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# CCLAD Fall Meeting

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Michelle Roland, MD  
CDPH Office of AIDS  
December 11, 2007

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# Overview

- Background, interests, and vision
  - OA structure and programs
  - HIV testing
  - Integration
  - Corrections
  - Policy issues
    - HCR, Reauthorization, “Visioning Change”
  - Regulatory and legislative issues
    - HIV names reporting
    - AB 110 syringe purchase
  - CCLAD role with OA and advocates
  - Questions, comments, requests!
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Who is the new OA chief?

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What are my interests, skills, and priorities?

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# OA structure and programs

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## Brief overview

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# Current Structure

- Four Main Functions
    - HIV/AIDS Epidemiology Branch
    - HIV Education and Prevention Services Branch
    - HIV Care Branch
    - AIDS Drug Assistance Program Section
  - Approximately 150 staff
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# HIV/AIDS Epidemiology Branch

Conducts HIV/AIDS surveillance and epidemiologic studies and evaluates program effectiveness through:

- HIV/AIDS Case Registry Section
- Epidemiologic Studies Section
- Care Research and Evaluation Section
- HIV Prevention Research and Evaluation Section

Branch Chief: Juan Ruiz, M.D., Dr.P.H.

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# HIV Education and Prevention Services Branch

Develops, implements, and funds HIV detection, education, and prevention programs through:

- HIV Community Prevention Section
- HIV Counseling, Testing, and Training Section
- HIV Prevention Policy and Program Development Section

Branch Chief: Kevin Farrell, L.C.S.W.

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# HIV Care Branch

Develops, implements, and funds programs related to the delivery of care, treatment, and support services for people living with HIV/AIDS. Programs are designed to provide an effective and comprehensive continuum of care to underserved individuals.

- CARE Section (Housing and Consortia)
- Community-Based Care Section
- Early Intervention Section

Branch Chief: Peg Taylor

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# AIDS Drug Assistance Program Section: ADAP Unit

- Provides medications for individuals who could not otherwise afford them. Drugs on the formulary include ARVs, opportunistic infections treatment and prophylaxis and medications to manage side effects and co-morbidities.
- Currently 180 drugs on the ADAP formulary
- Serves over 30,000 clients annually

Section Chief: Therese Ploof

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# CARE/HIPP Unit

- Assists clients to maintain their private health insurance coverage and Medicare Part D prescription coverage.
  - Pays premiums for eligible clients, preserving ADAP resources for clients with no other method of obtaining drug coverage.
  - As of November 2007, Medicare Part D premiums were paid for approximately 907 ADAP clients
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# FY 2007-08 Budget

- General Fund \$173 million
  - Fed Fund authority: \$146 million  
(Ryan White Part B, CDC, HUD)
  - Special Fund: \$109 million  
(ADAP rebates)
- TOTAL BUDGET** **\$428 million**  
(96% local assistance)
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# HIV testing... and HIV screening... finding the 25%

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- Now: 2 tier approach rolling out
  - Jan: AB 682 and written consent
  - Screening in medical settings
  - Partnerships

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# First step in C&T system revision

- Increased flexibility regarding counseling
- Risk assessment
  - Low: information only
  - High: counseling
- Reimbursed based on services delivered
- + care linkages, PCRS

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# More potential modifications

- Risk assessment
    - Consider risk behavior versus risk groups
  - Counseling
    - Consider opt-out
  - Training
    - Consider less intensive options depending on setting, e.g., medical providers working in HIV or STD settings
  - Data collection
    - Separate CDC required elements and other key research variables, reimbursement info, counseling tool
    - Technology – self administration, hand-helds, etc.
  - Reimbursement sources
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# AB682

- Removes requirement for separate written informed consent
- Encourages opt-out testing
- “Prior to ordering a test... a medical care provider shall inform the patient that the test is planned, provide information about the test, inform the patient that there are numerous treatment options available for a patient who tests positive for HIV and that a person that tests negative should continue to be routinely tested, and advise the patient that he or she has the right to decline the test.”

