put people at risk and research on accessibility of care in America. Additional funding will also be provided to reinforce the core functions of public health administered by state and local governments. This last provision is intended to assist us in dealing with diseases of public health significance. Each state will set up mechanisms to guarantee that all individuals will be able to access adequate care and services.

Finally, all services under HSA will be provided with the guarantee of confidentiality which is ingrained in the law.

DISCUSSION

NASTAD has been working to provide technical assistance to the State AIDS Directors and increase their input in advocacy activities. NASTAD has been working closely with CDC in the implementation of the Community Planning Process and has participated in the launch of the Prevention Marketing Initiative (PMI). The meeting for this year is focused on the public policy involvement of the various Directors that are members of the group. The issues raised in the letter and discussed above are the areas where NASTAD believes the membership can be effective in advocacy activities.

The State AIDS Directors have been effective in working with CDC to ensure that prevention activities retain a focus on counseling, testing, referral and partner notification. However, the NASTAD position on the Community Planning Process is that it must be fully supported by the administration through increased funding and expanded technical assistance. Some concerns have been raised by the State AIDS Directors that, absent increased funding, the Community Planning Process may not be fully implemented. This may show a reluctance on the part of the State AIDS Directors to shift funding away from counseling and testing and into health education/risk reduction activities at the community level. For the Community Planning Process to be effective, the State AIDS Directors must be encouraged to advocate within their states for increased flexibility on how federal funding will be used for HIV/AIDS prevention.

NIASTAD Mtg —

Policy Direction & Issues:

Research - ~~Breadth~~ — prevention research
Involvement — asking ?'s
using the findings -

Services — ~~Health~~ Reform - P.H. part of reform needs attention
Ryan White
Research (P) H.C.R.
Fit pieces together - where are states?
care systems development
readies for managed care -

Prevention - ~~Community~~ planning —
overlap ~~substance abuse~~

Issue of - National Plan
goals aren't new / spectacular
actions need to be in all sectors
local nature of essential action

✓ on syringe exchange prohibition —
how to overcome in restrictions

4/27c 12:30

[20] From: Paul Tran 4/13/94 4:28PM (4879 bytes: 87 ln)
To: Steve Lee
Subject: Re: NASTAD meeting
---------- Message Contents ----------

"Research" according to ONAP is not only about BASIC RESEARCH, such as done at the NIH, but also includes POST-RESEARCH DEVELOPMENT:

(1) patent application and examination processes; (2) technology transfer among the federal, private and public sectors; (3) drug & treatment approval by the FDA; and (4) drug commercialization.

BASIC RESEARCH issues: To combat HIV and AIDS development, new approaches in basic research, including innovative technology such as GENE THERAPY and ANTISENSE, are being developed. Also, new antiviral drugs are being developed to target HIV essential genes such as reverse transcriptase, protease, and accessary genes such as "tat" and "nev". These are actively pursued at the NIH, Walter Reed (you might want to mention the contribution of Walter Reed to HIV research: it is responsible for staging HIV with CD4 count), academics, biotech and pharmaceutical firms. Of course, new, important information on HIV, its mode of pathogenesis, and responsible host cellular factors are always being obtained through basic research in virology, immunolgy and pathogenesis. Not until these have been elucidated will we have a complete understanding of HIV and its pathogenesis mode. The development of immune-restoration treatment, preventive and therapeutic vaccine all depend on this basic, critical information.

VACCINE issues: All three major agencies involved and responsible to develop preventive HIV vaccines --NIAID, DoD, Vaccine Industry (e.g. Genetech, Chiron)-- are working cooperatively in sharing information on vaccinology, vaccine trial infrastructure --both domestic and international.

NIAID is evaluating newly developed vaccine and at the same time evaluating candidate vaccines for large, efficacy, domestic preventive vaccine trial.

DoD is also working on the evaluation of newly manufactured vaccine, which, in collaboration with Bangkok and Chiang-Mai universities, will be tested in Thailand. (In contrast to PHS which serves the American public interest, DoD's mission is unique in that it is to serve military personnel stationed world-wide)

The biotech and pharmaceutical industry are developing innovative ways to make vaccine: naked DNA vaccine, vector vaccine, attenuated vaccines (in which the essential genes are deleted).

POST-RESEARCH DEVELOPMENT: In an effort to expedite the development and availability of the drugs to the public, ONAP is researching and reviewing regulatory processes and, by working together with relevant agencies, develops expiditious mechanisms throughout the regulatory chain.

ONAP: To coordinate and facilitate these activities, ONAP is sending out Compendium letters to federal agencies and the biotech/pharmaceutical industry requesting their HIV/AIDS-related research. MAJOR, AMBITOUS TASK.

HOT TOPICS:

(1) AZT treatment to prolong disease progression. Emphasize the importance of physician-patient relationship on making the decision of AZT treatment. More data will be available in near future, which would help to assess the benefit od AZT.

(2) HIV causes lymphoma. An article published in Cancer Research journal reported a link between the insertion site of HIV and oncogene. That is, it is hypothesized that HIV integration near a cancer-related genes (oncogenes, tumor-suppresoor genes) would activate or inactivate these genes, which results in carcinogenesis.
(AT THIS POINT IN TIME, THIS SHOULD NOT BE TAKEN SERIOUSLY. VIRAL INSERTION IN HOST GENOME CAUSING ONCOGENESIS IS NOT SURPRISING, BUT IT OCCURS AT A NON-SIGNIFICANT FREQUENCY. MORE DATA ARE NEEDED BEFORE THIS OBSERVATION WOULD CAUSE A CONCERN)

(3) Antisense targeted against HIV. Hybridon antisense drug GEM91 has been shown to cause no toxicity. Efficacy of the drug is being tested. ONAP is keeping a BIG eye on it, as the technology is new and maybe the only hope to treat virus-causing disease.