



Louisiana Commission on HIV & Hepatitis C Education, Prevention, and Treatment

Tuesday, July 9, 2024

New Orleans Regional AIDS Planning Council

Hybrid Meeting (Zoom: <https://us06web.zoom.us/j/89751247384>)

9:00 AM

MEETING MINUTES

I. Call to Order:	Dr. Tavell Kindall, Chair
A. Meeting called to order at: 9:06 AM	
II. Roll Call:	Aisha McKenzie, Sr. Strategic Coordinator, SHHP, LDH
A. 16 Members present; Quorum not met	
B. Roll attached	
III. Old Business:	Dr. Tavell Kindall, Chair
A. Vote to Approve Minutes from 10/8/21, 3/25/22, 4/20/22, 3/12/24, 5/13/24	
1. No votes on pending meeting minutes without quorum.	
IV. New Business	Dr. Tavell Kindall, Chair
A. Legislative Committee Update	
1. Monitoring	
a. Letters	
<ul style="list-style-type: none"> Review of outcome of bills Commission wrote letters on. Time for questions about Legislative Committee's work this session. 	
b. Session review	
<ul style="list-style-type: none"> Discussion about how the Legislative Committee worked, met, and issued letters this session. General consensus that the new process was positively received by the Commission. 	
2. Legislative Outreach	
a. Capitol Day and Luncheon Discussion/Feedback	
<ul style="list-style-type: none"> Concern expressed that the luncheon had more staffers than representatives and senators. Handouts at every educational table could be helpful. CLEs during a lunchtime event is probably not useful, but perhaps the Commission should be participating in larger educational efforts (conferences that legislators attend). Timing: March vs. May? From a staffer perspective, earlier in the session is better. Spreading food out between the educational tables or having participants "earn" their food by gathering tickets for completing stops at the educational tables might be useful. Commission decides to attempt to schedule next Capitol Day for a Tuesday in March 2025. 	
b. Post-Session Letter	
<ul style="list-style-type: none"> Well-received. No feedback notes. 	
B. Membership Committee	
1. Vacancies	
2. Meeting schedule	
a. Vacancies:	
1. Rep, statewide HIV prevention planning group (appointed)	
2. Ryan White Part D Grantee (appointed)	
3. Community provider, racial/ethnic sub-pop (appointed)	

Notes taken by:

Aisha McKenzie

Sr. Strategic Coordinator, SHHP, LDH, Staff to the Commission

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<ul style="list-style-type: none"> 4. Chancellor of LSUHSC (Shreveport) or Designee (Paulette Pinargote-Cornejo would like to be replaced) 5. Representative of OBH, LDH (appointed: Christopher Guillory has been serving) 6. Dual diagnosis (HIV/HCV), racial/ethnic sub-pop (appointed) 7. Representative of the Bureau of Health Services Financing (LDH) (appointed: Shantel Hebert-Magee has been serving) 8. Represents Office of the Governor (appointed) 9. Dual diagnosis (HIV/HCV) (appointed) 10. Represents Faith-Based Community (appointed) 11. Person Living with HIV, racial/ethnic sub-population (appointed: Monica Johnson has been serving) 12. Ryan White Part A Grantee (appointed: Vatsana Chantala has been serving) 	
<ul style="list-style-type: none"> b. Membership Committee meetings <ul style="list-style-type: none"> 1. Meeting Tuesday, July 23rd at 9:00 AM (Zoom) 2. Staff to email list of vacancies to Commission 	
C. HIV Prevention in Black women	
<ul style="list-style-type: none"> 1. Agenda Presentation rescheduled for September. General discussion of Commissioners on HIV Prevention in Black Women. <ul style="list-style-type: none"> a. Discussion about reluctance among Black women regarding PrEP, overcoming stigma in Church settings, education via sororities and student populations, the need for privacy in conversations/discussions/testing/prescriptions, self-testing kits and challenges with linkage to care. b. LDH (SHHP) telePrEP program sees a drop-off in PrEP usage among the Black women who access the program (and often that they come for PEP and then use PrEP for a bit before falling out of the program). c. HEROES is working on a program to address HIV and stigma in the church. d. Dr. Burgess will circulate preliminary 2023 data for Louisiana. e. Discussion about need for privacy in conversations, discussions, testing, prescriptions, etc. f. Discussion about self-testing kits and the challenges with linkage to care, etc. 	
D. Federal HIV/HCV Update	Ranier Simons, Community Access National Network
<ul style="list-style-type: none"> 1. Slide deck attached. 	
V. Other Business	Dr. Tavell Kindall, Chair
A. Announcements	
<ul style="list-style-type: none"> 1. Dr. Hebert-Magee speaks about a new pilot program to provide STI and HPV testing through Medicaid in regions 6, 7, 8 in Louisiana. 	
B. Public Comment	
<ul style="list-style-type: none"> 1. No public comment 	
C. Next Meeting Date: TBD, September 10, 2024, in Baton Rouge (Annual Public Hearing, no virtual option)	
VI. Adjournment	Dr. Tavell Kindall, Chair
<ul style="list-style-type: none"> • Meeting adjourned at: 11:02 AM (Dr. Porter motioned, Austin Matthews seconded) 	

