

# Getting to Zero San Francisco Consortium

*Zero new HIV infections*

*Zero HIV deaths*

*Zero stigma and discrimination*



# Agenda

1. Welcome
2. Legislative, Budget & Policy Update, Q&A
3. 2018 HIV Epidemiology Annual Report, Q&A
4. Panel & Community Discussion: *Promoting Latinx Health and Social Justice: Addressing Disparities in HIV Prevention and Care for U.S. Born & Foreign Born Latinx*



# Policy Update

Courtney Mulhern-Pearson

September 26, 2019

## 2019 state legislative update

- **AB 362 – Overdose prevention sites (co-sponsor)**
  - Would allow San Francisco pilot overdose prevention sites and save lives by preventing overdose and the transmission of HIV and hepatitis C. The authors have decided to leave this bill open until next year.
- **SB 159 – Expand access to PrEP and PEP (co-sponsor)**
  - Would allow pharmacists to initiate and furnish specified amounts of PrEP & PEP and prohibits plans and insurers from subjecting them to prior authorization and step therapy
  - Currently on the Governor's desk.
- **SB 233 – Sex worker rights (support)**
  - Would prohibit the arrest of persons in the sex trade who are reporting sexual assault, domestic violence and other violent crimes, or who are in possession of condoms.
  - Signed by Governor Newsom 7/30/2019.

## 2019 state budget focus

- State level - requested \$20 million each for HIV, HCV & STD prevention and \$2 million establish an End the Epidemics task force and create an integrated strategic plan to coordinate the state's response to HIV, HCV and STDs
  - Signed budget included \$5 million in ongoing funding for each no dedicated funding for a task force, advocates are continuing to meet with the Governor on next steps
- SFAF also supported the \$15.2 million ask for care navigators at syringe access programs, to reach people who use drugs and assist them with linkage to health care services, increasing the number of people who are able to benefit from medication assisted treatment such as methadone and buprenorphine as well as HIV and HCV testing and linkage to care
  - Fully funded in the signed budget

## 2019 local budget update

- Full backfill for all federal HIV cuts
- A little more than 2% or \$66,000 included for a cost of doing business increase for grant funded contracts
- \$1 million for seniors and adults with disabilities and \$1 million for subsidies specifically for people with HIV
- \$2 million to fund a two-year pilot program to provide housing subsidies for 75 transgender households.
- \$500,000 for enhanced mental health services for long term survivors of HIV
- Unsuccessful in securing funding to pilot overdose prevention services

## 2019 public charge rule

- Published August 14, 2019, the Department of Homeland Security (DHS) rule expands the list of public programs that they may use to determine whether someone is, or is likely to be, a “public charge.”
  - An individual deemed likely to become a public charge can be denied individual entry to the U.S. or have their legal permanent resident status adjusted.
- The new rule also allows U.S. Citizenship and Immigration Services (USCIS) to deem an immigrant “inadmissible on a health-related ground” for a variety of illnesses that often impact people living with and affected by HIV.

## 2019 public charge rule

- Use of these programs — even for limited periods of time — may be considered in a public charge determination:
  - Medicaid (except for those who are under 21 or pregnant women)
  - Some income-based Medicare programs, including Medicare Part D Low-Income Subsidy Program
  - Section 8 Housing Assistance under the Housing Choice Voucher Program
  - Section 8 Project-Based Rental Assistance
  - Subsidized public housing
  - Supplemental Nutrition Assistance Program (SNAP)
- State, local and tribal funded non-cash programs and Ryan White programs (including the AIDS Drug Assistance Program, or ADAP) are not included in the rule
- The will go into effect on October 15, 2019 unless any of the many lawsuits succeed in delaying implementation.

# National Average Drug Acquisition Cost (NADAC) pricing index issue

- February 2016: CMS published a final rule requiring each state Medicaid Agency to adopt an actual acquisition cost (AAC) based methodology for outpatient drugs
- February 2019: CA implements the CMS' National Average Drug Acquisition Cost (NADAC) pricing index, following a study conducted by Mercer Government Human Services Consulting (Mercer)
  - NADAC is a national drug-pricing benchmark determined by a federal survey representing the national average invoice price for drug products based on actual invoices.
  - NADAC specifically states that “The NADAC equivalency metrics represent aggregate discounts for retail community pharmacies and do not represent aggregate discounts for other classes of pharmacy trade (i.e. specialty mail order, long term care, home infusion, etc.)

## Specialty drugs definition

- CMS defines specialty drugs as any medication that is over \$670, and often includes branded medications intended to provide treatments for disease states such as HIV, mental health, cancer, rheumatology, and hepatitis.
  - These include medications like Abilify, Triumeq, Latuda, Atripla, Truvada, and the Hepatitis C treatments.

## Impact in California

- As of February 23rd, 2019, pharmacies across the state are being reimbursed at lower rates than purchase costs for specialty medications
  - The reimbursement rates have been applied retroactively to April 1, 2017.
- Pharmacies across the state who provide these medications to patients are losing money on every prescription they fill, not only through the direct loss created through purchasing at a higher rate than reimbursement, but also through staff time involved in providing care, and other business overhead expenses.
  - Community based pharmacies are considering discontinuing these services as a result.

## Request for Getting to Zero

- Legislators, community organizations, and individual doctors have all been applying pressure to the Governor's office to halt the NADAC and to create an amendment which would exempt special medications from this current system, and come up with a reimbursement system which would adequately compensate pharmacies for the cost of drug purchases.
- Pharmacists are requesting that Getting to Zero weigh in as this could directly impact our goals of eliminating HIV infections within San Francisco.
  - Specifically they would like Getting to Zero to make a formal request to the San Francisco Board of Supervisors asking that they take a stand on this issue.

San Francisco AIDS Foundation promotes health, wellness, and social justice for communities most impacted by HIV through sexual health and substance use services, advocacy, and community partnerships.





# HIV EPIDEMIOLOGY REPORT 2018

Getting to Zero Consortium Meeting

Alison Hughes, PhD, MPH

September 26, 2019



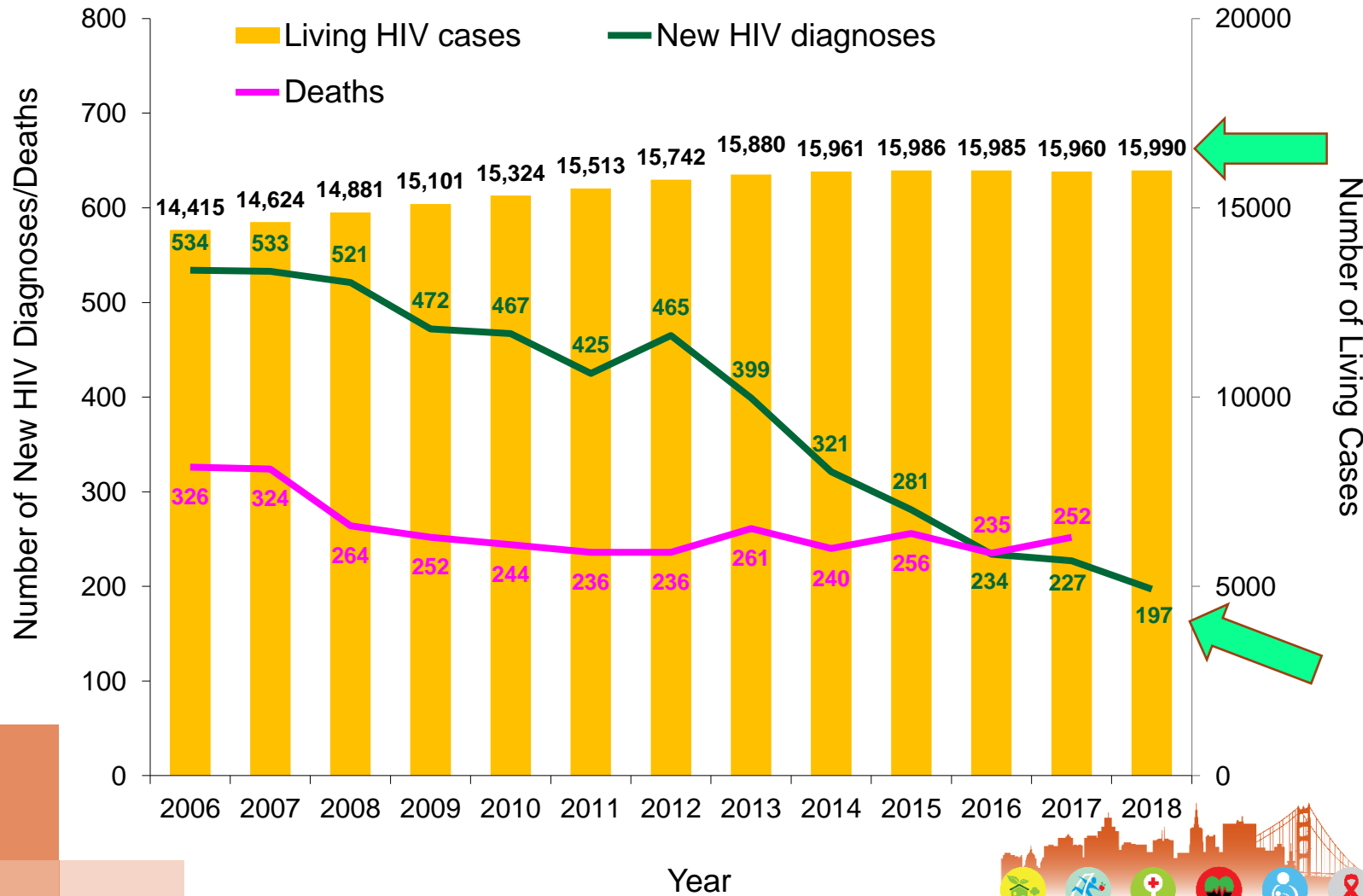
**POPULATION HEALTH DIVISION**  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Outline of Presentation