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# Screening in medical settings

- CDC guidelines September 2006
- CDC grant in 3 Bay Area hospitals
  - Highland Oakland – expand hours on nights and weekends
  - SFGH – test all admitted patients and increased ED screening
  - Alta Bates/Summit Oakland – initiate ED testing
  - Focus on linkages, prevention services, social networking
- STD programs
- TB programs
- Substance treatment programs, mental health programs

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Background Materials #4 and #5:

NASTAD Primer for Health Departments and CDC HIV screening grant information

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# OA role on coordinating/collaborations

- In collaboration with CDC capacity building branch, considering state-wide meeting
    - Combine with Labor and Delivery efforts
  - Resource for materials, best practices, etc.
  - National Medical Association
  - “Get Screened Oakland”
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# Integration initiatives

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- CDC
  - CDPH
  - OA

# CDC Program Coordination and Service Integration (PCSI)

- Consider HIV, TB, STD and hepatitis
- Prevention, detection, treatment
- Tiers and elements based on venue
- e.g., HIV screening in TB and STD programs
- e.g., STD, TB and hepatitis screening and hep vaccination in HIV care settings
- Requires funding streams that recognize integration needs
- Further, substance use and mental health



“Pixie”

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# CDPH integration efforts

- Common data elements/forms
  - HIV screening in TB programs
  - HIV screening in STD programs
  - Increased uptake of PCRS
  - STD, hepatitis, and TB screening in HIV programs
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# OA integration plans... in process

- Division-wide integration lead
    - Education, prevention, care, treatment, epi, evaluation
  - Cross-branch working groups
    - AA, Latino, API?, Native American?
    - Women, TG, youth, IDU
  - Care and treatment
    - Possible expansion of ADAP MAC to include care
  - Program evaluation
    - Coordination of prevention and care evaluation sections
  - Advisory bodies/constituents
    - CHPG, Latino Advisory Board, AA Initiative, TG COE CAB
    - Advocates (The Alliance and others), CCLAD
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# Corrections

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- CDCR Public Health Unit
- HIV and Hepatitis Advisory Committee
- HIV Testing
- Sexual Barrier Device Commission and Pilot Project

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# Policy issues

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- Health Care Reform
  - Ryan White Reauthorization
  - “Visioning Change”

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# Health Care Reform

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OA and CDPH working proactively to identify key elements of a transition plan for HIV-positive clients should HCR move forward

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# Questions OA is considering as we plan to adapt to possible HCR

- What is the potential positive impact at the client level?
  - What is the potential negative impact at the client level if an effective transition plan is not in place?
  - What is the potential financing structure impact at the State and county levels, especially in the context of Ryan White?
  - What potential administrative or structural changes would need to be made to address these issues?
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# Potential implications

- Complete overhaul of local public health delivery systems
  - Unique local and state public health financing issues due to Ryan White
  - Out-of-pocket costs
  - Maintaining current providers
  - Services for undocumented clients
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# HCR Resources

## **ABX11 (Nunez):**

[http://www.leginfo.ca.gov/pub/07-08/bill/asm/ab\\_0001-0050/abx1\\_1\\_bill\\_20071108\\_amended\\_asm\\_v98.pdf](http://www.leginfo.ca.gov/pub/07-08/bill/asm/ab_0001-0050/abx1_1_bill_20071108_amended_asm_v98.pdf)

## **Governor's HCR Proposed Bill:**

<http://www.fixourhealthcare.ca.gov/>

## **California Health Care Foundation:**

[www.calhealthreform.org](http://www.calhealthreform.org)

## **Health Access California:**

[www.healthaccess.org](http://www.healthaccess.org)

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# Ryan White Reauthorization

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Developing a unified CA/LHJ voice

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# “Visioning Change”

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- AIDS Partnership California
  - under the auspices of the California HIV/AIDS Research Program (CHRP)

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# The problem: diminishing funding and increasing numbers of low-income Californians living with HIV

- VC is: a collaborative, multi-disciplinary statewide planning and decision-making process
  - To: create new channels for communication and decision-making involving key HIV planners, policymakers, and providers across California
  - To: formulate and implement significant and groundbreaking enhancements in the way in which HIV care, prevention, and research are organized, delivered, and financed in our state.
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# Process

- Monthly meetings of a Core Planning Group comprised of key HIV leaders from throughout the state
  - Focused, high-level Work Groups which will explore and develop responses to critical HIV care, prevention, and research issues.
    - OA chair State Agency Work Group
  - Annual planning and decision-making retreat attended by representatives of care and prevention planning councils across California, along with staff and consumer representatives from both urban and rural regions.
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# Regulatory and Legislative issues

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- HIV name reporting
  - AB 110 – syringe purchase

