



Pat Quinn, Governor
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**Illinois AIDS Drug Assistance Program (ADAP)
Medical Issues Advisory Board (MIAB)
January 27, 2010 Meeting Notes**

Board members present: C. Conover, A. Dunmore, S. Feigenholtz, A. Fisher, P. Langehennig, R. Lubelchek, J. Lynn, M. Maginn, J. Maras, B. Max, C. Moody, B. Moran, D. Munar, B. Schechtman, M. Williamson,

Guests: C. Keene, M. LaFond, J. McNamara, G. Metelica, J. Peller, G. Rigoni, N. Roy,
Illinois Department of Public Health (IDPH) Staff: J. Burns, M. Charles, L. Kasebier

Dr. Jeffrey Maras called the meeting to order at 11:10. Dr. Maras welcomed attendees and explained the format for the meeting. Guests were in the audience and by telephone, in accordance to the open meeting act. Guests were asked to hold questions until the end of the meeting. The board members began with introductions.

The first topic on the agenda was the review and discussion of the mission statement for the ADAP MIAB. The board reviewed the sample mission statement presented by Dr. Maras and discussed additions and changes. Much discussion focused on broadening the mission statement to include more than just medical issues and adding program requirements, eligibility, utilization, access, and program management. Dr. Maras shared that expansion of mission would be considered with the understanding that the board was advisory in nature to the Department of Public Health and changes to the scopes for the board would be ultimately to the discretion of the Department.

Dr. Maras made a motion to form a subcommittee to review the mission statement and bylaws. The subcommittee recommendations would be reviewed by IDPH and then presented to the MIAB at the next meeting.

Agree to form a subcommittee: All

Disagree to form a subcommittee: None

Abstain from the vote: None

The board member volunteers for the subcommittee to review the mission statement and bylaws were: S. Feigenholtz, P. Langehennig, J. Maras, B. Moran, and D. Munar. Other volunteers: J. Burns.

Dr. Maras reviewed the paperwork each board member needs to complete. The documentation includes the board membership form and the financial interest inventory statement. All board members will also need to complete ethics training annually. Dr. Maras will advise the board when the training information is available.

Dr. Maras reviewed the current status of ADAP. ADAP staff monitors closely the status and utilization of services and provides weekly updates to IDPH administration. ADAP has been growing at approximately 0.25% monthly or 105 eligible clients per month and showing no signs of decreasing.

- October 2009: 4,100 clients served at a cost of \$4 million
- November 2009: 4,025 clients served at a cost of \$4.1 million
- December 2009: 4,220 clients served at a cost of \$4.4 million

The Ryan White fiscal year is April 1 to March 31. ADAP receives both federal funds through the Ryan White grant and State general revenue funds (GRF). The federal award for the current fiscal year for drugs and dispensing fees is approximately \$27.5 million. The federal portion of the award was expended by the beginning of November. All expenditures since have been on GRF, which projections indicated would be totally expended mid-January. ADAP hit the projections and GRF was expended. The Department was able to negotiate with the Governor's office and received additional GRF to get through the end of the fiscal year, March 31, 2010. The additional GRF included: \$3.5 million from the Governor's discretionary fund and an additional \$4 million in spending authority for a total of \$7.5 million. An additional \$1.8 million is available if needed, totally an additional \$5.8 million beyond the \$3.5 million from Governor's discretionary fund. ADAP needs to keep expenditures within \$4.7 million a month.

The ADAP Unit made several recommendations for options of cost containment measures to administration and the legislature. The Ryan White federal funder, U.S. Department of Health and Human Services Health Services Resources Administration (HRSA), conducted a site visit last year and recommended ADAP lower the federal poverty level (FPL) from 500% to 300%. The current FPL for a household size of one at 100% is \$10,830, 200% is 21,660, 300% is \$32,490, 400% is \$43,320, and 500% is \$54,150. The FPL increases by \$3,740 for each additional household family member.

Dr. Maras then reviewed the formulary and the ADAP project costs based on the formulary report. The board requested additional information for the projected costs report.

- Include drug costs
- Generic drug availability
- FPL
- Dollar amount towards cap

The board requested additional information to address the cost containment issue.

- Time frame for cost containment to be implemented
- What impact cost containment measures will have on State programs
- Steps HRSA is taking to help states manage ADAP growth
- The FY2010 ADAP grant award amount and State GRF amount
- Pro's and con's of cost containment, including benefit, impact, alternatives
- Create scenarios based on amount of funding

Dr. Conover volunteered to organize a conference call with the medical providers and Dr. Maras to gather input on projected costs chart and formulary.

The next ADAP MIAB meeting is February 22, 2010 from 1 to 4 p.m. The location will be announced.

M. Maginn made a motion to adjourn and S. Feigenholtz seconded. The meeting adjourned at approximately 1:45 p.m.