1. Highlights from the Annual HIV Epidemiology Report
2. Data on Disparities for PLWH
3. Special topics in our report: stigma and PrEP



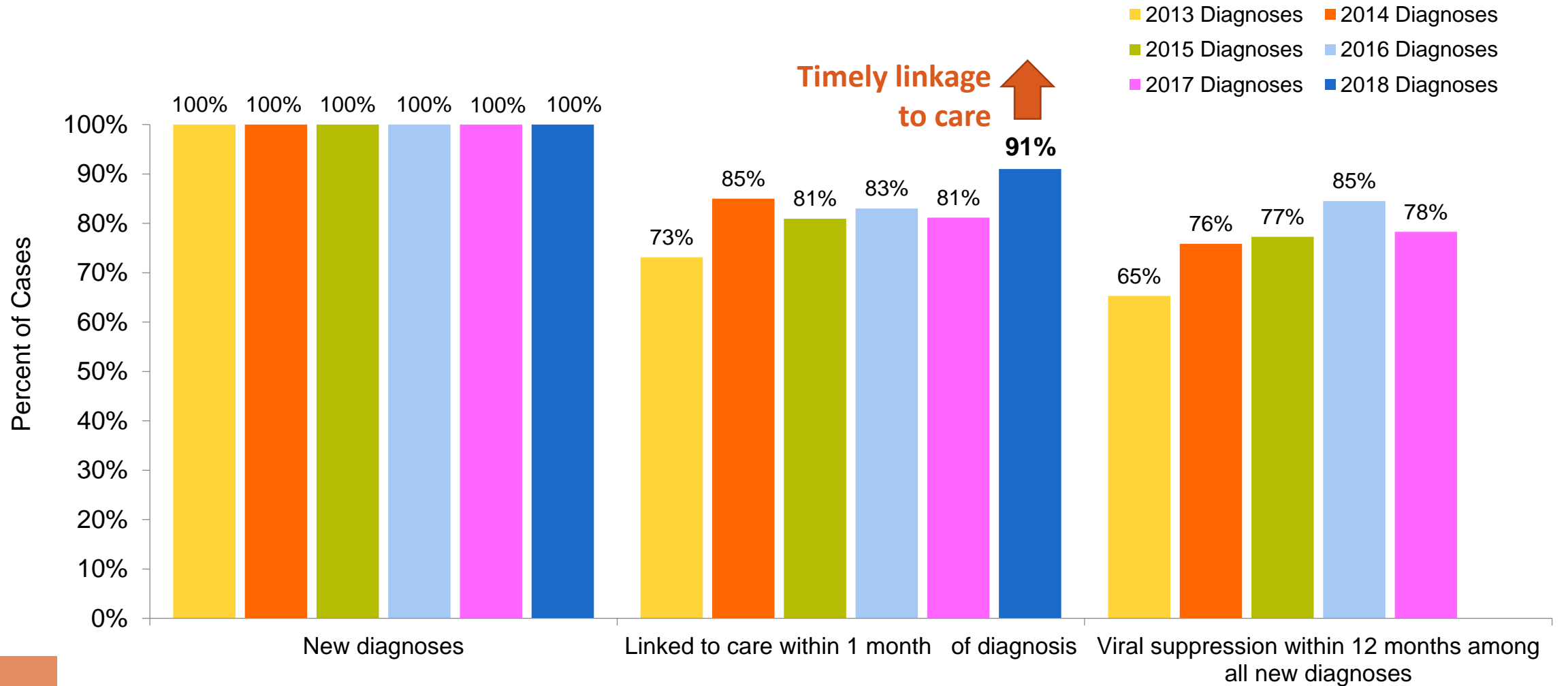
# HIV Diagnoses, Deaths, and Prevalence, 2006-2018



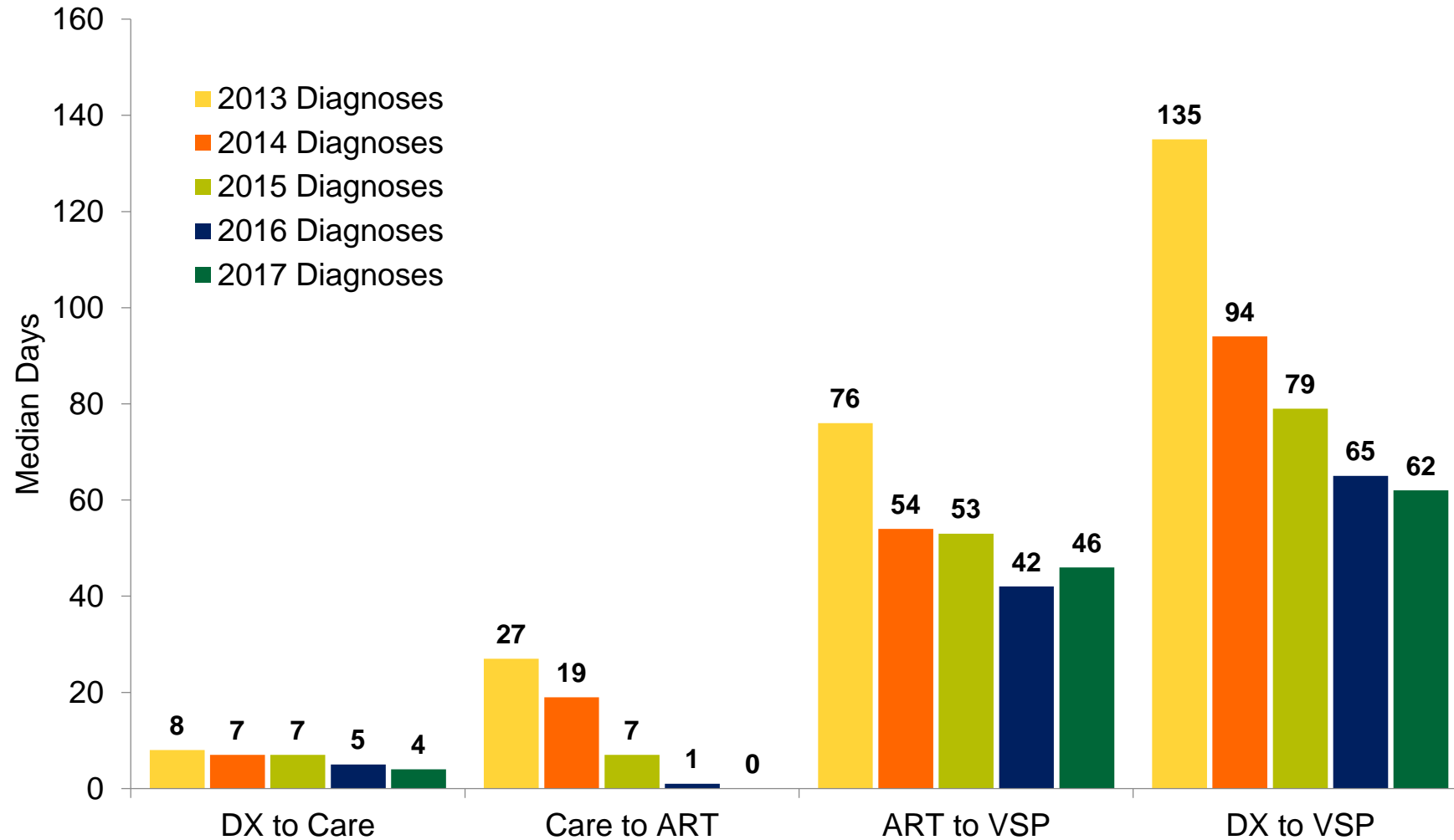
- Overall 94% of PLWH are aware of their HIV status
- New diagnoses **decreased** 13% between 2017-2018
- Nearly 16,000 living HIV cases
- Aging epidemic: 67% of PLWH > 50 years; 30% > 60 years
- No pediatric HIV cases since 2005



