



The National HIV/AIDS Strategy & Federal Implementation Plan
Issues for Consideration
October 14, 2010

Reducing New HIV Infections

Increasing the Percentage of People living with HIV who Know their Status: CDC's expanded testing program (PS10-10138) provides additional resources to 30 jurisdictions to increase HIV testing and routine screening in clinical settings with an emphasis on African Americans, Latinos, MSM and IDUs. In order to increase the percentage of people living with HIV who know their serostatus from 79 percent to 90 percent, it will be important to bolster testing efforts in many of the remaining 35 jurisdictions. What steps is CDC taking to scale up HIV testing in moderate incidence jurisdictions? Furthermore, since HIV testing efforts are largely a diagnostic endeavor, financing must be appropriately portioned out to all possible payers, notably the public and private insurance systems in America. What steps is CDC taking to address these financing issues?

Re-allocation of Resources: The NHAS Federal Implementation Plan discusses the possible reallocation of CDC HIV prevention funding. Will this focus on populations and interventions within jurisdictions or between jurisdictions or both? Will reallocation be considered before HIV data is deemed mature in 2012? In terms of health departments, the states and six cities currently receive funding. How will a reallocation address funding into a state with a funded city? Has there been any consideration of what constitutes a minimum level of capacity to have an effective prevention program?

SAMHSA Block Grants: There are legislative barriers and outdated criteria that limit the number of states that can use Substance Abuse Prevention and Treatment Block Grant funds for HIV/AIDS services. The Strategy highlights the importance of incorporating HIV testing and other prevention services in SAMHSA funded sites. Will HHS work with Congress to ensure that legislative changes are made so that all jurisdictions can incorporate HIV prevention activities as appropriate?

Surveillance: The Strategy acknowledges the importance of having a complex system of surveillance including reporting from providers, laboratories, etc. However, it also acknowledges the responsibility of state and local health departments to coordinate accurate, complete and timely reporting. What steps are proposed for strengthening core state and local

HIV surveillance systems and for expanding them nationwide to generate the additional data needed for measuring progress in meeting the Strategy's goals? Does CDC anticipate that all states will eventually be responsible for collected CD4 and viral load data? Will CDC provide guidance on how to utilize viral load data to target concentrated epidemics in communities, particularly African Americans, Latinos and gay and bisexual men of all races and ethnicities?

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

ADAP: The NHAS does not mention ADAP programs and the current crisis. How will the NHAS support a bridge to 2014 when coverage will be expanded via the Affordable Care Act?

Affordable Care Act: The health reform law will play a critical role in expanding access to care and treatment for people living with HIV. Will HRSA incorporate a health care reform technical assistance plan for Ryan White grantees to help them prepare for a seamless integration into the new health care financing environment in 2014?

Centers for Medicare and Medicaid Services: While CMS expenditures account for 52 percent of the federal funding for HIV/AIDS, there is only one minor recommendation for CMS as it relates to 1115 waivers. With health reform, the role of Medicare and Medicaid in both care and prevention will increase. Little is known about how people living with HIV/AIDS fare on Medicaid and Medicare. Are there plans to get more data from CMS on prevention and care services being reimbursed? Will CMS be asked to keep people living with HIV/AIDS in mind as health reform is implemented, as it pertains to ensuring access to quality care?

Co-location of Services: The NHAS encourages CDC, HRSA, SAMHSA, and other agencies to work with states to promote the co-location of HIV screening and care services as a means of facilitating linkages to care and treatment. How would resource allocation be coordinated among all these different agencies? What criteria would be used to determine the best entities to provide co-location of services?

Community Health Centers: The implementation plan makes little mention of the role of community health centers in expanding access to care despite a significant increase in federal funding through the Affordable Care Act. Will there be a concerted effort to expand access to HIV care in non-Ryan White funded community health centers?

Local Provider Listings: The NHAS directs HRSA to develop templates to enable health departments to provide local information on where to access

care and support services. How will HRSA incorporate existing regional materials and resources? Will HRSA ensure that states that already have such information and systems in place will not be mandated to adopt new templates?

Ryan White Statute: The Ryan White Program is dictated by federal statute. Will the Administration be recommending statutory changes prior to the 2013 reauthorization?

Reducing HIV-Related Health Disparities

Interventions for Gay Men: The Strategy acknowledges that Congress and state legislatures should consider and implement laws that promote effective public health practice. Further, the Strategy directs CDC to develop recommendations for essential prevention services directed toward gay and bisexual men. NASTAD's prevention *Blueprint* underscores that we must rid our jurisdictions and the nation of policies and systems that impede our progress (i.e., preventing access to science-based information for gay youth, protecting and funding activities that overtly or covertly feed stigma and discrimination, etc.). How will CDC work with states to determine the right "mix" of interventions to address gay and bisexual men of all races and ethnicities? Will CDC provide guidance and resources to state and local health departments around how to identify and implement complex structural-level interventions?

