

**Community Planning Group Minutes**  
**Holiday Inn Mercy Campus**  
**Des Moines, IA**  
**September 10, 2015**

<b>HIV &amp; HEPATITIS COMMUNITY PLANNING GROUP MEMBERS</b>					
<i>*in attendance</i>					
x	Julie Baker (proxy)	x	Tim Kelly	x	Anthony Sivanthaphanith
x	Sue Boley	x	Betty Krones	x	Carter Smith
x	Colleen Bornmueller	x	Jacob Linduski	x	Rachel Stolz
x	Megan Campbell	x	Jeffrey Moore	x	Roma Taylor
x	Tim Campbell	x	Darla Peterson (proxy)	x	Pamela Terrill
x	Scott Emison Clair	x	Sara Peterson		Mark Turnage
x	Michael Flaherty	x	Theresa Schall		Kathy Weiss
x	Linnea Fletcher	x	Shane Scharer	x	Darren Whitfield
x	Greg Gross	x	Jordan Selha	x	Patricia Young
x	Holly Hanson (proxy)	x	Michelle Sexton		
x	Tami Haught	x	Cody Shafer		
<i>Health Department Staff:</i> Elizabeth McChesney, Randy Mayer, Erica Carrick, Meredith Heckmann, & Nicole Kolm-Valdivia			<i>Guest(s):</i> Kim Brown, Ako Abdul-Samad, Patrick Kinney		

**CALL TO ORDER**

Colleen Bornmueller called the meeting to order at 9:00 a.m.

**ROLL CALL**

Colleen Bornmueller facilitated roll call. Pat Young gave updates about absent members.

**TEST AGENDA**

Colleen asked if there were any additions to be made to the test agenda. No additions were made.

**Ground Rules & Agenda Review**

Pat reviewed the group agreements, the agenda, and goals of the meeting:

- Goal 1:** Become updated on programmatic activities
- Goal 2:** Review the HIV Prevention APR and Vote on Concurrence
- Goal 3:** Participate and discuss Drug User Health and Overdose Prevention
- Goal 4:** Discuss the updated National HIV/AIDS Strategy
- Goal 5:** Discuss select goals and objectives in the comprehensive HIV Plan and the VHSP
- Goal 6:** Participate in committee meetings.

### **Approval of April 9 Minutes**

Colleen facilitated the approval of the April 9, 2015, minutes. A question was raised about the HCV RNA testing and why there were no applicants. Pat Young stated that would be discussed during today's meeting. Tim Campbell motioned to approve the minutes. Scott Clair seconded the motion. Motion carried.

### **Approval of July 28 Call Minutes**

Colleen facilitated the approval of the July 28, 2015, minutes. Sara Peterson motioned to approve the minutes. Tami Haught seconded the motion. Motion carried.

### **Review of April 9 Checkouts**

Colleen facilitated the review of the April 9 meeting checkouts. Some highlights included:

- Enjoyed the presentations and discussion about Counseling, Testing, and Referral (CTR) services and the data;
- Liked the presentation on Adverse Childhood Experiences (ACEs) and how that will link to the upcoming consumer needs assessment;
- Learned a lot from the HIV Surveillance update;
- Enjoyed the activity and discussions related on how to reach high-risk populations;
- Good discussion during presentations and a balance between presentations and activities;
- Requested the handouts be printed;
- Wanted more information on ACEs;
- Requested more information on pre-exposure prophylaxis (PrEP).

Colleen asked if there were any comments or questions. None was raised. Colleen thanked the group for their feedback.

### **UNFINISHED BUSINESS:**

#### **1. Hepatitis C RNA Testing**

Pat Young discussed that Hepatitis C Virus (HCV) RNA testing was part of the Viral Hepatitis State Plan (VHSP). The test is needed to know whether someone with antibodies is still currently infected, as 15-25% of people clear the virus without treatment. The department has identified Quest Laboratories to conduct HCV RNA testing from antibody positive samples from test sites. At the IDPH-funded test sites, clients who have a rapid antibody test will have a blood sample taken and sent to Quest Labs for RNA detection. A question was asked about whether clients who were previously identified as HCV antibody positive can come in for RNA testing. Pat and Randy said those clients should receive an RNA test.

#### **2. HIV, STD, and Hepatitis Conference, Debrief**

Pat discussed the conference and how the sessions of the conference related to the Comprehensive Plan and the VHSP. Overall, the evaluations were very positive. She stated that the plenary sessions were very well-received. Participants commented that they learned a lot and felt inspired and motivated by the conference. A discussion by CPG members included comments that it was a great conference and well-organized. Members were impressed by the quality of the speakers and sessions. One member mentioned that it would be helpful to have the slides. Pat stated that the presentations are located on the [Training Resources website](#).