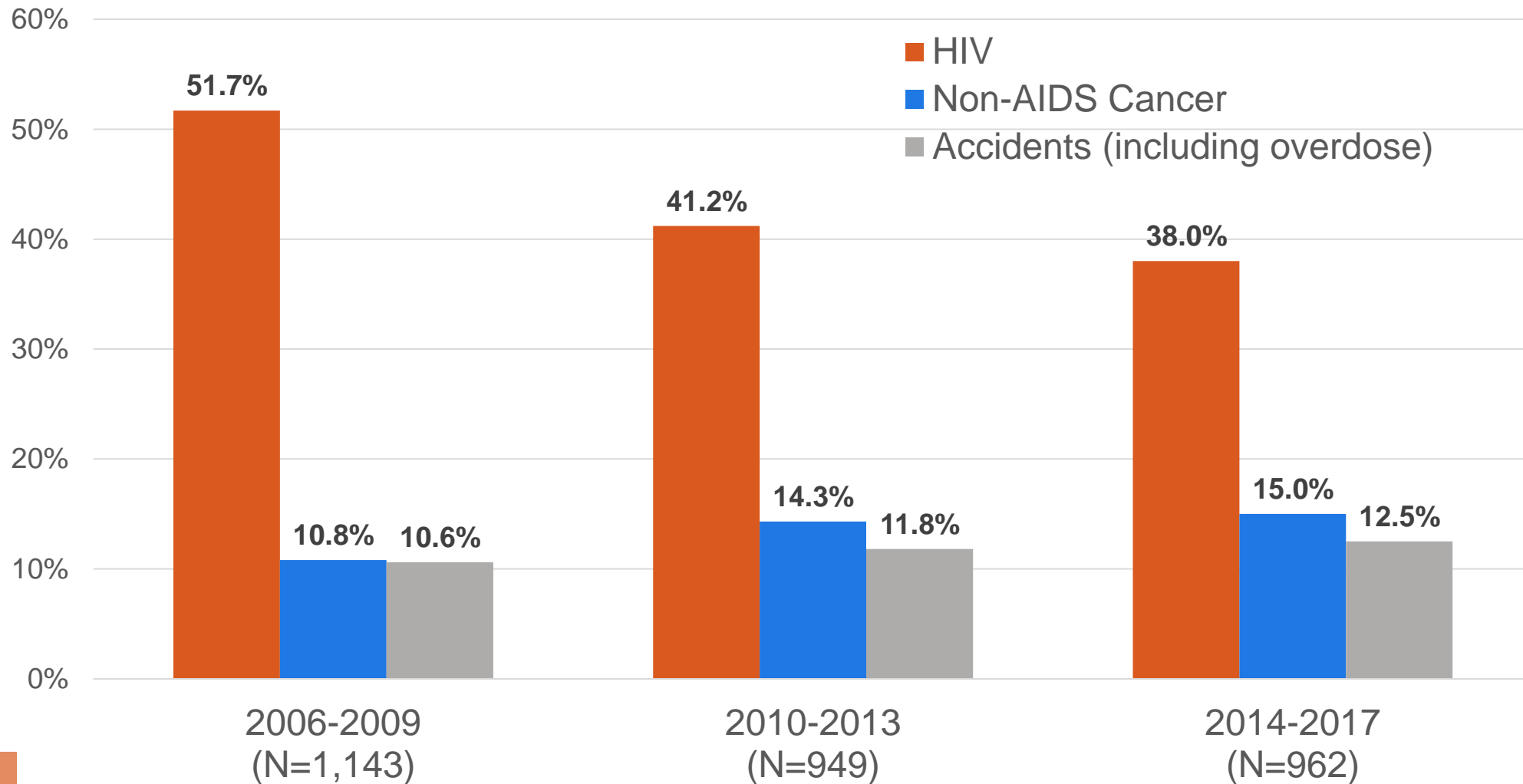
# Continuum of HIV Care among Persons Diagnosed with HIV



