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**Minutes ☒ Monday, October 12<sup>th</sup> 2020**  
4pm-6:30pm

**Council Members Present:** *Michael Louder, Katie Hara, Hector Urrunaga-Diaz, Susan Buskin, Richard Prasad, Lydia Guy-Ortiz, Ron Padgett, German Galindo, Teresia Otieno, Genie Sheth, Eve Lake, Tony Radovich*

**Council Members Absent:** *John Rodriguez, Gladys Wiessner, Alora Gale-Schreck*

**Planning Council Staff Present:** Karen Chung, Becca Hutcheson (needs assessment), Wilson Pipkin (minutes)

**Recipient Staff Present:** Linda Coomas, Shila Wu, Mark Baker

**Visitors Present:** Jonas Nicotra (unaligned consumer, prospective Planning Council member), Kevin Hockley (Optum HIV Specialty Pharmacy), Karen Hartfield (Dept. of Public Health-Seattle & King County), Wanda Vazquez (Janssen), Dennis Torres (Gilead), Leanne Neumann (Janssen), Victor Ramirez (Washington Mountains West AIDS Education and Training Center (AETC)), Scott Bertani (Health HIV), Victoria (Spanish/English interpretation), Lauren Fanning, Tara Raoufi

*Italics denote Planning Council Membership.*

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**I. Welcome, Introductions and Announcements**

None.

**II. Public Comment**

None.

**III. Meeting Agenda**

It was requested that the drug formulary conversation be moved before the recipient report.

*The agenda was approved as amended by acclamation.*

**IV. Meeting Minutes**

*The September minutes were approved as written by acclamation.*

**V. Drug Formulary Changes**

In July 2017, the Health Care Authority (HCA) began a full review of the HIV therapy class of drugs. Since then there has not been a full review and new medications have come online. The HCA has a review upcoming on Oct 21<sup>st</sup>. There is a statutory requirement stating that those drugs that have the highest rebate are preferred. Those on Medicaid would have a harder time switching

to more effective therapies than those on ADAP. There have been delays in care due to prior authorizations needed for lower rebate therapies and step therapy policies. Step therapy requires one to fail on the first treatment before moving to other treatments, and that has been shifted from a twice fail to a once fail policy. There was an ask for Planning Council members to visit the HCA website, and have conversations with Dept. of Public Health-Seattle & King County, Washington State Dept. of Health and the HCA.

## **VI. Recipient Report**

The annual Ryan White application was submitted a week before the deadline on September 30<sup>th</sup>. The Health Resources and Services Administration (HRSA) has some questions about the core medical services waiver that the Recipient submitted, and she responded with additional info. We should hear this week about the waiver, and it looks like it will be approved as it has been for the past 5 years. The Ryan White team is working on putting together performance and expenditure data for NAPSRA in order for Q2 reallocations to occur as they do every year. This facilitates spending out funds in accordance with the legislation.

## **VII. Ending the HIV Epidemic**

Karen Hartfield updated the Council on the status of the planning process. In 2019, the president announced an initiative to End the HIV Epidemic (EHE). The goal is a 75% reduction in new HIV infections in 5 years and at least 90% in ten years. Only the 48 hotspot counties and 7 hotspot states were selected to receive funding from the initiative to diagnose, treat, prevent and respond to HIV outbreaks. These are the 4 pillars of the initiative. Since presenting on the initiative last year, Public Health has received a grant to implement a treatment and prevention plan. The Center for Disease Control (CDC) asked that a draft plan be submitted *before* putting a planning committee together. This grant was awarded for \$350,000 for 1 year of HIV planning and response. The work currently being done is getting community input on revisions to that initial submitted plan. Public health applied to and was awarded \$850,000 every year for five years by HRSA to treat and respond to HIV clusters. Country Doctor and Health Care for the Homeless Network (HCHN) each received \$250K for Pre-Exposure Prophylaxis (PrEP) treatment. Public Health also applied for and was awarded the CDC Prevention Grant focusing on testing and prevention that provides 2.1 million per year for five years. The EHE Planning Committee will be coordinating the work and resources of a Prevention and Care Advisory Group, a Health Care Advisory Group, The Seattle TGA Ryan White Part A Planning Council, and the Statewide HIV Planning and Steering Group. There was discussion on highlights of a draft plan to outreach to and provide low barrier care to communities most impacted by HIV/AIDS.