Members also felt that the conference presented the latest and most innovative changes in the field and expressed thanks for holding the conference and acknowledged the amount of time it takes to administer a conference. A member expressed thanks for offering scholarships for people living with HIV so they could attend. Also, exhibitors stayed until the end of the conference, compared to the past when they packed up early. A few mentioned that the evening activities were fun. Pat thanked the committee for working on the evening reception entertainment.

### **3. Healthcare Reform Update**

Erica Carrick, ADAP Coordinator, provided an update on Healthcare reform. She discussed the move to managed Medicaid. She stated that a good percentage of ADAP clients are served by Iowa Health and Wellness and will be impacted by the privatization of Medicaid. Medicaid has seen a 73% growth in expenditures. The program currently serves 560,000 Iowans. The goals of the transition to managed care are to improve quality and access and have greater accountability for health care outcomes. Medicaid released a Request for Proposal (RFP), to which 11 companies bid. Four insurance companies won the bid, including Amerigroup, AmeriHealth, United Healthcare Plan of the River Valley, and WellCare of Iowa, Inc. The new plans are supposed to take effect January 1, 2016. Medicaid will be holding regional meetings with consumers. Deb Kazmerzak stated that the MCOs are required to offer contracts to federally qualified health centers (FQHCs), and the FQHCs can decide whether or not to accept the contracts. Erica stated that Meredith Heckmann, the new Benefits Specialist at IDPH, will be coordinating the field liaisons and will keep CPG abreast of changes. Erica's last day at IDPH will be September 18. IDPH still has no plans to participate in the Marketplace. Rather, they will continue to buy private insurance for clients who need it. Pat thanked Erica for her time and filling the CPG in on the latest in healthcare reform.

### **4. Consumer Needs Assessment**

Katie Herting, Quality Management Coordinator for the Ryan White Program, discussed the Consumer Needs Assessment. She stated that the survey will be online this time. RDE Systems will create the survey. The CasPre committee will pilot the survey. The system uses real-time analysis. It also incorporates skip logic. There will be incentives provided, but the amount has not been decided. A question was asked about the purpose of collecting trauma data. Elisabeth McChesney stated that the state collects data on trauma through the Behavioral Risk Factor Surveillance System (BRFSS). Biz said one goal is to compare data on trauma between those living with HIV compared to rest of the state population. A member commented about how the survey will reach clients without access to internet service. Randy Mayer stated that there will be other places to complete the survey, such as with the case manager, or perhaps over the phone.

### **5. 75/25 Waiver**

Randy explained the 75/25 waiver. The Health Resources and Services Administration (HRSA) grant mandates that 75% of services must be used on core medical services. It wasn't a problem in the past since most of the funding went to core medical services. The implementation of the Affordable Care Act meant that more money could be used toward support services. Randy said that states can apply for a waiver to spend more than 25% on support services. This is a public process that involves multiple sources and people, including the Medicaid director, the community, case managers, etc. IDPH was estimating that 70% would be spent toward core medical services and 30% toward support services. This meant that IDPH needed to apply for the waiver. However, due to complications with the system, the waiver did not meet the filing deadline. IDPH will re-apply next year. A few adjustments will

take place to ensure the 75/25 requirement will be met this year. A question was asked about how many states have applied. Randy said that only two states have applied and been approved.

Another change is to the 340B program, which is the HRSA drug-pricing program that allows certain entities to access lower-cost medications. Iowa has been receiving rebates through 340B when the program pays a co-payment for an ADAP member with health insurance. Rebates are the cost difference between the retail cost and the public health price. New guidance was released on rebates that propose that ADAPs could only file for rebates on insurance clients when ADAP pays the copayment *and* the health insurance premium for the client. This could reduce the ADAP rebate income substantially. HRSA proposed giving a year before these changes would take effect should they be instituted. The new rule is open until the end of October for public comments, and it may not be instituted the way it was proposed.

Randy then discussed program budgets. Randy went through the bureau table of organization and discussed the funding and the staff in each program. Pat asked if there were any other questions. None was raised.

### **NEW BUSINESS:**

#### **1. Review of HIV Prevention Annual Performance Report and Overview of Concurrence**

Pat Young discussed the HIV Prevention annual performance report and how it relates to the Comprehensive Plan. She said that in April, IDPH presented the 2014 annual report. There will be a new five-year project period starting in 2017. The four required components of the HIV prevention program include HIV testing, comprehensive prevention with positives, condom distribution, and policy initiatives. The report is mostly narrative and includes descriptions of successes, challenges, and changes. Pat provided a summary of the program report. It was sent out to CPG members with the agenda. See report for more information.