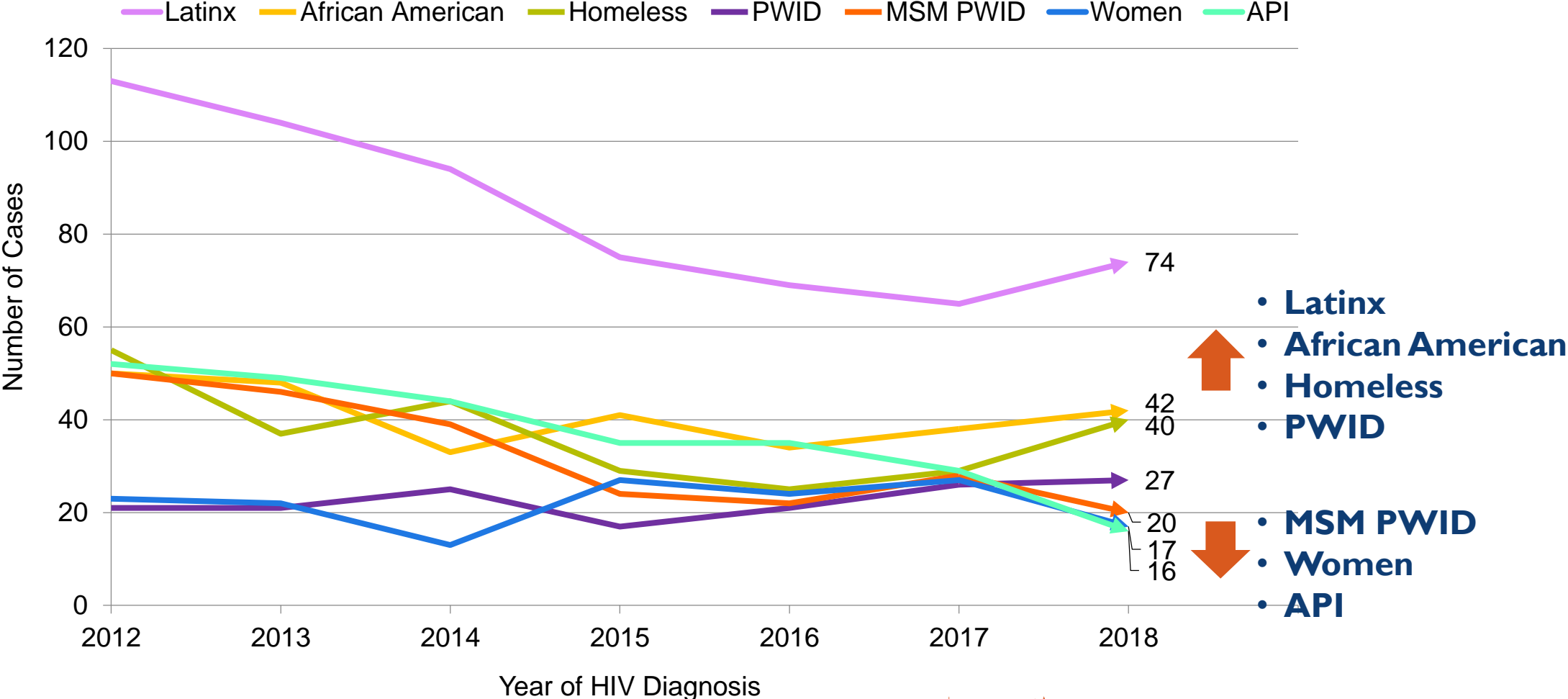
# Faster Time to Care Indicators



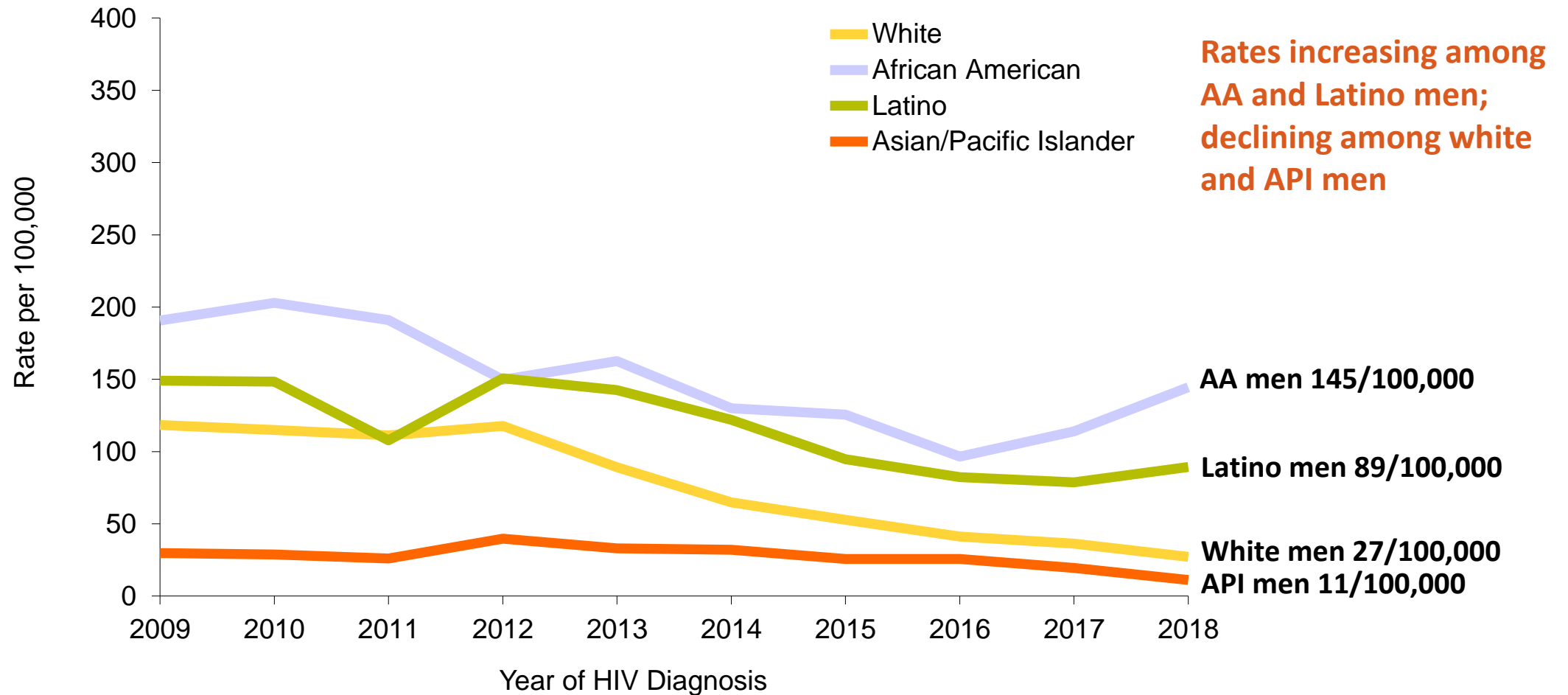
# Top 3 Underlying Causes of Death among Persons with HIV, 2006-2017



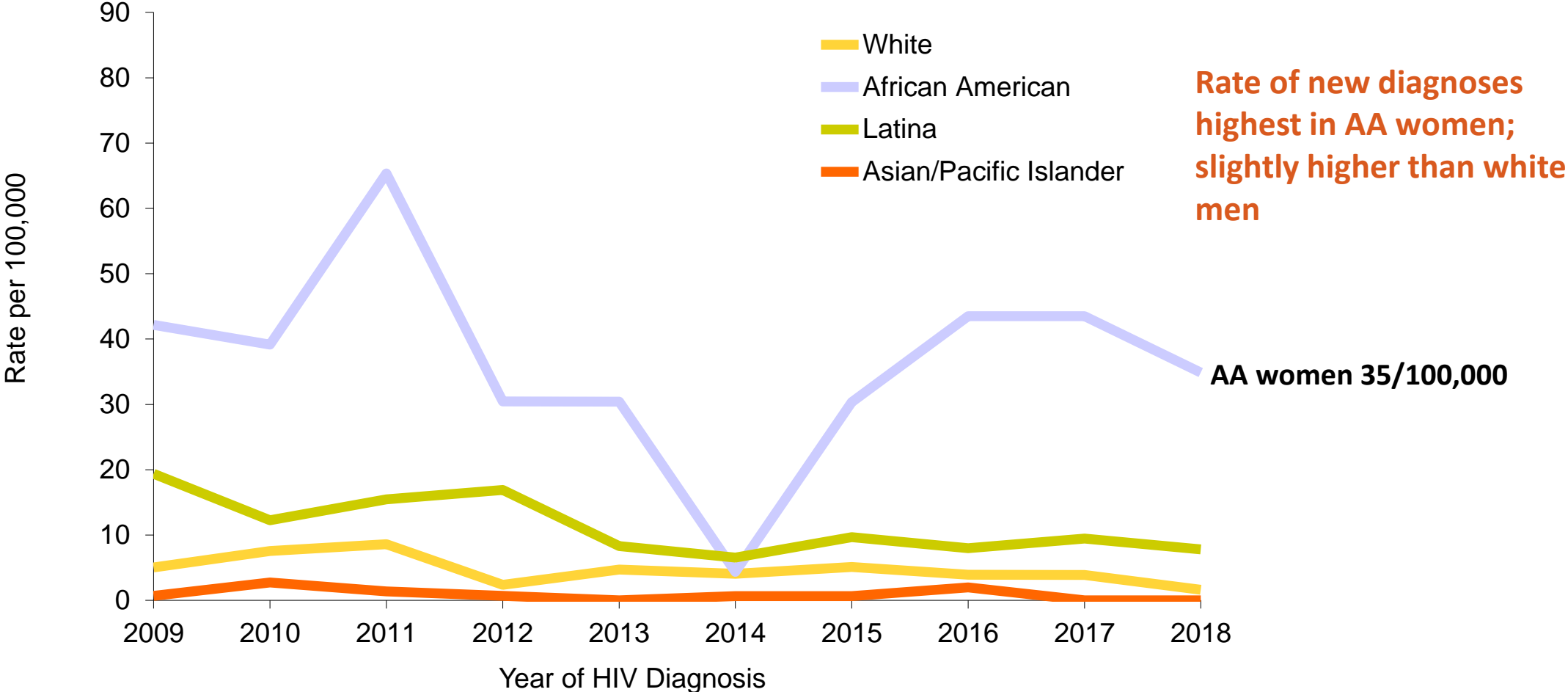
# Number of New Diagnoses by Demographic Characteristics