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# Legislative history

- SB 699 signed April 17, 2006 (18 months ago)
  - Enacted Health and Safety (H&S) Code Section 121022
    - *“... to assure California remains competitive for federal HIV and AIDS funding, health care providers and laboratories shall report cases of HIV infection ... using patient names.”*
    - requires CDPH/OA to adopt emergency regulations, but limits the scope of emergency rulemaking authority to *“conform the relevant provisions of... the California Code of Regulations...”* to comply with H&S Code Section 121022
  - AIDS cases were already reported by name
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# Purpose of Emergency Regulations

- Update existing regulations, within the scope of statute, to:
    - repeal code-based reporting of HIV cases
    - repeal other provisions unnecessary for name-based reporting (e.g., cross-reference system and prohibition against submission of personal information)
  - Provide specifics of reporting procedures
    - methods
    - forms
    - timeframes
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# Regulatory history

- 1/8/07                      Emergency Regulations took effect
- 3/23/07                    Office of Administrative Law (OAL) published regulations in California Regulatory Notice Register
- 3/23/07 – 5/16/07      45-day public comment period
- 5/9/07                      The emergency regulations readopted
- 7/30/07 – 8/15/07      15-day public comment period
- 9/7/07                      Emergency regulations approved for second readopt (expires 1/4/08; will need third readoption to prevent repeal)

## Future

- 3/21/08                    Final emergency regulations package must be filed with OAL or the regulations will expire, revert to code-based reporting, and process must start over. This deadline cannot be extended.
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# Where are we now?

- The final emergency regulation documentation is under review by CDPH
  - Once CDPH's review process is complete the emergency regulation package will be submitted to OAL for final approval



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# Previous stakeholder input: How

- **10/06** Draft of regulations sent to selected key stakeholders
  - **10/06** OA presentation at CCLHO semi-annual meeting
  - **10/06** Teleconference with stakeholders
  - **10/06** Written comments submitted by stakeholders
  - **12/06** Stakeholders involved in SB 699 development met with CDHS and Agency to discuss regulations
  - **3/07** 45-day public comment period
  - **8/07** 15-day public comment period
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# CDPH response to written comments

- The final regulation package, including the responses to public comments, will be posted on the CDPH/Office of Regulations Web site once completed

<http://www.cdph.ca.gov/services/DPOPP/reg/s/Pages/R-06-014E-ReportingHIVInfectionbyName.aspx>

- The regulation document is available for review upon written request to Office of Regulations
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# Previous stakeholder input: Who

- ❑ CCLAD and some county AIDS directors
  - ❑ CCLHO
  - ❑ HIV/AIDS Surveillance Coordinators
  - ❑ STD Controller's Association
  - ❑ Health Care Providers/Organizations
    - California Association of Physician Groups, California Medical Association, Kaiser Permanente, Memorial Medical Center, University of California, San Diego
  - ❑ Laboratories/Organizations
    - California Clinical Laboratory Association, Quest
  - ❑ Los Angeles County HIV Commission
  - ❑ Advocate organizations
    - AIDS Services Foundation Orange County, AHF, APLA, AltaMed, Bienestar, Los Angeles Gay and Lesbian Center, Project Inform, San Francisco AIDS Foundation, Southern California HIV Advocacy Coalition, Beyond AIDS, WORLD
  - ❑ ACLU
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# Previous stakeholder input: What