#### **2. Concurrence**

Colleen stated that the CPG needed to vote on concurrence on the Comprehensive Plan. CDC requires that jurisdictions have documentation annually from CPGs that they concur, concur with reservations, or do not concur with the plan that is in place. The plan should show that the programmatic resources are being allocated to the most disproportionately affected populations and geographic areas that bear the greatest burden of disease. A letter must be sent to CDC that includes documentation that the CPG was an integral part of the development of the Comprehensive HIV Prevention Plan; description of the process used to review the Comprehensive HIV Plan; and whether the CPG concurs with the Plan. If a CPG concurs with reservations, the letter must provide in detail the reason(s) why the group is submitting a concurrence with reservations. If a CPG does not concur, the letter must provide in detail the reason(s) why the group is submitting a non-concurrence letter. The letter must be signed by the CPG co-chairs.

Linnea Fletcher and Betty Kronen moved to vote for concurrence. One member abstained. The remaining members concurred. Motion passed.

Pat discussed the change in the HIV prevention budget over the past several years. A question was asked about supply costs and why that's changed over the years. Pat said that was because a large purchase of test kits was purchased one year, and we've been using those since.

## **WORKING LUNCH – Committee Meetings**

### **3. Drug User Health**

Pat discussed Drug User Health as an introduction to overdose prevention. Drug user health is often framed as substance abuse and mental health treatment. There are multiple components to this issue. Those components include HIV and HCV prevention and treatment, access to sterile syringes, overdose prevention, provider education, capacity and expertise, sustained recovery, public health versus law enforcement approach, active engagement of people with substance abuse issues, and strong public and private insurance protection. IDPH is gathering data for this issue and will put together a fact sheet related to the heroin and opioid epidemic in Iowa as it relates to drug user health.

Pat introduced Kim Brown, who is the President of the [Quad Cities Harm Reduction Coalition](#). Kim discussed the Trust for America's Health report (<http://healthyamericans.org/assets/files/TFAH2013RxDrugAbuseRpt16.pdf>).

She described the use of naloxone, which is an opioid antagonist that reduces the effects of an opioid-related overdose, including heroin. It is non-addictive and has no negative effects when administered to persons who do not have opioids in their system. There is no street value of naloxone. Naloxone can be injected or used as a nasal spray. The nasal spray is much more expensive. Naloxone is sometimes called its brand name of Narcan. Kim stated that she believes Iowa needs a naloxone access law so that lay people can administer naloxone to people who have overdosed on prescription opioids or heroin. Scott, Johnson, and Linn counties have experienced a high number of heroin-related deaths. She stated that in Iowa, emergency medical technicians and the police are not even allowed to administer naloxone.

Kim discussed the need to shift the focus of substance abuse from the criminal aspect to a public health approach. She discussed House File 238, introduced by Representative Ako Abdul-Samad during the last legislative session, and the opposition that it received. A companion bill went to the Senate. It was introduced by Senator Chris Brace. The committee approved the bill. It was amended in regards to the "Good Samaritan" clause, which was the component that granted immunity (for simple possession) to persons who took an overdose victim to the hospital or called 9-1-1. Senator Brace clarified the bill slightly to placate those who thought the bill was "soft on crime." The bill then went back to the House, who referred it back to the public safety committee. An amendment was added that mandated that insurance companies would have to pay for abuse-deterrent opioids if prescribed by physician. This amendment greatly reduced support of the bill. Representative Ako Abdul-Samad said they will re-submit the bill on the first day of the next session, and introduce the Good Samaritan part separately. He recommended calling Representative Linda Upmeyer, Senator Pam Jochum, and Senator Mike Gronstal to express support of the bill, if people were so inclined.

#### **4. Release of the Updated National HIV/AIDS Strategy (NHAS)**

Randy Mayer discussed the updates to the NHAS. It has been updated through 2020. There are 10 indicators. There is some mention of intimate partner violence and trauma-informed care. PrEP was added as a strategy. There is also a strong emphasis on addressing disparities. The release was accompanied by an executive order by President Obama. There are four key areas of focus, including: widespread testing and linkage to care; broad support of PLWH to remain engaged in comprehensive care, including support for treatment adherence; universal viral suppression; and full access to comprehensive PrEP services. There are additional populations of focus, including youth, people in the southern United States, and transgender women.