ATTACHMENTS

Roll:

First Name	MI	Last Name	7/9/2024
H. Glenn		Anderson, Jr.	Present
Regina		Ashford Barrow	Absent
Anthony	G.	Basco	Absent
Tamara	T.	Dioubate	Absent

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Marvin		Anderson	Present
Angelee	J.	Brown	Absent
Tanya	C.	Brown	Absent
Samuel	H.	Burgess	Present
Aimee		Cloyd	Absent
Paulette		Pinargote Cornejo	Absent
George		Nawas	Present
Crystal		Lewis	Present
Phillip	T.	Griffin	Present
De Ann	Marie	Gruber	Present
Mitchell	C.	Handrich	Present
Tavell	L.	Kindall	Present
Randy	L.	Lavespere	Absent
Austin	L.	Matthews	Present
Tamachia	J.	Davenport	Absent
Joy		Walters	Present
David	M.	Mushatt	Present
Christopher		Guillory	Present
Norma	S.	Porter	Present
Lauren	E.	Richey	Present
Meta	R.	Smith-Davis	Absent
Susan		Dupont	Present
Myra		Kleinpeter	Absent

PRESENTATION SLIDE DECK:

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HIV/HCV Update

RANIER SIMONS

PROJECT DIRECTOR, HIV/HCV CO-INFECTION
WATCH

COMMUNITY ACCESS NATIONAL NETWORK



Reminder of National HIV/AIDS Strategy 2022-2025 Major Tenets

- Prevent new HIV infections
- Improve HIV-related health outcomes of people living with HIV
- Reduce HIV-related disparities and health inequities
- Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and interested parties

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HIV National CDC Data Highlights

[most current complete data released is from 2022]

- Over 38,000 people received HIV diagnoses
- Men comprised about 80% of those new diagnoses
- African-Americans comprised roughly 38% of those new diagnoses
- 56% of the new diagnoses were among 13-34 year olds
- Geographically the South counted for approximately 52% of all new diagnoses
- 253,240 women \geq age 13 living with diagnosed HIV: 56% African-American, 21% Hispanic/Latino
- 114,742 PWID living with diagnosed HIV: 43% African-American, 27%Hispanic/Latino, 23% White
- 4,242 HIV-related deaths: 43% African-American, 28%White, 20%Hispanic/Latino
- 56% of the HIV-related deaths were people living in the South

GEOGRAPHIC SOUTH HIV CHALLENGES



- Gap of knowledge in South concerning HIV status among highest in country
- In 2022, 14 out of every 100 people \geq 13 years old were unaware of their status
- South had the highest rate of poverty and lowest median household income
- Rate of diagnoses of those \geq 13 years old: 18.2 (per 100k) – highest in the U.S.
- African-Americans 19% of South pop. – 47% of southern diagnoses
- Hispanic/Latino 18% of South pop. – 26% of southern diagnoses
- White 57% of South pop. – 22% of southern diagnoses

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HCV National CDC Data Highlights

[most current complete data released is from 2022]

- 4,848 reports of new cases of acute HCV infections
- 67,400 people reported having lived with HCV for ≤ 6 months
- 93,805 cases of newly reported chronic HCV
- 12,717 HCV-related deaths reported
- Persons 30-39 years old had the highest rates of acute HCV
- Regions with highest HCV rates: Southern and Eastern
- HCV death rate 2.89 deaths per 100,000
- 65% of newly reported chronic HCV cases were among men
- Highest rates of chronic HCV infections seen in age groups of those 25-45 and 55-70 years
- Rate of newly reported chronic HCV cases highest among non-Hispanic AI/AN persons at 104.8 cases per 100k people