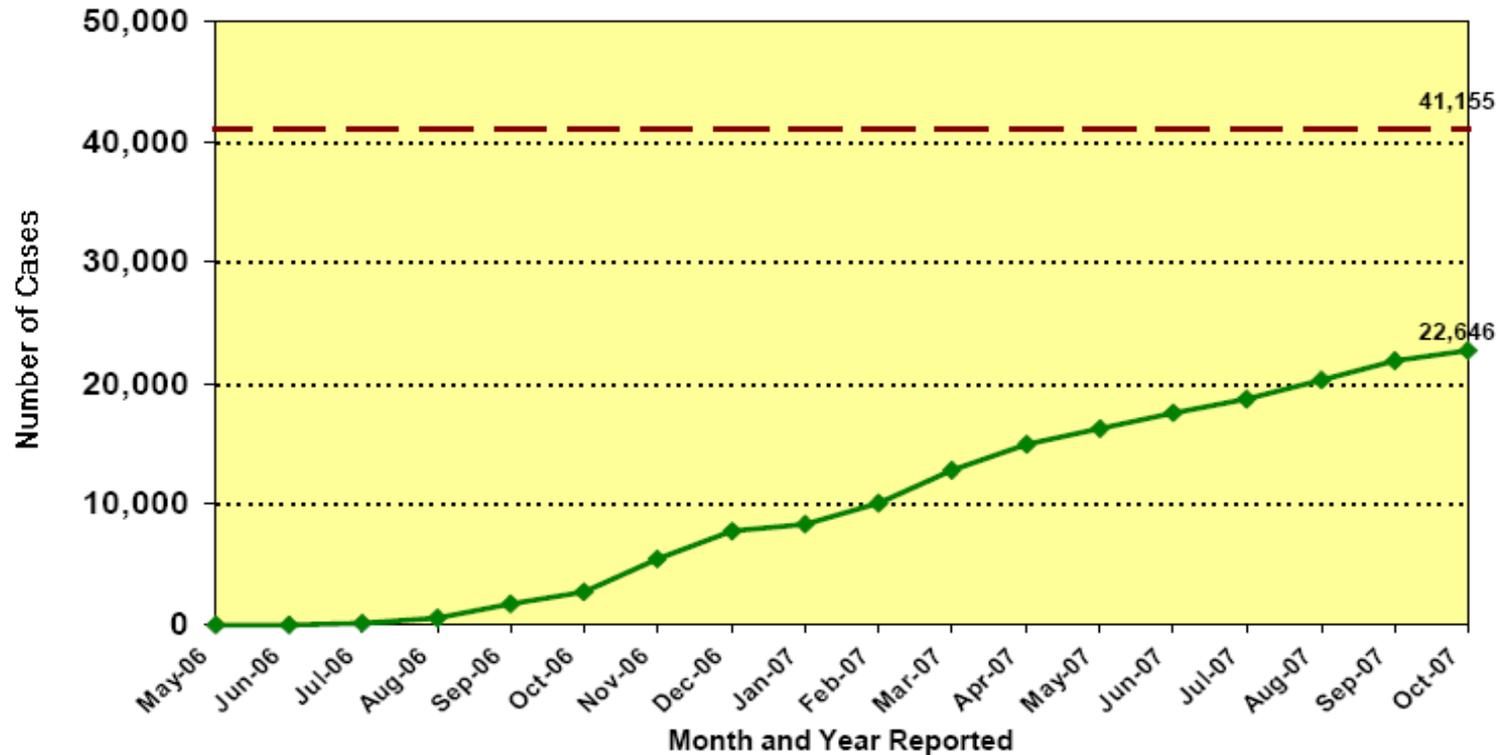
- Numerous issues related to data transmission
  - Privacy concerns
  - Limitations regarding prevalent reporting
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# Status of names reporting

- 41,155 HIV cases were reported by code through April 17, 2006
    - 3 years and 9 months of reporting
  - All LHDs have procedures in place for reporting HIV cases by name
  - 22,646 HIV cases have been reported by name to OA as of October 31, 2007
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## NAME-BASED HIV CASES COMPARED TO FINAL CODE-BASED TOTAL CUMULATIVE AS OF OCTOBER 31, 2007



May-06 data includes cases reported for both April and May 2006.

HIV case totals through March 2006 represent HIV cases reported by Non-Name Code.