Capacity: The Strategy emphasizes the need for a more holistic approach to address HIV/AIDS among African Americans, Latinos, gay and bisexual men, women and substance users. How will CDC support states to increase capacity and provide culturally appropriate services to the identified populations? Will HRSA, CDC and SAMHSA provide joint funding opportunities to ensure a holistic approach to service provision at the state and local levels? How will CDC engage and support state health departments to identify, collect data on, and address social determinants of health?

Criminalization: The Strategy acknowledges the need to review HIV-specific criminal statutes to reflect current knowledge of HIV transmission. How will CDC and DOJ work with state governments to review state laws and policies related to the criminalization of transmission?

Youth: Given the impact of HIV and related STDs on youth populations, particularly young MSM and youth of color, the absence of the Department of Education as a principal coordinating partner is notable. How does HHS intend to work with the Department of Education on HIV prevention for youth?

National Institutes of Health: NIH's investment in HIV research is almost equal to the funding for the Ryan White Program and CDC prevention combined. Will NIH increase its investment in implementation research and research to develop effective structural, behavioral and community level prevention interventions?

Viral Hepatitis: Given that one-third of people with HIV are co-infected with hepatitis C and 10 percent co-infected with hepatitis B, will the implementation plans address these co-occurring conditions?

Achieving a More Coordinated National Response to the HIV Epidemic in the United States

Agency Capacity: Federal agencies are currently greatly challenged to meet the oversight, communication, monitoring and technical assistance needs of grantees at all levels and the wheels of government, including procurement and grants mechanisms, struggle to turn on time. Communication and coordination with the state and local AIDS directors has not been occurring in advance of major announcements and little input into the development of new initiatives and FOAs has been sought. Will agency implementation plans address the federal government's capacity to undertake proposed activities and engage health departments and other key stakeholders?

Cataloging Resources: For the last nine years, NASTAD has collected data on federal HIV/AIDS resources awarded to each state, including listings of grantees, for the Kaiser Family Foundation. We have not been able to obtain data on Minority AIDS Initiative funding distributed by the Office of HIV/AIDS Policy, OWH, the Office of Population Affairs and OMH. To establish a baseline of what the federal government is currently funding, will the ASH provide a catalog of federal HIV resources with listings of grantees?

Coordination: NASTAD has developed a chart, "Federal Program Reporting Requirements" which demonstrates the significant burdens for state and local health departments in administering HIV/AIDS, STD and viral hepatitis programs. Will agencies be directed to work together to address and streamline funding and reporting requirements?

Coordination between Medicaid and HRSA at the local level has been possible in many states but has not been effective in all states. However, such coordination between Medicare and local governments has not been effective. What mechanisms would be developed to improve coordination?

Department Operational Plans/Agency Implementation Plans: How will the operational plans of the six Department Lead Agencies be

coordinated? Will HHS ensure that agency leads consult other divisions/departments as they develop the agency-wide plan? For example, will CDC DHAP get input from DASH, DSTDP, DVH, DTB or will HRSA HAB get input from BPHC, MCHB and BHP? Additionally, how are offices within HHS (e.g., the Office of Women's Health (OWH), the Office of Minority Health (OMH), etc.) contributing to the process? Will agencies be seeking input from state and local health departments as key implementing partners?

The NHAS Federal Implementation Plan includes twenty-six actions that federal agencies will take with states. Are there plans to meet with states or their stakeholder organizations as implementation plans are being developed?

Funding: While the NHAS acknowledges that it is not a budget document, are there plans to develop a professional budget estimate for what it would cost to fully implement the NHAS and specific targets/goals?

Monitoring and Evaluation: Past experience suggests that systems for monitoring and evaluating state and local programs are best designed in partnership with state and local health departments. Will agencies be encouraged to include representatives of state and local health departments from the beginning of conversations related to accountability?

Public Health Workforce: The strategy and federal implementation plan highlight the importance of addressing the HIV clinical workforce shortages in the long-term. Is consideration being given to how best to address the worsening public health workforce shortages that will also impact the success of the Strategy?

SAMHSA Office of the Administrator: Will a person be identified to coordinate SAMHSA's activities within the agency for both mental health and substance abuse? How will SAMHSA support the state planning efforts with respect to CDC and HRSA grantees and SAMHSA grantees?

State Plans: The NHAS references "statewide HIV/AIDS plans". How will statewide planning, as envisioned in the Strategy (and piloted in CDC's new funding to 12 jurisdictions under the Enhanced Comprehensive HIV Prevention Plans (ECHHP)* initiative) be expanded to include other federal agency funding and how soon will additional states be funded for this initiative? How will coordination between current state and local jurisdiction grantees be encouraged/addressed (e.g. CDC directly funded jurisdictions, HRSA Part A grantees)? Will all federal agencies be required to provide information to the states regarding funds awarded to entities within the state? Will federal grantees be required to participate in statewide planning?

Targets: The baseline from which to measure progress in reaching each target will be important for every jurisdiction. When will HHS provide

baseline data for each target (e.g. incidence, transmission rate, knowledge of serostatus, linkage to clinical care, etc.) for each state? Will states have the opportunity to provide input into their state's particular targets? Will ONAP and/or HHS share the methods used to develop each national baseline so that states can apply those methods to their data systems now?