CDC released estimates of PLWH who were undiagnosed for every state in the U.S. Those percentages ranged from 77% to 100%. The national average was 87.2% diagnosed. CDC estimated that 81.4% of PLWH in Iowa are diagnosed, or 18.6% undiagnosed. Iowa ranks 47 among 50 states. Randy discussed the testing initiatives that IDPH is implementing to decrease the percentages of persons living with HIV who are undiagnosed, including collaboration with the Iowa Primary Care Association to implement opt-out testing at federally qualified health centers in the state. Also, Randy met with the Medicaid office to get confirmation that they cover routine testing costs. Additionally, IDPH has worked with the State Hygienic Laboratory (SHL) to designate tests of public health significance. These are tests from public health and other designated agencies that can be processed at SHL for no charge. In 2016, 65 safety-net providers will be able to send HIV tests to SHL for no charge. The hope is that family planning sites will be able to administer more tests to clients who qualify. Finally, more funding was added to the recently released Request for Application by the HIV Prevention program for CTR sites to use to increase testing.

Randy also discussed that CDC will be releasing a study that highlights counties in the United States that are vulnerable to HIV outbreaks due to injection drug use. They used six indicators to predict vulnerability, including: drug overdose deaths per 100,000 persons; percent unemployed population; per capita income; percent White, non-Hispanic population; prescription opioid sales per 10,000 persons; buprenorphine prescribing potential by waiver per 10,000 persons. There were 220 counties in the U.S. (top 5%) that were mapped out. NO counties in Iowa were identified. It is unknown when the study will be officially released.

#### **5. Process for the Development of Jurisdictional Plan and Timeline**

Jordan Selha discussed the process for developing the 2017 - 2021 Comprehensive Plan and timeline. CDC and HRSA have combined efforts to develop one comprehensive plan. Iowa had already integrated our plan. The last planning process involved information gathering (where are we now?), determining where we wanted to be, and figuring out how we would get there. A similar method is recommended for the next planning process. Advisors will meet in October and report back in November with details and scheduled meetings. Jordan asked if there were any questions or comments about the process. No comments or questions were put forth.

#### **6. Committee Reports**

**Gay Men's Health Committee (GMHC)** Greg Gross, Chair, stated that the committee, had met Wednesday evening. They are developing materials for PrEP and are hoping to get those

out to providers by the end of the year. They are also updating the online directory. They are looking to add a PrEP resources page. They are also adding business cards that are double sided and have information about PrEP. Colleen commented that another state saw the GMH resource website and was really impressed with it. Jordan commented that he saw the page analytics which showed that people all over the state are accessing the site.

**CasPre** Biz McChesney reported that the committee discussed the Screening and Brief Intervention and Referral to Treatment (SBIRT) Program and the Ryan White Part B agencies to ensure that everyone receiving services gets screened annually. The CasPre committee will be piloting the consumer needs assessment.

**HIHO** Theresa Schall stated that they have been working with the Ryan White Quality Management Committee and developing fact sheets on viral suppression. They will be looking at adding new measures. She said they also compare Ryan White Part B clients to the general HIV population and know that viral load suppression is higher among Ryan White clients.

**Public Relations** Tami Haught stated that there will be a CHAIN meeting at 4 p.m. after the meeting.

### **OTHER BUSINESS**

Darren Whitfield discussed his dissertation about young, gay, black men. He is looking at the influence of stigma and how it relates to the risk that gay black men take sexually. He wants to research how internalized stigma and homophobia are related to risk of condomless anal sex. He's recruiting from six major metropolitan areas and is currently in the recruitment phase. He's also looking for persons from rural areas to take the survey in order to compare urban to rural participants. He encouraged the CPG to promote the survey where they can. He also distributed cards with the survey information.

### **CHECKOUT COMPLETION**

Colleen reminded everyone to complete their checkout forms.

### **CALL TO THE PUBLIC**

Colleen asked if the public had any comments or questions. None was raised.

### **ANNOUNCEMENTS**

Greg Gross said that on Tuesday, October 20, there will be a documentary on Adverse Childhood Events (ACEs) and trauma. He emailed the information to Pat Young, who forwarded it to the CPG.

Cody stated that on September 20 they are hosting a screening of a documentary called *Someone You Love*, a documentary on human papillomavirus (HPV). He emailed the information to Pat Young, who forwarded it to the CPG.

**Next Meeting: Thursday, November 12, 2015**

**ADJOURN**

Colleen facilitated the motion to adjourn the meeting. Linnea Fletcher motioned to adjourn. Cody Shafer seconded the motion. Meeting adjourned at 4:00 p.m.

Respectfully submitted,

Nicole Kolm-Valdivia