U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
HEALTH RESOURCES AND SERVICES ADMINISTRATION

Virtual Meeting of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment February 3, 2016

Record of the Proceedings

TABLE OF CONTENTS

Page

Minutes of the Meeting....1
Opening Session....2
CHAC's Formal Action on the Draft Resolution....5
Closing Session....8
Attachment 1: Participants' Directory....10
Attachment 2: Glossary of Acronyms....12

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CDC/HRSA ADVISORY COMMITTEE ON HIV, VIRAL HEPATITIS AND STD PREVENTION AND TREATMENT
February 3, 2016

Minutes of the Virtual Meeting

The U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), and the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) convened a virtual meeting of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC). The proceedings were held on February 3, 2016.

CHAC is chartered to advise the Secretary of HHS, Director of CDC, and Administrator of HRSA on objectives, strategies, policies and priorities for HIV, viral hepatitis and STD prevention and treatment efforts for the nation.

Information for the public to attend the virtual CHAC meeting via teleconference was published in the *Federal Register* in accordance with Federal Advisory Committee Act regulations. All sessions of the meeting were open to the public (*Attachment 1: Participants' Directory*).

Opening Session

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration
CHAC Designated Federal Officer, HRSA

Dr. Cheever conducted a roll call to determine the CHAC voting members, *ex-officio* members (or their alternates) and liaison representatives who were in attendance. She announced that CHAC meetings are open to the public and all comments made during the proceedings are a matter of public record. She reminded the CHAC voting members of their responsibility to disclose any potential individual and/or institutional conflicts of interest for the public record and recuse themselves from voting or participating in these matters.

CONFLICT OF INTEREST DISCLOSURES

CHAC Voting Member (Institution/Organization)	Potential Conflict of Interest
Peter Byrd (Peer Educator and Advocate)	No conflicts disclosed
Virginia Caine, MD (Marion County, Indianapolis Public Health Department)	Recipient of federal funding from CDC and HRSA for HIV prevention and treatment activities, including a Ryan White HIV/AIDS Program (RWHAP) grant
Guillermo Chacon (Latino Commission on AIDS)	No conflicts disclosed
Carlos del Rio, MD (Rollins School of Public Health Emory University)	Recipient of federal funding from CDC for an STD Regional Laboratory and from HRSA for a Ryan White Part A Clinic
Dawn Fukuda, ScM (Massachusetts Department of Public Health)	Recipient of federal funding from CDC and HRSA, including a RWHAP Part B grant
Debra Hauser, MPH (Advocates for Youth)	Recipient of federal funding from CDC
Marjorie Hill, PhD (Joseph Addabbo Family Health Center)	Recipient of federal funding from HRSA, including a RWHAP grant
Michael Kaplan (AIDS United)	Recipient of federal funding from CDC and HRSA for HIV prevention and treatment activities, including a RWHAP grant
Jennifer Kates, PhD (Kaiser Family Foundation)	No conflicts disclosed
Amy Leonard, MPH (Legacy Community Health Services)	Recipient of federal funding from CDC and HRSA for HIV prevention and treatment activities, including an RWHAP grant

Dr. Cheever confirmed that the 15 voting members and *ex-officio* members (or their alternates) in attendance constituted a quorum for CHAC to conduct its business on February 3, 2016. She called the proceedings to order at 3:20 p.m. and welcomed the participants to the virtual CHAC meeting.

Dr. Cheever explained that although the virtual meeting was published in the *Federal Register* and open to the public, a public comment session would not be held. She clarified that the interim virtual meeting was being convened in between the regularly scheduled biannual

meetings for the specific purpose of CHAC discussing and taking a formal vote on a draft resolution.

Dr. Cheever asked the participants to join her in welcoming Mr. Peter Byrd, the new CHAC Co-Chair. Mr. Byrd attended his first meeting in November 2015 and has now replaced Dr. Kathleen Clanon as the HRSA-appointed CHAC Co-Chair.

Peter Byrd, CHAC Co-Chair
Peer Educator and Advocate

Mr. Byrd confirmed that he was honored to serve as the new HRSA-appointed CHAC Co-Chair, particularly since HRSA-funded AIDS treatment and the overall model of care have saved his life. He commended CDC and HRSA, their federal partners, non-governmental organizations and consumer advocates in the field for their tireless efforts in minimizing racism and homophobia associated with HIV/AIDS. He noted that his experiences as a person living with HIV/AIDS (PLWHA) would be well suited in his role as the new CHAC Co-Chair.

