



HIV and Viral Hepatitis Policy Watch

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The *Policy Watch* provides timely updates and resources on Hill and Administration activities impacting HIV and viral hepatitis programs. Please go to NASTAD's website at www.NASTAD.org for more information.

SPECIAL ISSUE - TOP 12 THINGS TO LOOK FOR IN 2012

Many events took place in 2011 that will impact the way health departments operate in the coming years. In 2012, these changes will be implemented and new developments will continue to alter the landscape. Here is a quick preview of the road ahead:

National HIV/AIDS Strategy Implementation

The Obama Administration's [National HIV/AIDS Strategy \(NHAS\)](#) provides a roadmap and sets aggressive goals for reducing HIV incidence in the U.S., linking people to care, reducing health disparities and better coordinating the nation's response. In 2011, we began to experience the deliberate shifting of resources to high impact jurisdictions. NASTAD continues to monitor whether these shifts will ultimately result in reducing HIV incidence and achieving the goals of the NHAS. Further, the outcome of processes in play (i.e., the development of CDC's surveillance FOA and the implementation of the new prevention cooperative agreements with health departments) will impact the role of health departments and their ability to support NHAS goals. Additional work ahead includes efforts to establish common metrics and indicators across the federal government to measure the success of the NHAS.

Affordable Care Act Implementation

As we move closer to full implementation of health reform in 2014, there is much work to be done. At the same time, the ACA remains under intense scrutiny by opponents and their efforts to stall implementation by blocking critical funding and core elements and legal challenges around the law itself (i.e., the Supreme Court will hear suits filed challenging aspects of ACA prior to the November election). In the meantime, the ACA is current public law and states must prepare for implementation. This year will be another critical year in terms of planning for full implementation and NASTAD will continue to provide technical assistance (TA) as detailed in our previous [Policy Watch on Health Reform](#).

Ryan White and ADAP

President Obama announced reallocation of \$50 million in new resources for Ryan White Programs - \$35 million for ADAPs and \$15 million for Part C on World AIDS Day. The source of the funding is still unknown, but NASTAD will continue to provide updates on the source and implementation of this funding as we obtain information. ADAPs also received an increase of \$15 million in the FY2012 appropriations process. Besides ADAP, all other Ryan White programs were flat funded for FY2012. NASTAD will continue to monitor and try to find solutions to the ADAP funding crisis. In addition, planning for extending the Ryan White Modernization Act will take place in 2012.

HHS Viral Hepatitis Action Plan and Viral Hepatitis Testing Initiative

In May 2010, HHS released the *Action Plan for the Prevention, Care & Treatment of Viral Hepatitis (HHS Viral Hepatitis Action Plan)*. Full implementation of the *HHS Viral Hepatitis Action Plan* could result in an increase in the proportion of those who know their hepatitis B (HBV) and hepatitis C (HCV) infections,

reduce the number of new HCV infections and eliminate mother-to-child transmission of HBV. NASTAD will continue to monitor and collaborate with the Obama Administration to ensure full implementation of the action plan. Additionally, CDC's Division of Viral Hepatitis (DVH) received an additional \$10 million in the FY2012 appropriations process through the Prevention and Public Health Fund to create a national viral hepatitis testing initiative. NASTAD looks forward to partnering with DVH toward implementation of the first-ever national screening initiative. As mentioned below, the Adult Viral Hepatitis Prevention Coordinators in each of the 55 funded jurisdictions are a critical part of the national response to viral hepatitis and the maintenance of this program is paramount in order to achieve success of the *HHS Viral Hepatitis Action Plan* and the testing initiative.

Prevention FOA Implementation

The CDC's Funding Opportunity Announcement (PS12-1201) for health departments, released during the summer of 2011, proved to be very controversial. The removal of \$25 million from core prevention and expanded testing programs will result in over half of currently funded jurisdictions losing funding (many up to 50 percent of their previous awards over the upcoming five-year funding cycle). Twenty million dollars was shifted to a new, competitive application process that is designed to encourage innovative prevention activities. Four new directly funded cities were also added to the eligible jurisdictions (Atlanta, Baltimore, Fort Lauderdale and Miami). These changes will challenge health departments in 2012 as they restructure existing programs in reaction to dramatic funding shifts. NASTAD will monitor the impact of these changes and will continue to provide TA to health departments as the new funding cycle begins. In addition, NASTAD will work closely with CDC to help ensure the most effective prevention strategies are implemented in this new era of prevention.