# Annual Rates of Men Diagnosed with HIV by Race/Ethnicity

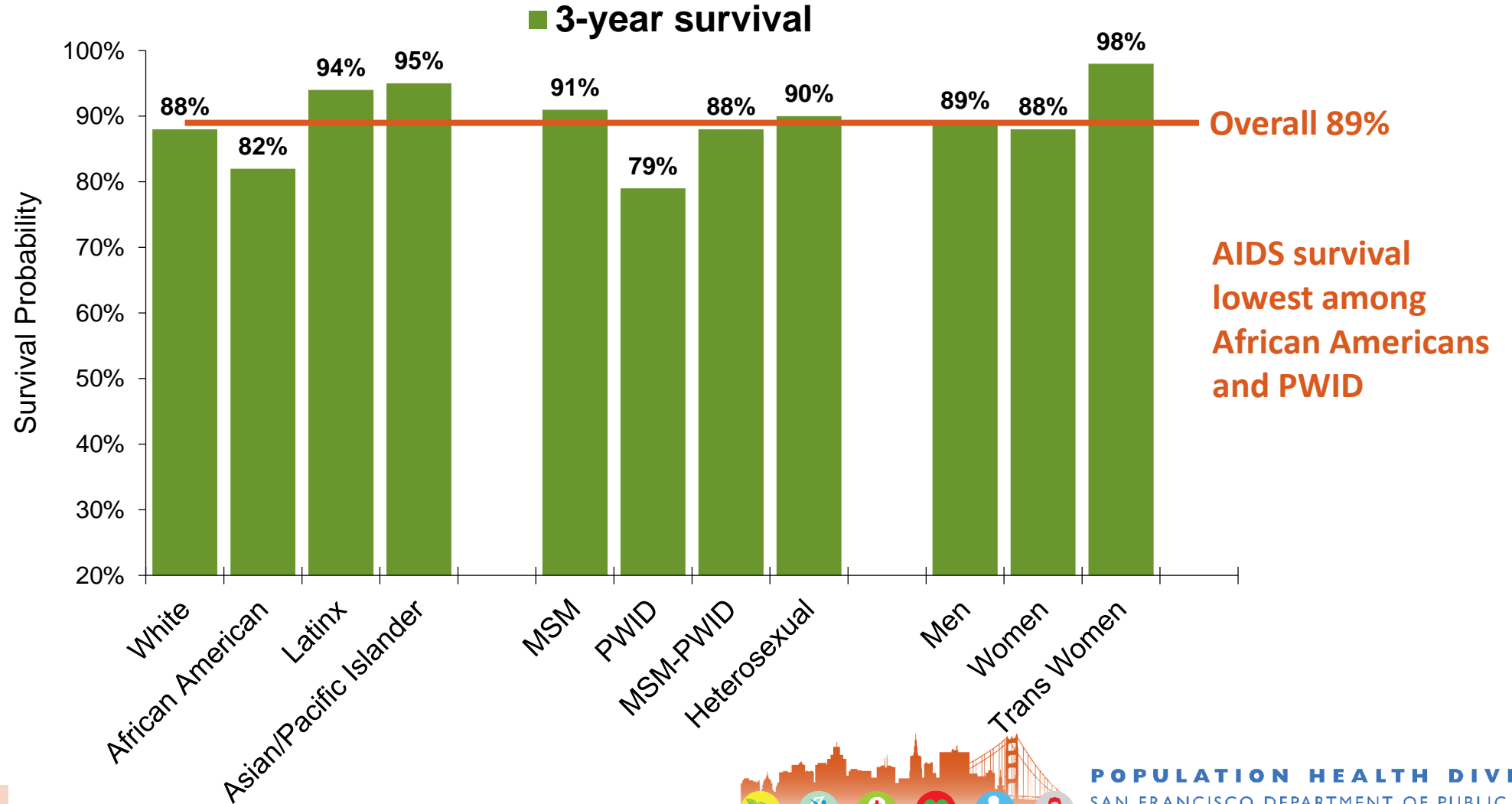


# Annual Rates of Women Diagnosed with HIV by Race/Ethnicity

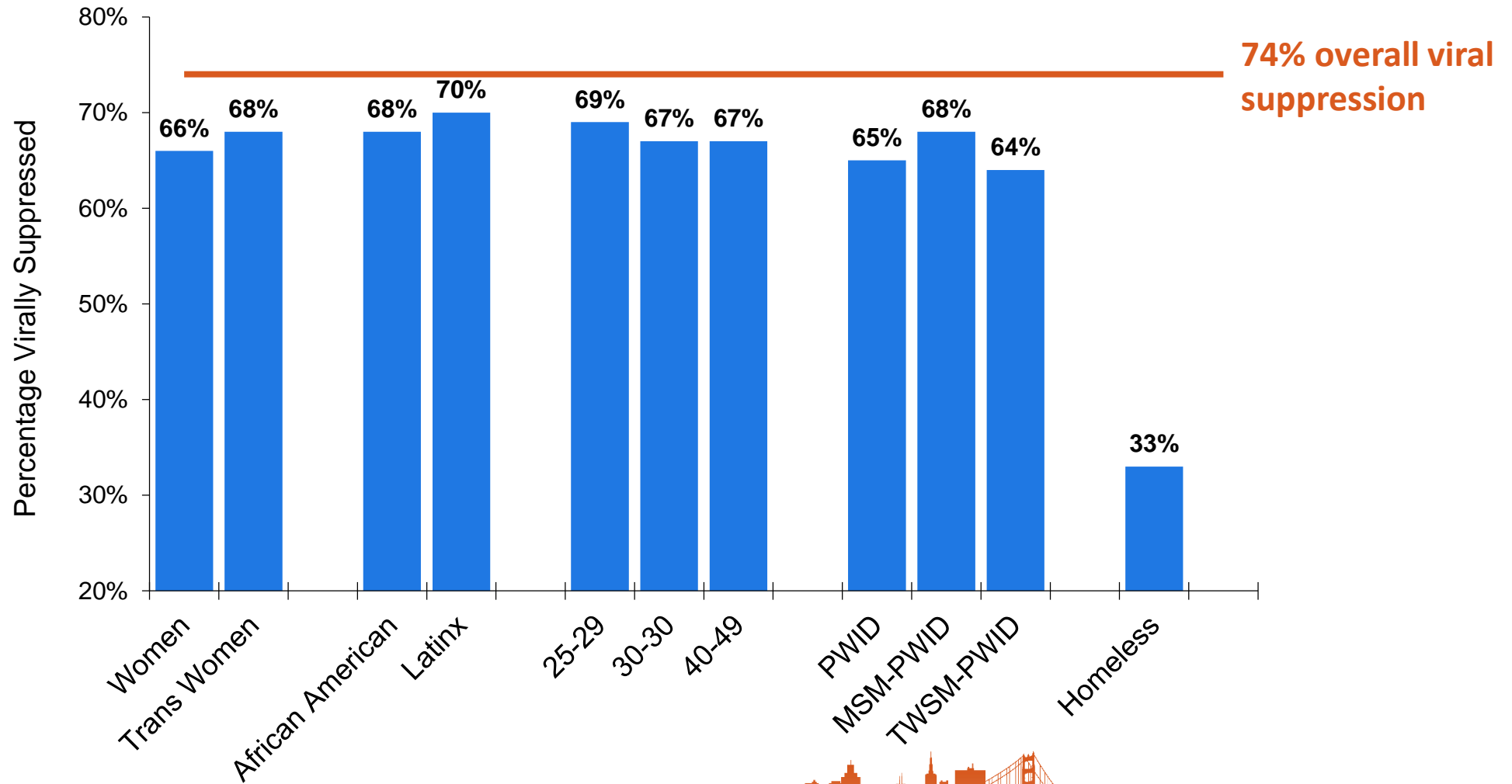


# Health Disparities

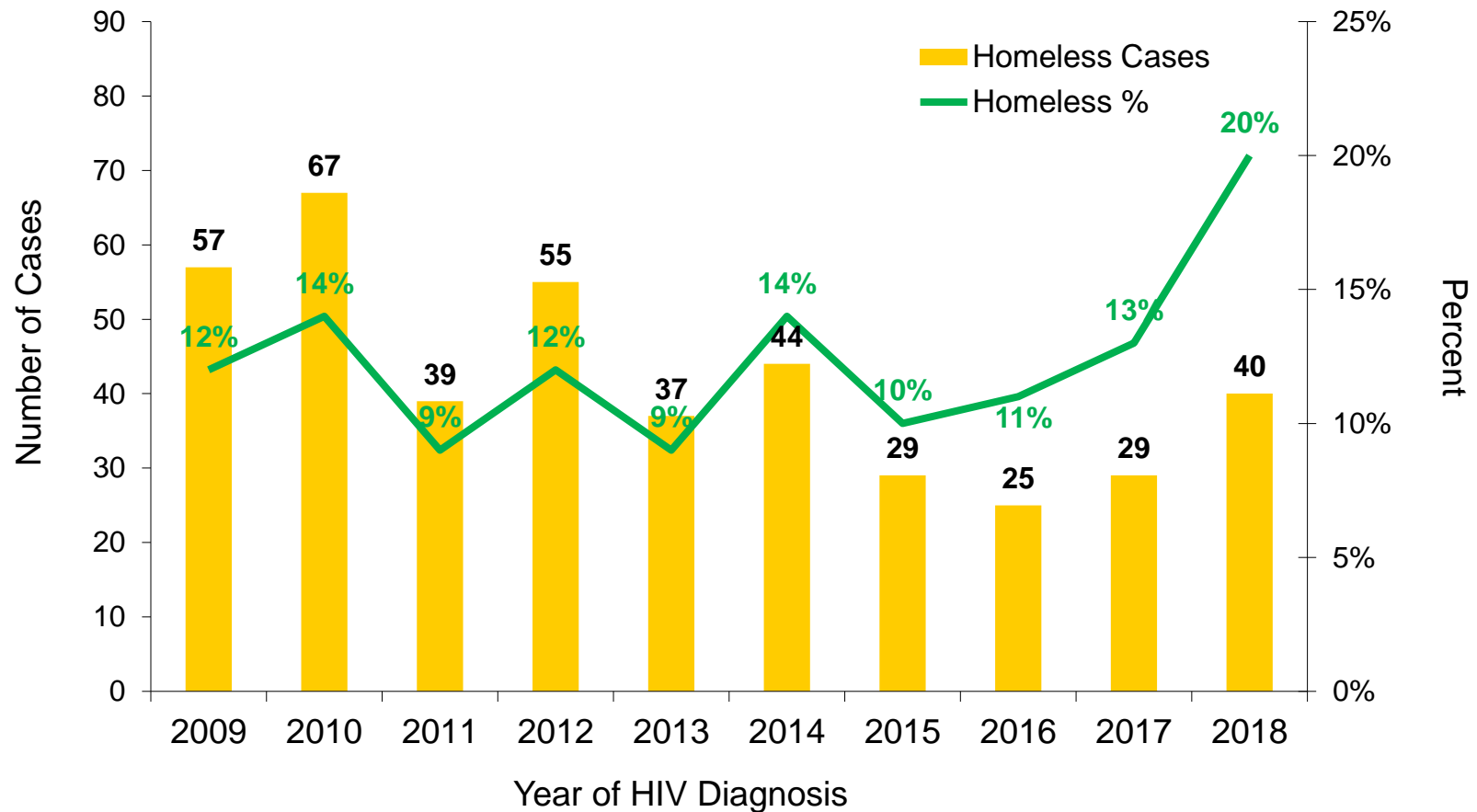
## Survival After AIDS, 2012-2016



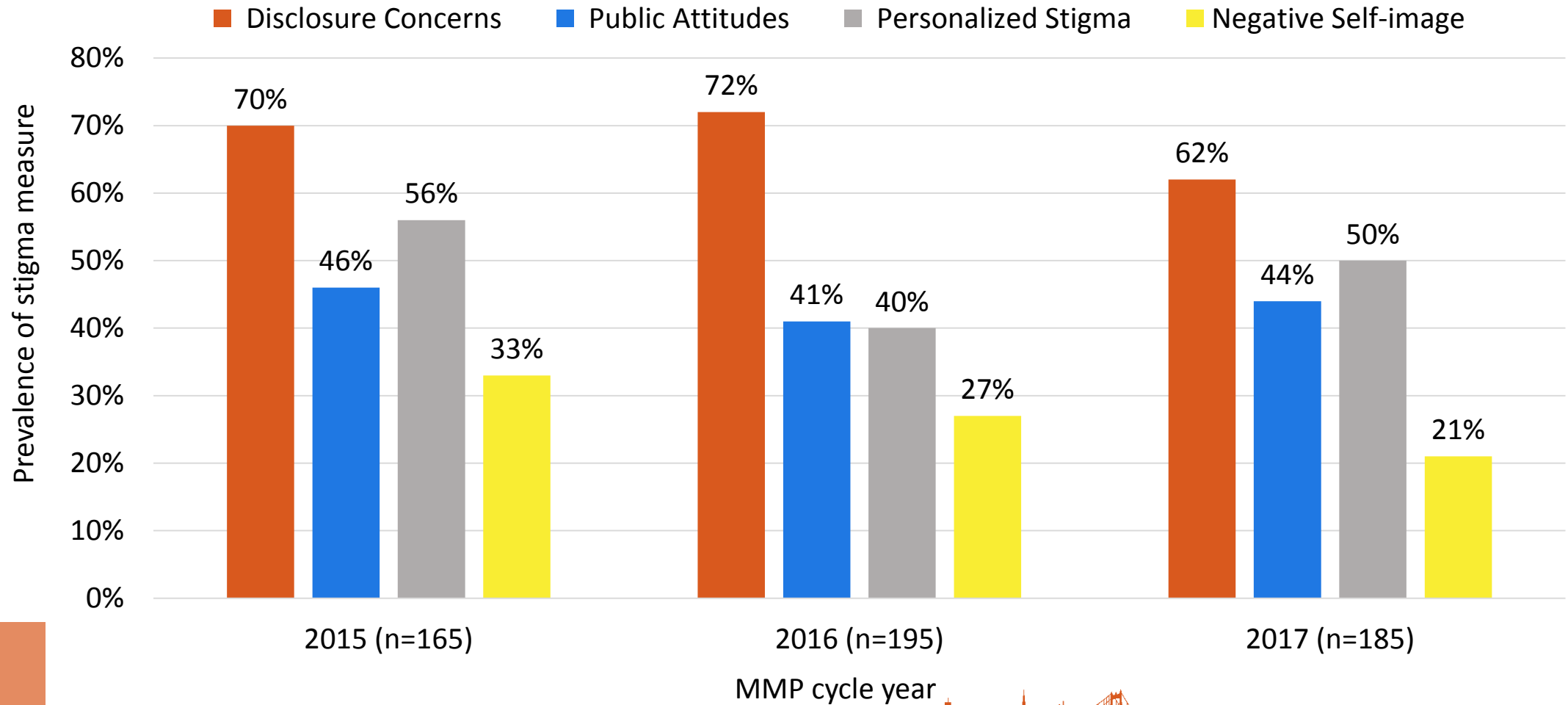
# Disparities in Viral Suppression



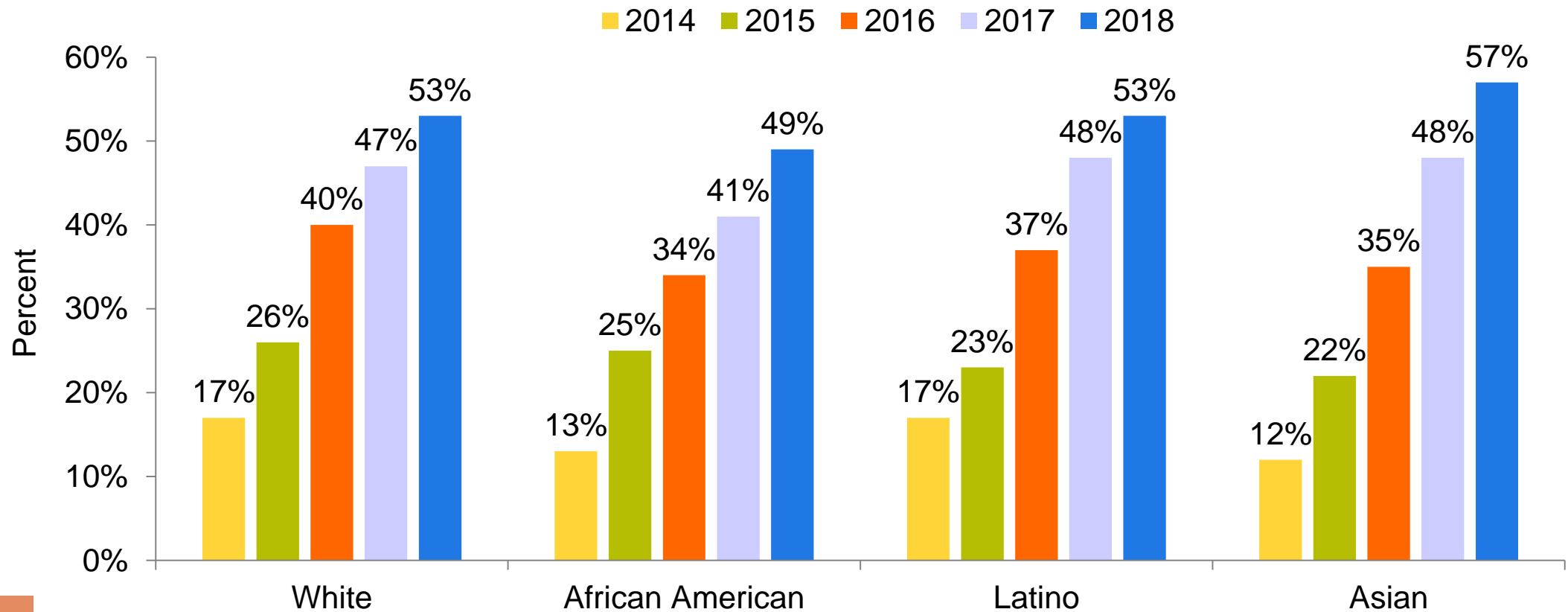
# Number and Percent of Homeless Persons Diagnosed with HIV



# Stigma measures by year



# Proportion of MSM currently on PrEP by race/ethnicity, San Francisco City Clinic patients, 2014-2018.



# Summary

## Trends

- **New diagnoses decreased**  
About 13% reduction in the number of new diagnoses from 2017 to 2018.
- **HIV-related deaths declining**  
Number of HIV-related deaths has declined by 19% from 2013 to 2017.

## Improvement Needed

- **Health disparities persist.**  
Not all San Franciscans are being reached or experiencing the same improvements.
- **Women, trans women, African-Americans, PWID and, in particular, the homeless experiencing many health disparities** including:
  - Disproportionately diagnosed
  - Poorer treatment and care outcomes
  - Poorer survival

## Gaps are Closing

- Disparities are improving
- Care indicators are improving even in demographic groups with relatively poor outcomes