Mr. Byrd pointed out that based on the timing of his appointment as a new CHAC member, his participation has been limited to two virtual meetings. He looked forward to face-to-face interactions with his CHAC colleagues and CDC/HRSA leadership and staff during his first in-person meeting in June 2016.

Dawn Fukuda, ScM, CHAC Co-Chair
Director, Office of HIV/AIDS
Massachusetts Department of Public Health

Ms. Fukuda joined her colleagues in welcoming the participants to the virtual meeting. Due to time constraints, she announced that the CDC and HRSA updates scheduled on the agenda would be deferred and included in reports by the CDC/NCHHSTP Director and HRSA/HAB Associate Administrator during the June 14-15, 2016 meeting.

Ms. Fukuda explained that the virtual meeting would be devoted to CHAC's discussion and formal vote on a draft resolution: "Increasing federal funding for core and innovative HIV, STD and viral hepatitis prevention and care programs in the context of continued Affordable Care Act (ACA) implementation." Because the draft resolution includes time-sensitive guidance, the Co-Chairs and Designated Federal Officers (DFOs) agreed that CHAC's formal action during an interim virtual meeting in February 2016 would be more effective and timely than during the in-person meeting in June 2016.

CHAC's Formal Action on the Draft Resolution

Ms. Fukuda announced that the draft resolution was last revised on January 9, 2016 and was distributed to CHAC in advance of the virtual meeting for review and comment.

The CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) recommends that the Secretary of the U.S. Department of Health and Human Services increase and strategically target dedicated federal funding streams from CDC and HRSA that support critical public health programs for vulnerable populations impacted by HIV, STDs and viral hepatitis. The Patient Protection and Affordable Care Act (ACA) has vastly increased access to public and private health insurance coverage, including for persons living with or at risk for HIV, STDs and viral hepatitis. Despite increased access to healthcare services following the passage of the ACA, the full impact of these massive changes in the healthcare landscape, particularly relative to the aims of public health, is still not understood.

Public health programs continue to play an essential role along with the ACA to ensure an effective response to communicable infections of public health importance. Health Professional Shortage Areas and Medically Underserved Area designations, along with the widely varied integration of HIV, STD and viral hepatitis services into primary care, create gaps for marginalized populations. Medical providers who deliver reimbursable healthcare services to the mainstream healthcare system cannot sufficiently accomplish public health goals without additional support. Data from HRSA's Ryan White HIV/AIDS Program continues to demonstrate high rates of engagement, retention in care and viral suppression for HIV-positive program participants. An added value of Ryan White services relative to health outcomes also is documented in HIV-positive individuals with public or private health insurance coverage.

CDC-supported services include STD surveillance, assurance of follow-up and treatment through Disease Intervention Specialist contact tracing, and community outreach to engage vulnerable populations that have not accessed treatment and received linkages to care. These investments are particularly critical at a time when STD rates remain high and support for the public health infrastructure is insufficient to meet the level of need. CDC resources complement state and local investments in STD clinics and STD prevention and control. CDC resources also ensure that local programs are able to use epidemiologic and clinical data to provide accessible and responsive services to vulnerable populations, promptly and effectively treat new infections, and link individuals to prevention and partner services. Healthcare organizations that receive CDC and HRSA resources continue to provide a more comprehensive, higher quality, and more

effective set of responses to HIV, STDs and viral hepatitis than medical organizations that exclusively rely on reimbursement through health insurance.

To date, healthcare reforms that are a component of the ACA have been unevenly implemented across the country. Most notably, universal expansion of Medicaid for persons under 100% of the Federal Poverty Level is still evolving. HIV, STDs and viral hepatitis continue to disproportionately impact racial/ethnic minority populations, gay and bisexual men and other men who have sex with men, LGBTQ youth, inmates and reentry populations, and persons who inject drugs or have other substance use disorders. These vulnerable groups already are less likely to be insured. Even with insurance, these groups are less likely to access services because of co-pays and confidentiality concerns related to the ACA Explanation of Benefits that may be a component of billing records. Federally supported initiatives through the Secretary's Minority HIV/AIDS Program, HRSA Special Projects of National Significance, and the CDC Division of STD Prevention support the design and development of innovative approaches to prevent these communicable infections, reduce health disparities, and improve health outcomes at both individual and population levels. Lessons learned from these initiatives have transformed and continue to shape HIV, STD and viral hepatitis prevention, care and treatment programs across the country. Substantial ground in previous progress to advance health promotion and disease prevention goals relative to these communicable infections might be lost if these dedicated investments are prematurely abandoned. These resources might never be fully or sufficiently reimbursed through health insurance.