## **VIII. Executive Committee Report**

There was discussion on a plan for a social media presence for the Planning Council. This discussion started in the +Caucus, moved to the Membership/Operations Committee and continued into the Executive Committee. It was decided that a Facebook page would be the best place to start, and that Planning Council staff will be the ones to create and maintain the page, with input from the Planning Council.

## **IX. Needs Assessment, Priority Setting & Resource Allocation Committee Report**

There was a lot of discussion around financial eligibility, and it was decided that the financial eligibility should be moved from 300% to 400% of the federal poverty level across all service

categories. This still needs to be voted on by the full Council. They are still working on directives for funded service categories and will have that for the Council.

**MOTION: Richard motioned to raise the financial eligibility for all service categories from 300% of FPL to 400%.**

**Discussion: It was noted that cost of living has increased, unemployment due to COVID-19 is increasing, and this will allow for more people to be able to access services. It was noted that the dental service category is currently already at 400% of FPL. There were concerns about more clients diluting services, but it was stated that there will likely not be a large influx of new clients due to this. It was noted that this decision was held until a prioritization and resource allocation process in order to smoothly incorporate this into the contracting process. This discussion began at the +Caucus, and was pushed through to NAPSRA.**

**The motion passed with the following vote:**

- In favor – 11 – Michael, Katie, Eve, Ron, Hector, Lydia, Susan, Richard, German, Genie, Teresia
- Opposed -0-
- Abstaining -0-

## **X. Membership/Operations Committee Report**

At the last meeting, they interviewed Jonas Nicotra for membership on the Planning Council and decided to forward him to the full Council for approval of membership. He introduced himself and congratulated the Council on raising the financial eligibility requirement, as that was something the Council was working on when he was last a member. He has completed his required time away and is ready to get back to work on the Council.

**MOTION: Eve motioned to nominate Jonas Nicotra for membership on the Planning Council. Genie seconded.**

**Discussion: It was noted that Jonas represents Snohomish County.**

**The motion passed with the following vote:**

- In favor – 11 – Michael, Katie, Eve, Ron, Lydia, Hector, Susan, Richard, German, Genie, Teresia
- Opposed -0-
- Abstaining -0-

His application will now be forwarded to the King County Executive's office for approval. Genie's application took a while to make it through due to COVID teleworking, but Karen will stay on top of reminding them.

Eve stated that they hope to have interviews in the upcoming Membership/Operations Committee meetings.

## **XI. +Caucus Report**

Tony reported back and highlighted the conversation around the social media presence. There was discussion around privacy and other concerns and how to get ahead of these. There was discussion about the Planning Council primer which would be the onboarding manual for new

Planning Council members that would make things simpler. They are aiming for something more digestible and easy to read.

## **XII. System of Care Committee Report**

This committee finished updating the Housing service category standards of care. It was noted the standards of this category had not been revised for nearly 2 years. There was general cleanup of copy, and there was much discussion on this very important service category. There is a large shortage in inventory of housing. Due to Ryan White Part A only allowing for paying for housing services up to 2 years, they had to build in special considerations made for those who go outside that timeline. They added the priority for housing that addresses health disparities. They also highlighted housing that is essential for gaining or maintaining access to and compliance with HIV related treatment. Focusing on individuals with high acuity need is important in this service category. There was language added to include hotels as well as motels. They also highlighted being in contact with their case manager to be actively working on their housing plan. Due to COVID, they discussed extensively about how frequently and how they must contact their case manager. To ensure low barrier access, they set the frequency at monthly, and left the method of communication vague.

<GERMAN GALINDO LEFT THE MEETING, AND INTERPRETATION SERVICES WERE STOPPED>

The interpreter requested to stay in the meeting, as she finds the topic matter important and thanked those present for doing the work that they do.

***MOTION: Lydia motioned to adopt these Housing Standards as presented. Katie seconded.***

***Discussion: In response to a question, it was stated that funding in this category could not go directly to an individual, but to a non-profit agency that provides housing or has relationships with housing providers. These agencies then work with shelters, hotel/motels, or landlords.***

***The motion passed with the following vote:***

- In favor – 10 – *Michael, Katie, Eve, Lydia, Ron, Hector, Susan, Richard, Genie, Teresia*
- Opposed -0-
- Abstaining -0-

There was more discussion on the drug formulary changes, and what kind of involvement the Planning Council could have in this process. It was noted that it is early in this process, and that the Council is not directly involved in this process.

## **XIII. Adjourn**

**NEXT MEETING:** 4pm, Monday November 8<sup>th</sup>, virtually through Zoom.