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Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

May 3, 2016

TO: CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS
CALIFORNIA CONFERENCE OF LOCAL AIDS DIRECTORS
HIV PREVENTION COORDINATORS IN THE CALIFORNIA
PROJECT AREA
CALIFORNIA STD CONTROLLERS ASSOCIATION
CALIFORNIA SYRINGE EXCHANGE PROGRAMS
CALIFORNIA GRANTEES OF THE FEDERAL HEALTH RESOURCES
SERVICES ADMINISTRATION (HRSA)

SUBJECT: GUIDANCE ON THE USE OF FEDERAL FUNDS FOR SYRINGE
SERVICES PROGRAMS ISSUED BY THE U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

In December 2015, President Barack Obama signed the Consolidated Appropriations Act of 2016, which began the process of significantly altering the 1988 ban on the use of federal funds for syringe exchange programs. The new law allows states and territories to support most aspects of syringe exchange program operation with federal funds after consultation and approval from the Centers for Disease Control and Prevention (CDC). This change in federal policy comes less than a year after the HIV and hepatitis C outbreak in rural Indiana, which continues to impact public health policy and highlights the critical importance of HIV and HCV prevention efforts, even in low HIV incidence areas.

On March 30, 2016, the U.S. Department of Health and Human Services released its [guidance for syringe services programs](#) (SSPs) and protocol for the CDC consultations, which is attached here along with a letter from Dr. Jonathan Mermin, Director of the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The protocol allows state, local, tribal or territorial health departments to apply directly to CDC to provide evidence of demonstrated need for SSPs. Evidence may include increases in HIV or HCV related to injection drug use, or potential for such an increase or outbreak. The California Department of Public Health, Office of AIDS (OA) will be submitting a request for determination of need for the entire state of California by the end of July, in consultation with the California Office of Viral Hepatitis Prevention, the San Francisco Department of Public Health, and the Los Angeles Department of Public Health. California health departments that wish to submit separate requests to CDC may also do so. OA also invites any local health department or behavioral health department that would like to contribute to the request and submit relevant data to contact our office.

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Among the federal agencies that will fund SSPs as part of a comprehensive approach to health and wellness for people who use drugs, the Substance Abuse and Mental Health Services Administration (SAMHSA) has already issued an [RFA for its current Minority AIDS Initiative Continuum of Care Pilot grantees](#), of which there are six in California, to add SSPs to their existing services. Additionally, HRSA and CDC have just released [agency-specific guidance for grantees](#). Further information about the agency-specific CDC and HRSA guidance, and the use of CDPH/OA funds from federal sources to support SSP operations, will be forthcoming from our office.

These changes come at a time when there is growing recognition of the value of SSPs to protecting and improving the health of individuals and communities. Working with SSPs to provide navigation services, health education and sterile injection equipment is a key component of California's comprehensive approach to ending the HIV epidemic and improving the health of all Californians.

To contribute to the request to CDC, or for more information, please contact Alessandra Ross, Injection Drug Use Specialist, OA, at (916) 449-5796 or e-mail at: alessandra.ross@cdph.ca.gov.

Sincerely,



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Attachments



March 30, 2016

Dear Grantee:

Yesterday, the U.S. Department of Health and Human Services (HHS) issued [implementation guidance](#) to ensure that state and local communities are aware of the circumstances under which federal funds may be used to support certain components of Syringe Services Programs (SSPs) for people who inject drugs (PWID). In order to direct existing grant funding to SSPs, state, local, territorial, and tribal health departments must first consult with the U.S. Centers for Disease Control and Prevention (CDC) and provide evidence that their jurisdiction is (1) experiencing or, (2) at risk for significant increases in viral hepatitis infections or an HIV outbreak due to injection drug use. This guidance follows *The Consolidated Appropriations Act of 2016 (Pub. L. 114-113)*, which was recently signed into law by President Obama.

While HIV infections among PWID have been steadily declining, the United States is currently experiencing an opioid epidemic involving increases in unsafe and unsterile injection practices. As a result, in recent years the nation has experienced a 150% increase in hepatitis C virus (HCV) infections, increases in hepatitis B virus (HBV) infections among PWID, and a large outbreak of HIV infections among PWID. Along with other tools and strategies proven to reduce the risk of HIV infection prevent and treat substance abuse itself, SSPs can be a valuable component of a comprehensive prevention strategy for PWID and their partners. Evidence has shown that SSPs reduce the transmission of HIV, facilitate entry into drug treatment and medical services, and do not increase illegal drug use.

The law prohibits the use of federal funds to purchase needles or syringes for the purposes of injection of any illegal drug; however, it allows for federal funds to be used for other aspects of SSPs based on evidence of a demonstrated need in consultation with CDC.

[Requests for a determination of need](#) may be made by a state, local, territorial, or tribal health department. They should specify the geographic area for which a determination of need is being requested. Local health departments are encouraged to coordinate determination of need submissions with their state health departments. States may request a determination of need for multiple defined areas within their state, or if indicated, for the entire state. Submissions should be sent to sspcoordinator@cdc.gov and should specify outcomes analyzed, data sources, assessment period, type of measure, and absolute or relative percent increase during the assessment period.

After receiving a request for determination of need, CDC will complete a timely review, and notify the requestor whether the evidence is sufficient to demonstrate need for SSPs. If CDC finds there is sufficient evidence, eligible grantees may then apply to their respective federal agencies to direct funds to support approved SSP activities. For additional information and example outcomes and data sources that may be useful as evidence, please review the HHS Guidance.

In early-to-mid April, CDC will release program guidance specific to CDC-funded grantees outlining which SSP activities can be supported, which cooperative agreements can be used to support SSPs, and the process for programs to follow when requesting resources to implement or expand SSPs.

CDC is committed to helping communities use all effective tools to stop the spread of HIV and viral hepatitis. Last year's large outbreak in rural Indiana was a powerful reminder that people who inject drugs are at high risk for both HIV and HCV, and that these infections can gain ground at any time unless we remain vigilant about prevention, testing and care.

For more information about access to sterile syringes and additional resources for planning and implementing SSPs, please visit www.cdc.gov/hiv/risk/syringes.html.

We look forward to continuing to work with you to prevent HBV, HCV, and HIV infections in the United States, and help people with these infections live long, healthy lives.

Sincerely,

/Jonathan Mermin/

Jonathan Mermin, MD, MPH
RADM and Assistant Surgeon General, USPHS
Director,
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Centers for Disease Control and Prevention