CHAC has determined that substantive data exist to establish the vital importance of increased federal support for HIV, STD and viral hepatitis prevention and care programs. Given the substantial scientific advancements over the past few years, including the effectiveness of treatment as prevention to reduce HIV transmissions, the promise of pre-exposure prophylaxis (PrEP) to reduce HIV acquisition and curative, all-oral treatment regimens for hepatitis C virus (HCV) might be more critical than ever to ramp up these investments in public health services from CDC and HRSA. The core public health infrastructure (inclusive of specialty STD clinics that provide access to testing and care for the most vulnerable populations) will remain essential to prevent new STD and HIV infections, deliver cutting edge prevention interventions, such as PrEP, and reduce health disparities.

The opportunity to end the domestic epidemics of HIV and HCV is within reach. Federal agencies must remain vigilant in their commitments to fund public health infrastructures and interventions that increase access to effective prevention, care and treatment interventions; improve health outcomes; reduce new infections; deliver cures for STDs and HCV infection; and enable all persons living with HIV infection to accomplish viral suppression. These objectives have massive implications for individual and population health and ultimately will be cost-saving to the nation. CHAC recommends further

strengthening of HIV, STD and viral hepatitis services through increased funding, a structure that is responsive to continued implementation of ACA, and ongoing, rigorous evaluation.

CHAC supported the spirit and overall intention of the draft resolution. However, several members made suggestions to refine the language prior to the Co-Chair's call for a vote.

- The resolution is based on the overarching recommendation to increase federal funding, but actual targets should be included (e.g., "increase the HIV, STD and viral hepatitis budgets by $X or X%"). CHAC's guidance is more likely to result in a significant impact and realistic changes in the field with the inclusion of measurable targets. On the one hand, some members supported reviewing the current President's budget to ensure that the targets in CHAC's revised resolution would be consistent with the proposed increases for HIV, STD and viral hepatitis. On the other hand, other members were in favor of formally approving the spirit of the resolution at this time and authorizing the writing group to include targets. The members emphasized that delaying the vote until the June 2016 meeting would not allow CHAC to have an impact on the last President's budget of the Obama Administration.
- Some state health departments that do not fully allocate their prevention grants. These resources could be awarded to community-based organizations (CBOs) to meet the needs of their marginalized populations. The resolution should be revised with language to advise CDC to allocate unexpended grant dollars of state health departments directly to CBOs, health networks and provider groups in those states.
- Successes in increasing public health investments at state and local levels through strong leadership and political will should be highlighted as models in the resolution. In Georgia, for example, Mr. John Eaves and Ms. Joan Garner serve on the Fulton County Board of Commissioners in their respective districts. Their leadership resulted in the approval of a proposed resolution during the December 2014 meeting to establish a county-wide HIV/AIDS Task Force. The new task force is charged with providing recommendations and input in the areas of prevention, treatment, public education, advocacy, housing and other issues related to PLWHA.
- The resolution describes PrEP as a cutting-edge prevention strategy, but new language should be included to advise the federal agencies to make funds available to increase the flexibility and broader use of this intervention.

The Co-Chairs and DFOs made several comments in follow-up to the suggestions CHAC raised during the discussion.

Ms. Fukuda explained that the writing group originally drafted the resolution with the intention of having an impact on the FY2017 budget. Although the ACA has increased health insurance coverage for persons living with or at risk for HIV, STDs and viral hepatitis, the resolution emphasizes the continued importance of public health investments for these populations. The

resolution also notes recently published research articles that describe the added value of public health investments in conjunction with ACA health insurance coverage.

Ms. Fukuda added that in terms of CHAC's comments regarding PrEP, a letter has been drafted to the federal agencies and will be circulated to all members for review and comment. Time will be set aside during the June 2016 meeting for CHAC to discuss and provide input on the PrEP recommendations in the draft letter.

Dr. Mermin agreed with CHAC's comments regarding the difficulties by some states in reaching their populations at risk and having the highest impact on HIV, viral hepatitis and STDs. However, he acknowledged that we should consider the matter carefully because shifting resources to higher performing jurisdictions could have an unintended consequence of increasing disparities.

Dr. Cheever explained that HRSA allocates RWHAP funding to states and large cities to address specific coverage gaps, lack of access to services and unmet needs in their populations. As a result, state and large-city grantees are responsible for spending their RWHAP dollars to ensure that HIV services are available in rural and other underserved areas.

