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FYI DCM

Services Subcommittee
Agenda
2/5/96 @ 11am EST
(888) 232-0365; Code: 217860

I. Welcome and Acknowledge New Council Members
Miguel Milanes
Charles Blackwell
Lynn Cooper

A. POTUS FY 1999 Budget (everyone should have received it by now)

II. Upcoming Conference Calls
Thursday, February 12
Thursday, March 5
Thursday, March 12 (need to reschedule)

III. Review of Issues/Potential March Subcommittee Meetings, Presentations

A. National Policy Dialogue on Early Medical Intervention Services/Regional Meetings Update (Nick Bollman)

Marsha Martin, HHS

B. Access to Treatment Issues:

1. ONAP Presentation Requested
Sandy Thurman and/or Todd Summers

2. Medicaid Expansion Update (Nick Bollman, Tom Henderson)
Kathy King, Gary Claxton, HCFA

- working group
- deadline
- POTUS medicare expansion
Kaiser Study

C. HIV Treatment Improvement Act of 1997 - Pelosi Bill (Regina Aragon)
NORA's effort (David Harvey, Miguelina Maldonado)

D. HIV+ Health Care Worker Guidelines (Stephen Abel)
Rob Janssen, CDC

E. Re-Authorization of HOPWA (Lynne Cooper, Regina Aragon)
David Vos, HUD

F. Back-To-Work Issues (Joseph Edelheit)
Susan Daniels, SSA (if needed)
Ronald Johnson

G. Youth Directive/June Panel Presentation (Sean Sasser)
Bob Soliz

H. FY 2000 Appropriations
Todd Summers
NORA's hopes

IV. Preparations for March Meeting Agenda

Council Date	Meeting Times	Subcommittee Time Allotted
Sunday, March 15 -	10 - 6pm (7 hours)	4 hours
Monday, March 16 -	9am - 6pm (8 hours)	5 hours
Tuesday, March 17 -	9am - 6pm (8 hours)	5 hours
Wednesday, March 18 -	9am - 12Noon (3 hours)	None

MEMORANDUM

TO: Services Subcommittee Members, PACHA
FR: Regina Aragón, Policy Director, SF AIDS Foundation
Ernest Hopkins, Director of Federal Affairs, SFAF
cc: Daniel Montoya and Todd Summers, ONAP
Scott Hitt, Chair, PACHA
DATE: January 27, 1998

RE: **Summary of The HIV Health Improvement Act of 1997 (H.R. 3072)**

The HIV Health Improvement Act of 1997 (H.R. 3072) was introduced in Congress on November 13, 1997 by Representative Nancy Pelosi (D-SF) with 33 co-sponsors including Minority Leader Dick Gephardt (D-MO).

As mentioned on the call last week, Representative Pelosi will highlight this bill in her January 31, 1998 Town Hall Forum here in San Francisco. Those of us from the Bay Area who are attending the event will pass on any additional information we receive. In addition, as Mike Rankin mentioned, Steve Lew is trying to schedule a meeting with former Pelosi aide Steve Morin, who is now at UCSF AIDS Research Institute.

General Overview:

The HIV Health Improvement Act of 1997 would amend Title XIX of the Social Security Act and Title XXVI of the Public Health Service Act, the two pieces of federal law that govern the Medicaid and Ryan White CARE Act programs, respectively. The amendments would become effective in the first calendar quarter after passage of the Act without regard to the establishment or promulgation of final regulations.

The goal of H.R. 3072 is to expand and improve the quality of HIV-related health care coverage for poor U.S. citizens and legal immigrants living with HIV infection by making changes in the two federal programs that, together, account for the majority of HIV-related health care.

Medicaid Service Provisions and Eligibility Criteria:

The bill would establish a limited scope of Medicaid benefits, which would be available to individuals with HIV infection who are not medically disabled by AIDS defined illnesses. This limited benefits package, defined as "HIV-infection-related drug treatment" would include:

- prescription drugs such as FDA-approved anti-HIV drugs identified in the Public Health Service's (PHS) HIV Clinical Treatment Guidelines of 1997;

- drugs used to treat and provide prophylaxis against the opportunistic infections
- drugs associated with late stage HIV disease or AIDS;
- physicians' services (inpatient and outpatient medical care);
- diagnostic tests (CD4 and viral load);
- substance abuse and mental health treatment services; and
- medical case management services to the extent required to ensure adherence to anti-HIV treatment regimens.

Individuals covered through this HIV expansion would be required to verify incomes that could not exceed the maximum income level established by the state plan in question. In those states where medical disability is used as the primary eligibility criteria for Medicaid, the individual's financial resources (income + assets - liabilities) could not exceed the maximum amount allowed for other disabled persons receiving assistance under the state plan.

Medicaid Amendments in H.R. 3072:

- Establishes a national minimum formulary

- Expands eligibility for state-based Medicaid coverage to poor U.S. citizens and legal immigrants who are HIV-infected but not medically disabled by AIDS defined illnesses.

- Establishes a limited set of medical services that would be available to people with asymptomatic HIV disease that also fit the income and resource eligibility criterion established by an individual state. Individuals with fullblown AIDS would continue to be eligible for the standard Medicaid benefits package available in a particular state.

- Severely constrains, but does not prohibit, the right of states to limit the number of prescriptions and the scope of HIV care. The state would be precluded from limitations, if by doing so, the state policy were rendered inconsistent with the PHS Clinical HIV Treatment Guidelines of 1997.

ADAP Provisions:

The proposed ADAP amendments attempt to tie formulary decisions to the PHS Guidelines in order to avoid the current situation where funding crises often lead to medically unsound eligibility criteria. The bill would also require a new state contribution or match to the ADAP program.

ADAP Amendments in H.R. 3072:

- Establishes a national minimum formulary for state-administered ADAPs

- Remains silent on ADAP financial eligibility criteria, but restricts a state's ability to establish medical criteria that are inconsistent with the PHS Clinical HIV Treatment Guidelines of 1997

- Expands the scope of services covered by ADAP to include diagnostic testing (CD4, Viral Load, and possibly the phenotyping and genotyping of HIV when used for treatment regimen selection).

- Establishes a statutory requirement for a minimum state contribution to ADAP.

  A state that receives over $1 million in federal ADAP funding, would be required to establish a state match of not less than 20% of the total federal formula ADAP grant to the State. The 20% state contribution must be appropriated from non-federal resources and can include in part or in whole: cash, in kind, plants, equipment or services.

  States that receive less than $1 million in federal ADAP funds must contribute a non-federal match equal to the State's percentage of the total national ADAP funding distributed.

FAX COVER SHEET

San Francisco AIDS Foundation
Public Policy Department

Date: 1/26/98

To: Daniel Montoya

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From: Regina Aragón

Phone: 415-487-3099

Return FAX: 415-487-3089

Pages (incl. cover): 4

Message and/or special instructions:

Here is the HR3072 bill summary to send to Senate Subcommittee members + Scott. Thanks!

Regina

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Mailing address: PO Box 426182, San Francisco, CA 94142-6182