Policy and Legislative Affairs Update

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Eliminating New Infections & Optimizing Holistic Health Outcomes: Integrating Prevention, Care and ADAP
Presentation Overview

- National HIV/AIDS Strategy
- FY2016 Funding
- Ryan White Program
- Affordable Care Act
- 340B Drug Pricing Program
- Other Issues
FY2016 Funding
How Do You Think FY2016 Appropriations Cycle Will End?

A. Individual Appropriations Bills
B. Omnibus
C. Continuing Resolution
D. CR-Omnibus
E. Government Shutdown and then one of the above

Sequestration will impact FY2016 funding:
- Budget cap for non-defense discretionary funding is $494 billion, an increase of $1.6 billion from FY2015.
- If appropriators allocate funding at the budget cap level, there will not be across-the-board cuts.
FY2016 Budget

- President Obama released his FY2016 Budget in early February.

- Budget reflects his priorities, which include support for HIV and viral hepatitis.

- Budget exceeded the Budget Control Act caps on non-defense discretionary funding.
  - To account for all proposed increases, the legislation must be changed.
FY2016 President's Budget

- Highlights of the FY2016 Presidential Budget:
  - Centers for Disease Control and Prevention
    - Division of Viral Hepatitis: $62.8 million (+$31.2 million)
    - Division of HIV Prevention: $799 million (+$12.6 million)
      - HIV Prevention by Health Departments flat funded
  - Ryan White Program
    - ADAP and Ryan White Part B Base flat funded
    - Proposed consolidation of Part C and Part D
  - Drug User Health
    - $100 million in new funding for combating heroin and prescription drug abuse and for opioid overdose prevention
The House Budget repeals the Affordable Care Act

The House Budget cuts non-defense discretionary funding by 14% from FY2017 to FY2025, when compared to current law

The House Budget transforms Medicaid into a block grant program through “State Flexibility Funds”

Both the House and Senate budgets repeal the Affordable Care Act
FY2016 Appropriations

- The House appropriations levels (302B allocations) for each committee were approved by the Committee.
  - $153.05 billion ($3.7 billion decrease from FY2015)

- The Senate Appropriations Committee also allocated $153.19 billion to LHHS.

- The White House has issued a veto threat for appropriations bills allocated at the sequestered level.
FY2016 House Appropriations

- The House Appropriations Committee passed the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Bill in June

- Centers for Disease Control and Prevention – Flat Funded
  - Division of HIV/AIDS Prevention - $755.7 million
  - Division of Viral Hepatitis - $31.3 million
  - Division of STD Prevention - $157.3 million
FY2016 House Appropriations

- Ryan White Program – Flat Funded
  - Part B Base: $414.7 million
  - ADAP: $900.3 million

- Secretary Minority AIDS Initiative Fund – Flat Funded
  - $52.2 million
SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.
FY2016 Senate Appropriations

- The Senate Appropriations Committee passed the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Bill in June

- Centers for Disease Control and Prevention
  - Division of HIV/AIDS Prevention - $755.7 million
  - Division of Viral Hepatitis - $36.3 million (+$5 million)
  - Division of STD Prevention - $125.3 million (-$32 million)
FY2016 Senate Appropriations

- **Ryan White Program**
  - Part B Base: $414.7 million
  - ADAP: $900.3 million
  - **Eliminates Special Projects of National Significance**

- **Secretary Minority AIDS Initiative Fund**
  - **Eliminated**
  - $9 million cut to SAMHSA MAI Funds
SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.
What has halted the Appropriations Process?

A. Planned Parenthood  
B. Donald Trump  
C. NIH Funding  
D. The Confederate Flag
FY2016 Looking Forward

House GOP Appropriators Prepare for Sequester Showdown

By Emma Dumain and Tamar Hallerman
Posted at 9:07 p.m. on July 21

Boehner Admits CR Is Fate of Appropriations

By Matt Fuller

Chance Of A Shutdown Now 40 Percent...And Rising
Ryan White Program
The Ryan White Program is critical despite ongoing implementation of the Affordable Care Act.

