

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**HEALTH SERVICES ADVISORY COMMITTEE**

**CHILDREN’S BOARD OF HILLSBOROUGH COUNTY, TAMPA**

**THURSDAY, JUNE 21, 2018**

**1:30 P.M. – 3:00 P.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by Peggy Wallace, Chair at 1:36 PM.  |
| **ATTENDANCE** | Members Present:, Jim Roth, Peggy Wallace, Kim MolnarMembers Absent: Priya Rajkumar, Maribel Martinez, Bernice McCoy, Terry LawGuests Present: Marc Betts, Vicki Kenyon, Elizabeth RuggRecipient Staff Present: Aubrey Arnold, Collette DuffieldLead Agency Staff Present: NoneHealth Council Staff Present: Lisa Nugent, Katie Scussel |
| **CHANGES TO AGENDA** | None |
| **ADOPTION OF MINUTES** | The minutes for March 15, 2018 were tabled as the committee did not have quorum. |
| **CARE COUNCIL REPORT** | The Care Council met on June 6, 2018 for an abbreviated meeting. Action items included the approval of one new member and the renewal of an existing member for a second term. The Spring Membership Training on mental health first aid was held after the meeting. The Part A Recipient announced that the Part A grant award for fiscal year 2018-2019 has been received. The full award amount is $10.2 million, with a slight decrease from last year to formula funding and an increase to Minority AIDS Initiative (MAI) and supplement funding. The Part A Recipient also announced they have received the grant guidance for fiscal year 2019-2020 and that the writing team has already started working on the grant. The Recipient will be asking for $10.7 million in funding, a 5% increase from this year.Disaster preparedness training will be held on June 14, 2018 for the Hillsborough Board of County Commissioners.There will be a case manager training, held on June 21, 2018, to gain more information regarding the Affordable Care Act (ACA) and open enrollment. Test and Treat is doing remarkably well with turnaround decreasing from 6 days to 1 day.The Part B Lead Agency reported that the new HIV/AIDS Program Coordinator (HAPC) has been announced and Darius Lightsey will begin within the month. The Lead Agency announced that general revenue contracts are closing out on June 30, 2018 and that general revenue contracts have been renewed.There will be no Care Council meeting in July, with members reconvening on August 1, 2018. |
| **REVIEW OF IMPACT OF ADAP & ACA** | CVS Caremark recently sent a card in the mail to all premium plus clients. The card may be used as a back up to facilitate medication refills at any CVS Caremark pharmacies in the event of an emergency, such as a hurricane. Members noted that there has been a lot of confusion about these cards and that communication about them has not been clear. Some clients are mistaking them for commercial insurance. Members expressed appreciation for the recent hire of George Dowden in the ADAP office. Both providers and clients have commented that George is very efficient and easy to work with. Members discussed the potential impacts of the new Association Health Plans that will be offered starting this fall. Association Health Plans do not offer the same minimum benefits as plans offered under the Affordable Care Act. Association Plans may draw healthy people out of the marketplace, driving up the costs of premiums. There is uncertainty about whether the pre-existing condition clause will be dismantled. The new plans will also allow consumers to purchase health insurance across state lines. Members were uncertain how this new rule will work with provider networks.  |
| **REVIEW PART A FORMULARY** | Pharmacist Marc Betts discussed his process for creating the Part A birth control formulary. Marc began with the Title X Family Planning Formulary and narrowed down the list based on recommendations to providers on drug interactions between birth control and HIV medications. Additionally, intrauterine devices (IUDs) were eliminated from the formulary due to manufacturer restrictions that prohibit community pharmacies from purchasing them. At this time, five Ryan White Part A clients are currently using their Ryan White benefits to obtain birth control. An issue with clients accessing desired birth control methods was raised during a recent Women, Infants, Children, Youth and Families (WICY&F) Committee meeting. A provider that serves youth living with HIV would like to be able to obtain long-acting reversible contraceptives (LARCs) for her clients but they are not currently covered by the formulary. The Part A Recipient, Aubrey Arnold, contacted Part B as well as other Part A Eligible Metropolitan Areas (EMAs) around the state to ask whether their Ryan White programs cover birth control. The other areas each stated that they do not because there is another payer source available (Title X). Aubrey also contacted the Health Resources and Services Administration (HRSA) project officer for the area, who stated that if there are other payer sources available Ryan White must be a payer of last resort. Members discussed difficulties with relying on the Title X program to cover birth control for Ryan White clients. The Title X program is also a payer of last resort and Title X funded clinics face many restrictions. They are only able to buy a certain number of devices each year and often run out of preferred birth control methods. Providers at Title X clinics are not specifically trained in HIV care and may not be aware of potential drug interactions. Members were also unclear if the eligibility criteria is different for Ryan White and Title X and if there may be Ryan White clients who are not eligible for Title X. The current plan going forward is for providers seeking birth control coverage for their clients to use the medication exception request form. Aubrey will draft a letter to all providers explaining the new procedure. Program income can also be used to fund methods that are not covered, such as IUDs. Marc Betts also stated that if any clients are having difficulty obtaining their desired method that he can help find a work around.  |
| **ANNOUNCEMENTS/****COMMUNITY CONCERNS** | Members discussed the changes coming to drugs classified as controlled substances. All controlled substances will be reported to a state database. There will be more requirements on providers to differentiate between chronic and acute conditions that require treatment with controlled substances.  |
| **ADJOURNMENT**  | There being no further business to come before the Committee, the meeting was adjourned at 3:07 p.m.  |
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