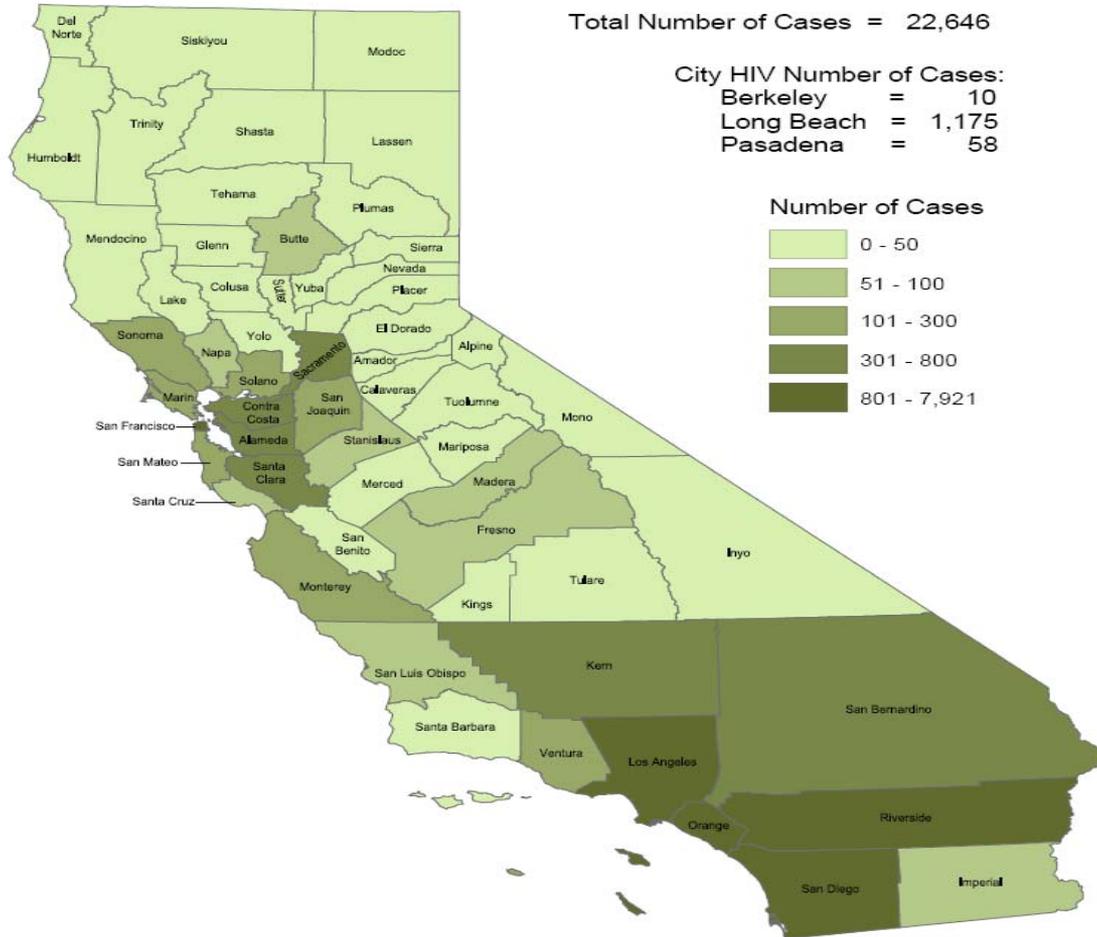
Beginning April 2006, HIV case totals are based on HIV cases reported by name.

Source: California Department of Public Health, Office of AIDS, HIV/AIDS Case Registry Section, data as of October 31, 2007.

For more information, call the HIV/AIDS Case Registry Section at (916) 449-5866.



# HIV CASES IN CALIFORNIA CUMULATIVE AS OF OCTOBER 31, 2007



HIV case totals are based on the number of HIV cases reported by name to the California Department of Public Health beginning in April 2006. Please refer to HIV surveillance reports prior to April 2006 for information on HIV cases reported by Non-Name Code.

California Department of Public Health  
 Office of AIDS  
 HIV/AIDS Epidemiology Branch