Part B and ADAPs continue to see growth in programs and strive to address unmet need.

Almost all state ADAPs are using funding for purchasing insurance.

Part B programs necessary to address gaps (i.e., premium and co-pay assistance and support services).
The Future of Ryan White: Congressional & Community Conversations

- NASTAD and majority of community still feel it is best to not seek a reauthorization at this time

- Congressional staffers have said we need “at least one year of data on ACA implementation” before moving forward

- The Ryan White Work Group is engaging with Congress and conducting discussions on the future of the Ryan White Program
Future of Ryan White: NASTAD Conversations

- Issues for Consideration:
  - Does Ryan White support the HIV care continuum and goals of National HIV/AIDS Strategy?
  - Part Structure
  - Planning and Community Engagement
  - Funding Formulas
  - Ryan White Program and Insurance Implementation
  - Specific Populations
  - Other co-morbidities and infectious diseases
Affordable Care Act Implementation
Affordable Care Act Implementation
ADAPs have supported public and private insurance enrollment for nearly 68,000 clients

- **48,000** enrolled in a Qualified Health Plan (QHP) paid for by ADAP
- **20,000** transitioned to expanded Medicaid
- At least **43,000** new enrollments occurred during the ACA’s second open enrollment period
What State Most Recently Expanded Medicaid?

A. Pennsylvania
B. Utah
C. Hawaii
D. Alaska
Current Status of State Medicaid Expansion Decisions

Notes: Current status for each state is based on KCMU tracking and analysis of state executive activity. **MT has passed legislation adopting the expansion; it requires federal waiver approval. *AR, IA, IN, MI, PA and NH have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it is transitioning coverage to a state plan amendment. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

Congress will continue to clash over the Affordable Care Act
   - Both House and Senate budget proposes repeal of the Affordable Care Act
   - Appropriations bills also placed riders on ACA related funding

Moving forward, NASTAD will continue to monitor and support states navigating tax reconciliation policies

NASTAD to advocate with the administration of behalf of state health departments
340B Drug Pricing Program
The Office of Pharmacy Affairs (OPA) intends to release a “mega-guidance,” in the fall, which will outline recommendations for participation and compliance in the 340B Drug Pricing Program:

- Patient definition, anticipated to align with the 2007 proposal that was never finalized nor implemented
- Hospital eligibility
- Outpatient sites and clinics
- Contract pharmacy arrangements, inclusive of audit recommendations
- Definition of covered outpatient drug
- Audits, inclusive of a recommended annual audit
- Medicaid Managed Care relationships/reimbursement

OPA will release three regulations addressing civil monetary penalties for manufacturers, dispute resolution and the calculation of the 340B ceiling price.
340B Drug Pricing Program

- 340B Drug Pricing Program legislation was shared in draft form in May by the House
  - The legislation was quickly pulled from the CURES Bill
  - There is a possibility legislation could be reintroduced later this year
Drug User Health
Drug User Health

- Elton John Foundation funded project: Modernizing Public Health Law and Policy: Affordable Care Act (ACA) Opportunities for Drug User Health

- The project will assess drug user health and harm reduction coverage opportunities available through the ACA, including Medicaid, private insurance and public health investments and initiatives
  - California, Colorado, District of Columbia, Hawaii, Massachusetts, New Mexico, New York, North Carolina, Pennsylvania and Washington
Drug User Health

- Convened a meeting on HIV, Hepatitis and Overdose Among People who Inject Drugs: The Health Department Role in an Effective Response
- Continue to provide technical assistance on Drug User Health
- Released *Maximizing Health, Minimizing Harm: The Role of Public Health Programs in Drug User Health* in April
2016 Election
There are currently 16 Republicans and 5 Democrats who have declared candidacy.

- Debates begin next week.
- Election schedule could impact Congressional productivity.
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