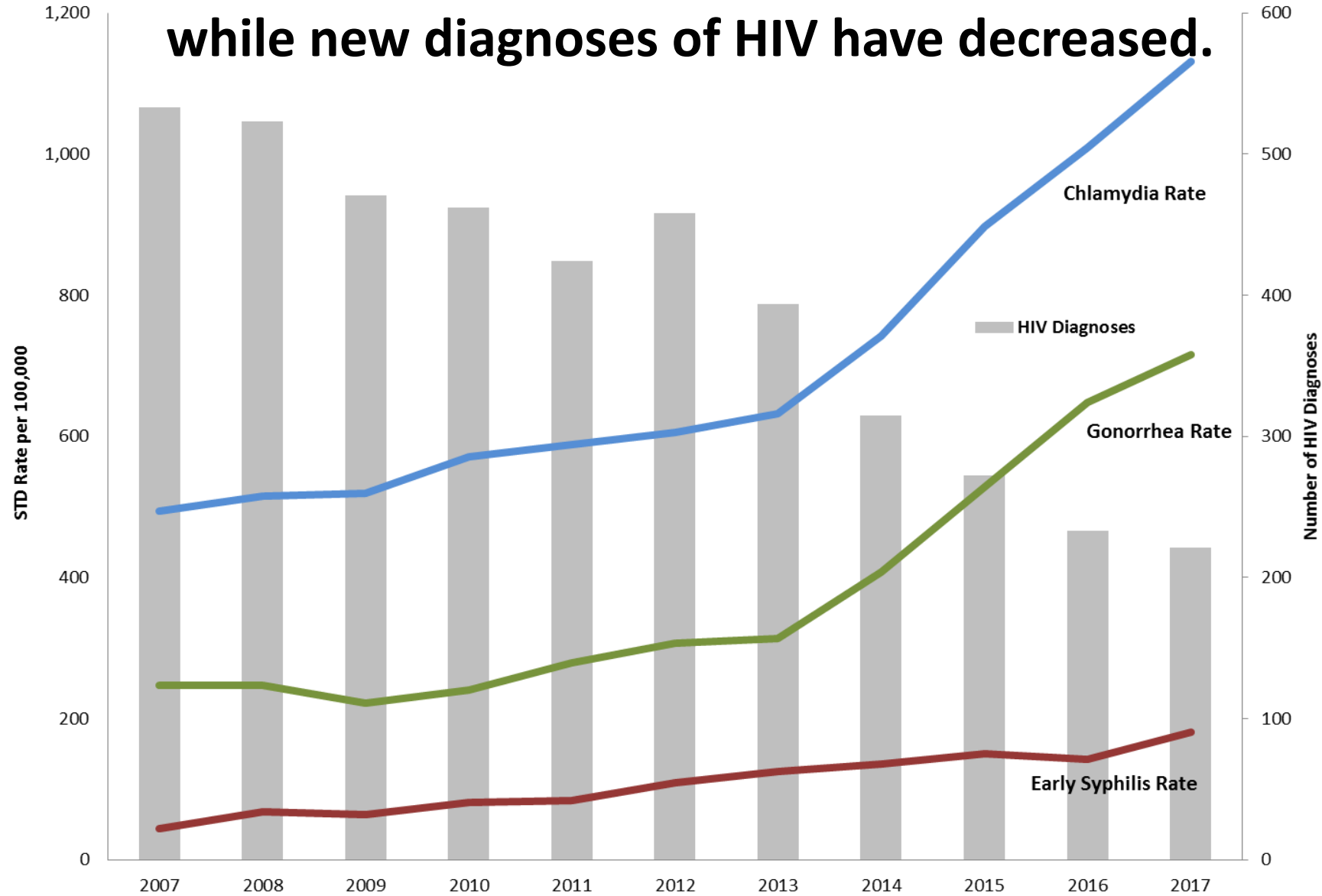


*Promoting Latinx Health and Social Justice: Addressing  
Disparities in HIV Prevention & Care for U.S. Born &  
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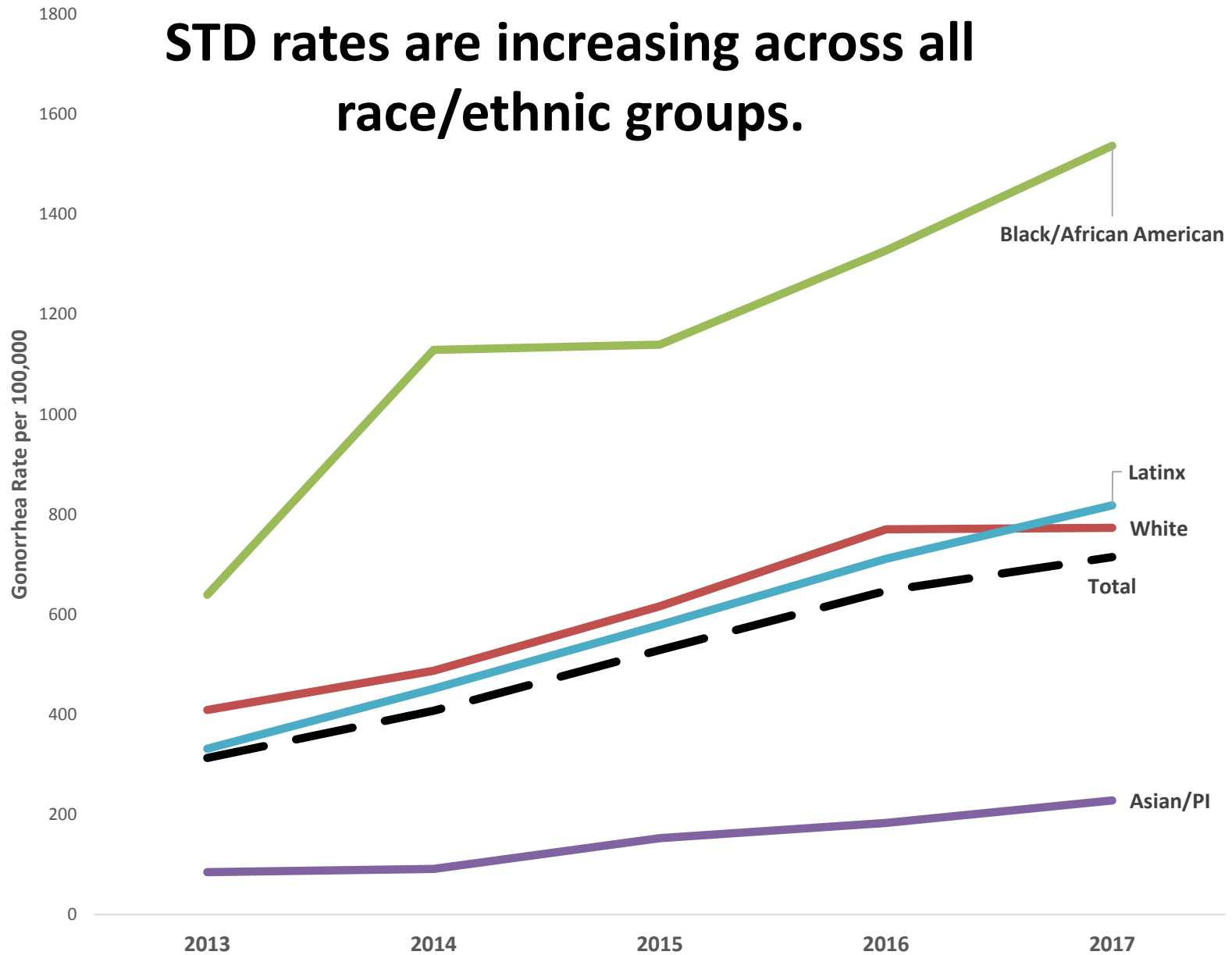
~ Co-Moderators ~

**Jacob Moody**, San Francisco Community Health Center  
**Miguel Ibarra**, UCSF/Zuckerburg General Hospital

# STD rates have increased in San Francisco while new diagnoses of HIV have decreased.



# STD rates are increasing across all race/ethnic groups.

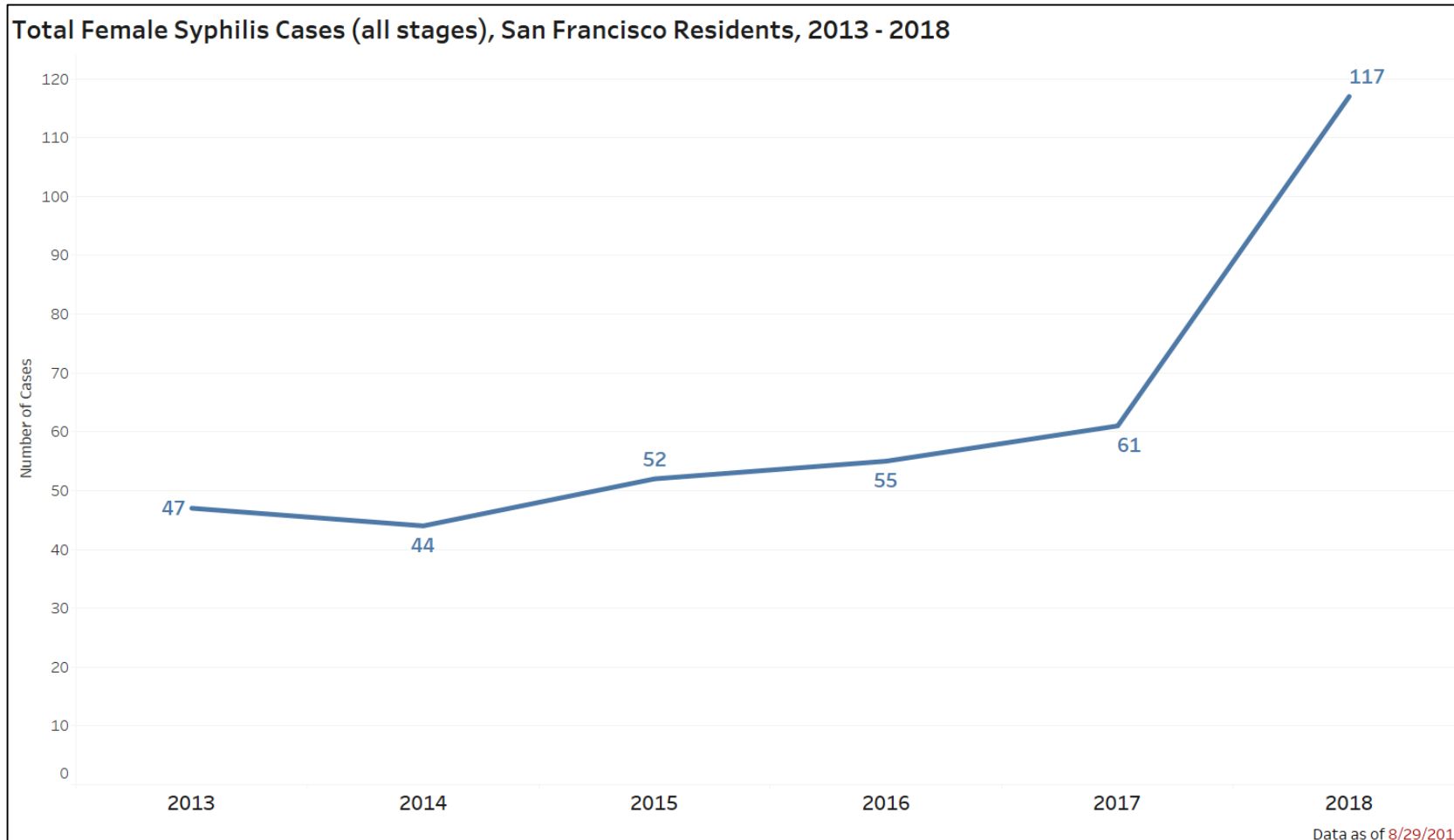


# San Francisco City Clinic is working to support PrEP uptake among persons of color

	SFCC MSM patients not known to be living with HIV, 2018	Demographics of Clients getting PrEP from SFCC as of July 2019
Total Number	3193	771
Male	--	94%
Latinx	26%	35%
Black/AA	10%	9%
White	44%	33%
Asian/PI	17%	19%

A previous analysis showed that 45% of SFCC PrEP clients remained on PrEP after 6 months, with no differences by race/ethnicity

Syphilis among women is increasing in SF, CA, and nationally, resulting in increases in mother-to-child transmission of syphilis (congenital syphilis), which can result in stillbirth and neonatal death.



- Between 2017 and Q2 2019, the proportion of female cases that were:
  - Latina increased from 10% to 19%
  - Black/AA stable at ~30%;
  - White stable at ~27%
  - Asian/PI stable at ~12%

***Promoting Latinx Health and Social Justice:  
Addressing Disparities in HIV Prevention &  
Care for U.S. Born & Foreign Born Latinx***

~ Guest Panelists ~

**John Saucedo**, University of California San Francisco

**Maria Lopez**, Mission Wellness Pharmacy

**Ivan Ramirez**, Mission Neighborhood Health Center

**Juan Pablo Medellin**, Mission Neighborhood Health Center  
former client

**Ana Montano**, AIDS Legal Referral Panel