Action	Description
Co-Chair's call for a vote	Motion properly made by Mr. Michael Kaplan to formally approve the spirit of the resolution Motion seconded by Dr. Marjorie Hill
Outcome of vote	**Motion unanimously passed by 10 CHAC voting members**
Next steps	The writing group will further revise the draft resolution based on the comments CHAC provided during the meeting, particularly the suggestions to include measurable targets and address unmet needs in rural areas that have no RWHAP services. The revised resolution will be circulated to the CHAC members for review before its completion and submission to the HHS Secretary.

Closing Session

Ms. Fukuda reminded the participants that the next CHAC meeting would be CDC-focused and convened in person on June 14-15, 2016 in Atlanta, Georgia.

With no further discussion or business brought before CHAC, Ms. Fukuda adjourned the virtual meeting at 3:46 p.m. on February 3, 2016.

I hereby certify that to the best of my knowledge, the foregoing Minutes of the proceedings are accurate and complete.

_____
Date

_____
Peter Byrd, Co-Chair
CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

_____
Date

_____
Dawn Fukuda, ScM, Co-Chair
CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

Attachment 1: Participants' Directory

CHAC Members Present

Mr. Peter Byrd, Co-Chair
Ms. Dawn Fukuda, Co-Chair
Dr. Virginia Caine
Mr. Guillermo Chacon
Dr. Carlos del Rio
Ms. Debra Hauser
Dr. Marjorie Hill
Mr. Michael Kaplan
Dr. Jennifer Kates
Ms. Amy Leonard

CHAC Members Absent

Dr. Bruce Agins
Dr. Sanjeev Arora
Ms. Angelique Croasdale

CHAC *Ex-Officio* Members Present

Dr. Pradip Akolkar
U.S. Food and Drug Administration

Dr. Paul Gaist
Office of AIDS Research
National Institutes of Health

Ms. Kaye Hayes
Office of HIV/AIDS and Infectious Disease Policy, U.S. Department of Health and Human Services

Dr. Lisa Kaplowitz
(Alternate for Dr. Melinda Campopiano)
Substance Abuse and Mental Health Services Administration

Ms. Lisa Neel
Indian Health Service

CHAC *Ex-Officio* Members Absent

Dr. Melinda Campopiano
Substance Abuse and Mental Health Services Administration

Dr. Iris Mabry-Hernandez
Agency for Healthcare Research and Quality

CHAC Liaison Representative Present

Dr. Mildred Williamson
Presidential Advisory Council on HIV/AIDS

CHAC Designated Federal Officers

Dr. Laura Cheever
HRSA/HAB Associate Administrator

Dr. Jonathan Mermin
CDC/NCHHSTP Director

Federal Agency Representatives

Ms. Latuni ("Tonya") Allen
LCDR Holly Berilla
Dr. Gail Bolan
Ms. Antigone Dempsey
Ms. Teresa Durden
Ms. Shelley Gordon
Mr. Reid Hogan-Yarbro
Ms. Theresa Jumento
CAPT Tracy Matthews
Dr. Eugene McCray
Ms. Margie Scott-Cseh
CAPT Nicole Smith
Ms. Caroline Talev
Dr. John Ward

Members of the Public

Mr. Carl Baloney
AIDS United

Ms. Lanisha Childs
National Association of County and City Health Officials

Ms. Lindsey Dawson
Kaiser Family Foundation

Ms. Barbara Jackson
Black Women's Health Imperative

Ms. Melody Libby
AbbVie

Mr. Tyler Smith
The AIDS Institute

Ms. Erin Tackney
Education Development Center

Dr. Ivy Turnbull
AIDS Alliance

Ms. Christie Vaglan
National Coalition of STD Directors

Ms. Danielle Varsevczky
Urban Coalition for HIV/AIDS Prevention Services

Mr. Michael Weir
National Alliance of State and Territorial AIDS Directors

Ms. Gretchen Weiss
National Association of County and City Health Officials

Attachment 2: Glossary of Acronyms

Acronym	Expansion
ACA	Affordable Care Act
CBOs	Community-Based Organizations
CDC	Centers for Disease Control and Prevention
CHAC	CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment
DFOs	Designated Federal Officers
HAB	HIV/AIDS Bureau
HCV	Hepatitis C Virus
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
PLWHA	Persons Living with HIV/AIDS
PrEP	Pre-Exposure Prophylaxis
RWHAP	Ryan White HIV/AIDS Program