Top 10 HCV Rates Compared to Expanded [2021]

Ten Highest Rates of HCV Infection (2021)

1	Maine	9.8
2	Florida	7.1
3	Louisiana	6.7
4	Delaware	5.8
5	Utah	4.5
6	Kentucky	4.4
7	West Virginia	4.0
8	Tennessee	3.0
9	Indiana	2.6
10	Montana	2.4
National Rate		1.6(per 100K)



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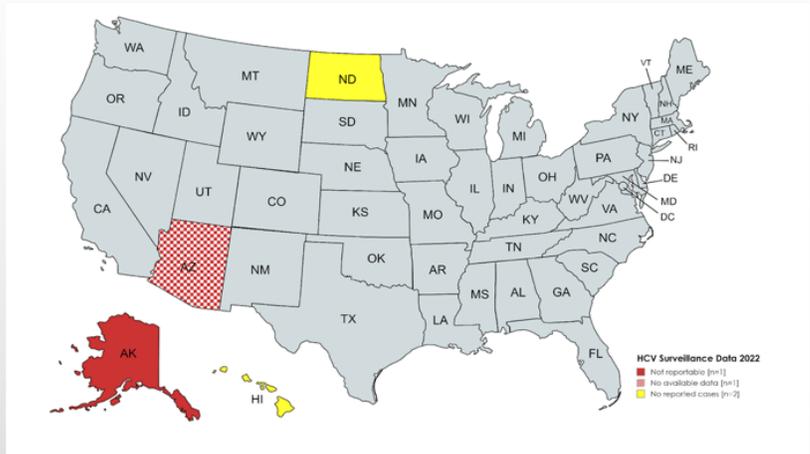
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Top 10 HCV Rates Compared to Expanded [2022]

Ten Highest Rates of HCV Infection (2022)

1	Maine	6.8	
2	Florida	6.6	
3	Utah	5.5	
4	Kentucky	5.2	
5	West Virginia	4.8	
6	Louisiana	3.6	
7	District of Columbia	3.6	
8	Vermont	3.4	
9	Tennessee	2.9	
10	Montana	2.8	
	National Rate	1.5 (per 100,000)	



* 2022 HCV Surveillance Data by State - The Centers for Disease Control and Prevention has not yet published 2023 data

Viral Hepatitis National Strategic Plan Progress 2022 HCV Indicator Highlights

- Reduce estimated new HCV infection by 20% by 2025 - **moving toward but target is not fully met**
- Increase proportion of people who have cleared HCV infection to 58% by 2025 - **annual target met**
- Reduce rate of new acute HCV infections among PWID by 25% by 2025 - **moving toward but target is not fully met**
- Reduce acute HCV infections among American Indian and Alaskan Native people by 30% by 2025 - **moving toward but target has not been met**
- Reduce rate of HCV-related deaths among non-Hispanic African-Americans by 30% by 2025 - **annual target has been met**
- Reduce reported rate of HCV-related deaths by 20% - **annual target met or exceeded**

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ADAP Coverage Trends

April 2024:

- States and Territories offering Expanded Coverage - 44 (AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MO, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, PR, SD, TN, TX, VA, WA, WV, WI, WY, D.C.)
- States and Territories offering only Basic Coverage - 2* (Basic only - AK, SC; No coverage [9] - AS, GU, KS, KY, OH, PW, UT, VI, VT)
- *RI does not offer DAA coverage. It does, however, offer coverage of Pegasys.