Funding Opportunity Announcements (FOA) for Release

Viral Hepatitis

Last year, viral hepatitis community advocates weighed-in about the future of the Adult Viral Hepatitis Prevention Coordinator (AVHPC) program, the only nationally funded program to prevent viral hepatitis that serves a total of 55 jurisdictions. DVH is finalizing their FOA that will determine the future of the AVHPC program. This announcement is expected to be released in the first quarter of 2012 and NASTAD and viral hepatitis community partners will continue to monitor and advocate for the preservation of the 55 currently funded jurisdictions.

Surveillance

With the significant reallocation of resources to state and local health departments through FOA PS12-1201, the ability of health departments to continue supporting surveillance activities will be greatly diminished. Therefore, the release of CDC's new surveillance FOA is highly anticipated. NASTAD submitted [recommendations](#) for the Surveillance FOA in November and will continue to weigh-in with CDC in terms of maintaining core surveillance programming among all jurisdictions.

Reducing Stigma in Public Health: Gay Men, IDU and HIV Criminalization

NASTAD is continuing its work focused on reducing stigma in public health practice based on the release and next steps stemming from several policy statements in the last two years - the [Statement of Urgency: Crisis Among Gay Men](#), [Statement of Commitment : Promoting Injection Drug User Health](#) and [the National HIV/AIDS Strategy Imperative: Fighting Stigma and Discrimination by Repealing HIV-Specific Criminal Statutes](#) . In 2012, NASTAD and the National Coalition of STD Directors (NCSD) will continue joint efforts funded by the MAC AIDS Fund and launch the findings of a survey designed to assess institution and community-level stigma. Moreover, these findings will serve as the springboard for additional health department TA opportunities in response to the HIV and STD epidemics among Black and Latino gay men. Additionally, NASTAD and its members commit to identifying and implementing effective public health programs for injection drug users and monitoring and advocating for lifting the federal ban on syringe exchange programs that was put back into place during the FY2012 appropriations negotiations. Finally, NASTAD will continue to provide state health departments with TA to address policies and practices that are out of step with current knowledge of HIV transmission.

Emerging Intervention and Treatment Modalities

In 2011, more evidence of the effectiveness of prevention interventions such as pre-exposure prophylaxis (PrEP) and various "test and treat" strategies emerged. In addition, the [Gardner Cascade](#) demonstrated that there are many people living with HIV/AIDS who are not adhering to antiretroviral treatment. With the evidence mounting that early treatment results in effective prevention, this is an area that will receive greater focus in 2012. In a very limited funding environment, health departments will need to assess their ability to meet the financial and programmatic implications of these new strategies and how their implementation will impact people living with HIV. With over-the-counter rapid tests for the detection of HIV currently under FDA review and the recent CLIA waiver [approval](#) of a point-of-care rapid test for hepatitis C, health departments will also need to determine their role associated with these new tests and other emerging technologies.

Last year also brought exciting new drugs for the treatment of hepatitis C. These protease inhibitors represent the first direct acting antivirals for the hepatitis C virus. While these new medications are currently indicated for mono hepatitis C infection only, some providers are treating co-infected individuals off label and labeling changes in the near future may result in a co-infection indication which could impact ADAPs in their determination of formulary additions of the medications. Additional and more effective hepatitis C treatments are also expected in the near future.

FY2013 Appropriations

President Obama will be releasing his FY2013 budget on February 6, 2012. Addressing the domestic HIV/AIDS epidemic and supporting viral hepatitis programs have been a top priority of the Administration; however, continued budget battles with Congress, coupled with election year bravado could leave HIV/AIDS and viral hepatitis programs and many other priorities hanging in the balance. NASTAD will continue to work with community partners, coalitions and Congressional staffers to advocate for the highest possible funding numbers for FY2013 and beyond.

AIDS 2012

For the first time since 1990, the U.S. will be hosting the International AIDS Conference. [AIDS 2012](#) is expected to convene more than 20,000 delegates from nearly 200 countries, including more than 2,000 journalists. The conference will be held from July 22-27, 2012 at the Walter E. Washington Convention Center in Washington DC. The United States was chosen to host this important conference as a result of the lifting of the travel ban on people living with HIV.

Legislation of Interest

Several bills were introduced in 2011 that were significant to the HIV and viral hepatitis communities. [Here](#) is a look at bills that we will be tracking in 2012.

2012 Elections

The fate of HIV/AIDS and viral hepatitis programs and the implementation of many topics outlined in this Policy Watch will depend on the outcome of the 2012 elections. This will be the first election since redistricting and the political landscape at every level of government may change significantly. NASTAD will continue to monitor the political climate throughout 2012 and advocate for funding and strengthening program policies that impact health departments and individuals impacted by HIV/AIDS and viral hepatitis.



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