## HIV/AIDS CASES BY COUNTY IN CALIFORNIA CUMULATIVE AS OF OCTOBER 31, 2007

COUNTY	AIDS				HIV				COUNTY	AIDS				HIV			
	Total Cases	Living Cases	Deceased		Total Cases	Living Cases	Deceased			Total Cases	Living Cases	Deceased		Total Cases	Living Cases	Deceased	
			Number	%			Number	%				Number	%			Number	%
Alameda	7,213	3,142	4,071	56	723	723	0	0	Orange	7,194	3,726	3,468	48	1,353	1,333	20	1
<i>Berkeley</i>	598	212	386	65	10	10	0	0	Placer	171	82	89	52	5	5	0	0
Alpine	0	0	0	0	0	0	0	0	Plumas	10	4	6	60	0	0	0	0
Amador	50	26	24	48	6	6	0	0	Riverside	5,457	3,078	2,379	44	960	951	9	1
Butte	261	123	138	53	60	57	3	5	Sacramento	3,631	1,630	2,001	55	385	385	0	0
Calaveras	20	11	9	45	1	1	0	0	San Benito	40	21	19	48	3	3	0	0
Colusa	13	1	12	92	1	1	0	0	San Bernardino	3,602	1,652	1,950	54	536	519	17	3
Contra Costa	2,708	1,041	1,667	62	395	379	16	4	San Diego	13,399	6,384	7,015	52	2,928	2,847	81	3
Del Norte	34	20	14	41	3	3	0	0	San Francisco	27,378	8,912	18,466	67	4,201	4,059	142	3
El Dorado	174	62	112	64	21	20	1	5	San Joaquin	1,159	585	574	50	284	284	0	0
Fresno	1,529	694	835	55	80	80	0	0	San Luis Obispo	577	303	274	47	97	97	0	0
Glenn	18	11	7	39	6	5	1	17	San Mateo	2,142	856	1,286	60	165	165	0	0
Humboldt	243	104	139	57	26	26	0	0	Santa Barbara	829	331	498	60	48	48	0	0
Imperial	189	111	78	41	51	50	1	2	Santa Clara	3,847	1,780	2,067	54	632	629	3	0
Inyo	14	7	7	50	3	3	0	0	Santa Cruz	604	260	344	57	82	82	0	0
Kern	1,733	1,139	594	34	381	379	2	1	Shasta	173	71	102	59	30	30	0	0
Kings	218	134	84	39	12	12	0	0	Sierra	4	0	4	100	1	1	0	0
Lake	150	63	87	58	9	8	1	11	Siskiyou	44	19	25	57	5	5	0	0
Lassen	58	37	21	36	4	4	0	0	Solano	1,539	802	737	48	216	216	0	0
Los Angeles	52,860	22,259	30,601	58	7,921	7,585	336	4	Sonoma	1,962	830	1,132	58	229	229	0	0
<i>Long Beach</i>	5,521	2,802	2,719	49	1,175	1,148	27	2	Stanislaus	706	347	359	51	94	93	1	1
<i>Pasadena</i>	746	265	481	64	58	57	1	2	Sutter	73	26	47	64	7	7	0	0
Madera	160	96	64	40	75	75	0	0	Tehama	33	18	15	45	6	4	2	33
Marin	1,607	647	960	60	140	137	3	2	Trinity	12	3	9	75	0	0	0	0
Mariposa	13	6	7	54	0	0	0	0	Tulare	321	132	189	59	24	21	3	13
Mendocino	202	75	127	63	26	24	2	8	Tuolumne	64	26	38	59	10	10	0	0
Merced	195	82	113	58	19	19	0	0	Ventura	1,046	471	575	55	196	194	2	1
Modoc	2	0	2	100	0	0	0	0	Yolo	219	99	120	55	22	21	1	5
Mono	5	2	3	60	0	0	0	0	Yuba	65	28	37	57	0	0	0	0
Monterey	927	420	507	55	102	102	0	0	Unknown	6	4	2	33	4	4	0	0
Napa	229	89	140	61	52	52	0	0									
Nevada	125	60	65	52	6	6	0	0	<b>TOTAL</b>	<b>147,257</b>	<b>62,942</b>	<b>84,315</b>	<b>57</b>	<b>22,646</b>	<b>21,999</b>	<b>647</b>	<b>3</b>

AIDS reporting began in March, 1983. HIV case totals are based on the number of HIV cases reported by name to the California Department of Public Health beginning in April 2006.

Please refer to HIV Surveillance reports prior to April 2006 for information on HIV cases reported by Non-Name Code.

Source: California Department of Public Health, Office of AIDS, HIV/AIDS Case Registry Section, data as of October 31, 2007.

For more information, call the HIV/AIDS Case Registry Section at (916) 449-5866.

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# Plans for ongoing stakeholder input and potential amendments to final regulations

- Current priority is adoption of emergency regulations
- Once adopted, CDPH/OA will consider concerns and requests that were either:
  - Outside the scope of the emergency regulations so could not be previously considered; or
  - Controversial between different stakeholder interests
- Context: must consider successes now that system is in place
- Plan a facilitated, 1-1/2 day meeting in Sacramento in April inviting all previous stakeholders

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# AB 110

- As of January 1, E&P funds may be used to purchase syringes for syringe exchange programs (SEPs)
  - Must not exceed 7.5% of the LHJ's total E&P budget
  - Each \$1 of General Fund money used for syringe purchase must be matched by \$0.43 of non-state funds.
- Health officers must include information on SEP funding in their annual reports to their local Boards of Supervisors or City Councils

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# CCLAD role

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- ... with OA
  - ... with HIV/AIDS advocates
  - ... with LHJs that have not been as active

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# Open discussion

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questions, comments, requests!