Medicaid Coverage Trends

April 2024:

- States offering Expanded Coverage - 50 (and the District of Columbia)
- All states currently offer Expanded Coverage for HCV drugs
- - Medicaid programs quicker to adopt HCV drugs than ADAPs
 - VT ADAP not expanded because of Medicaid expanded coverage
 - Could become a trend in future years
- - States with multiple Managed Care Organization plans are likelier to have plans offering only one or two HCV DAAs
- - Prior authorization, sobriety, and other program requirements continue to serve as a barrier to treatment in many states.
- - New, creative restrictions are developing (past adherence to other prescriptions, prohibition on replacing lost or stolen medication, etc)

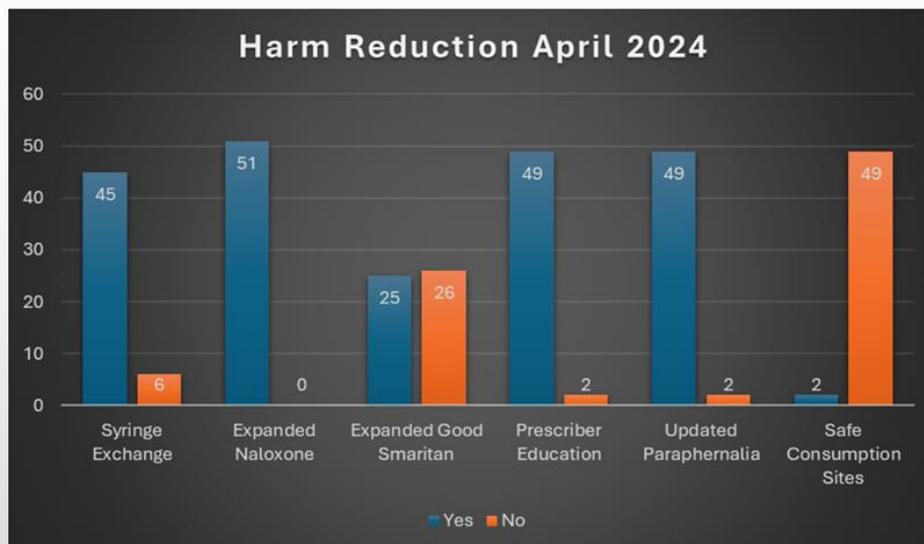
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Harm Reduction Measures 2024



Harm Reduction Trends (2024)

Syringe Services Programs (SSPs) continue to be met with community/official backlash

- Despite longer-running and recent legalization of SSPs in many states and CDC "best practices", local communities continue to voice opposition against SSPs - notably in Idaho, West Virginia, Colorado, Pennsylvania, and even California
- Despite increased support from law enforcement, local counties and municipalities continue to shut down existing SSPs citing dubious reports of increased needle waste, failures to keep adequate exchange records, enabling/"attracting the wrong crowd", and lack of oversight.
- Where banning SSPs has failed, states and localities are introducing new barriers to establishing or maintaining SSPs (i.e. funding, zoning ordinances, licensing requirements)

Biden Administration continues to actively support harm reduction

- The CDC-SAMHSA Harm Reduction Technical Assistance Program aims to strengthen the capacity and improve the performance of SSPs by implementing a national SSP monitoring and evaluation program

State Opioid Response Grants

- SAMHSA & Center for Substance Abuse Treatment accepting applications for grants whose funding is for opioid use disorder and other substance use disorders

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FUNDING CHALLENGES

- Important to obtain more funding for ADAPs
- Federal funding for ADAPs remains flat and in some cases there is a threat of reduction
- Federal funding for CDC HIV prevention and Ryan White HIV/AIDS programs remain flat
- House Republicans are proposing cuts to HIV funding programs
- Only funding increases seen were for EHE initiatives - small and more is needed
- Federal ADAP Earmark funding was only 34% of overall FY2022 ADAP budget
- Rebates comprised 47% of the overall ADAP FY2022 budget
- Most ADAP funding comes from 340B rebates followed by private donations and programming-generated revenue, with smallest portion of funding coming from states
- PLWHA are living longer
- In CY2022 40% of all ADAP clients had incomes at or below 100% of Federal Poverty Level

Policy Considerations

- Harm reduction services are critical for reducing transmission rates of HIV and HCV among high-risk populations
- Increased support and proper implementation of harm reduction strategies can lead to better health outcomes and reduced healthcare costs
- Promote comprehensive training and education for healthcare providers on harm reduction and integrated care approaches
- Encourage partnerships between public health professionals, community organizations, and policymakers to enhance coordination of care
- Implement policies that expand ADAP wrap-around services to cover insured clients more comprehensively
- Advocate for removal of regional policies that hinder access to care
- Continue to push for state-level reforms that align with federal recommendations on HIV/HCV treatment and prevention

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