



Pat Quinn, Governor
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**Illinois AIDS Drug Assistance Program (ADAP)
Medical Issues Advisory Board (MIAB)
July 16, 2010 Meeting Notes**

Board members present: C. Blum, S. Feigenholtz, A. Fisher, G. Harris, P. Langehennig, J. Lynn, M. Maginn, J. Maras, B. Max, P. Moss-Jones, R. Rivero, S. Tear, M. Williamson

Excused: C. Conover, E. Noel, D. Munar, B. Schechtman, R. Lubelchek, B. Moran, D. Graham

Unexcused: S. Dolan, D. Berger

Illinois Department of Public Health (IDPH) Staff: M. Charles

Guests were in attendance both in person and by phone.

Dr. Jeffrey Maras called the meeting to order at 1:00. 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 meeting began with roll call of board members.

The minutes from May 21, 2010, were reviewed and with the addition of Michael Maginn as present at the last meeting were:

Motion to approve: R. Rivero

Second: M. Maginn

Agree to approve with revision: All

Disagree: None

Abstain: None

Dr. Maras indicated that minutes were present on the Illinois HIV Care Connect Web site within a week from being approved. In addition, minutes and agenda from past meetings are historically held on the website.

The first topic on the agenda was to welcome new board member, Dr. Corinne Blum, CDPH. She is assuming the position vacated by O. Torres, who has moved to Florida.

Old Business

Dr. Maras then proceeded to old business. Term limits have been randomly selected and distributed to each board member to assure an eventual three year term for board members and staggered turnover. Board member's terms were presented at the meeting.

Dr. Maras indicated that another consumer was being contacted to participate on the board.

New Business

MATEC presentation was provided by Michelle Agnoli, RN, BSN, ACRN, Clinical Program Coordinator of MATEC. She had slides showing the site visit on ADAP clients medical files in

2008-2009. The sites chosen are on a rotating basis that was initiated by IDPH. MATEC has offered Medical TA to sites but the Department has not in the past required response or correction action plans based on the visit. Dr. Maras wants this year to close that gap and ask for written responses and plan of action to any of the monitoring findings. The site visits posed questions regarding prescribing practices, and whether the survey is reviewing or asking the right questions. The Medical Issues Subcommittee was interested in reviewing the site visit tool with Michelle and Dr. Maras. Some issues identified could positively affect "Cost Containment" if altered. Multiple drug regimes dispensed in one month and changing medications without previous resistance testing were two areas of concern. Of the files reviewed that had a change in medication, 45% had no resistance testing.

Question was posed about redispensing drugs when regime changes occurred. Dr. Maras indicated that State and Federal law prohibited that from occurring.

ADAP Status update was provided by Dr. Maras. June enrollment in ADAP was 5,919 enrolled, 4,346 clients were served either through direct drug provision or through copayments. This was the first month that clients served stayed the same as previous month. Insurance copay, dropped from May \$83,000 to June \$76,000. There were 133 new clients in June and 448 clients were reapproved. Only 12 clients were denied. Dr. Maras indicated that while these numbers were positive the board should continue to review appropriate cost containment measures.

Budget SFY2011-Matt Charles shared that ADAP is projected to receive roughly \$18 million dollars. The final state appropriation has not been finalized by the Department. It was noted that even if ADAP receives the projected \$18 million in state general revenue, there is an anticipated \$1.9 million dollar shortfall for federal fiscal 2010 for ADAP.

NASTAD Conference- Twelve states have waiting lists that include 2,291 individuals. Obama announced the release of \$25M infusion to national ADAPs when the need requested as \$128M leaving a \$103M deficit. The supplement money will be based on competitive grant applications due July 26, 2010. The methodology for funding includes two tiers.

- Tier I-States with a current wait list will be first considered. Their application must indicate how they plan to avoid future wait-lists for the next 12 month process.
- Tier II-States that have instituted cost containment measures and potentially may have to go to a wait-list, but have not instituted by July 8, 2010. Their application must show how this funding and planning is in place to avoid future wait list for stated states.

Dr. Maras indicated in the ADAP Staff-update that another vacancy occurred leaving three positions vacant in ADAP. Currently ADAP is working with Dr. Maras, Bob Whitmore and Judy Eihausen and other HIV/AIDS staff assisting when they can. Due to the confidentiality and specific requirements of the jobs, things may be temporarily slower. Increase in processing will start Oct. 1 as both Oct. 1, 2009 reapplications are due and the new six month reapplication process that started April 1st, 2010 will occur.

Dr. Langehennig suggested that due to the low staff the board should speak up and make a recommendation about not applying for the new ADAP funds. Since Illinois is not in Tier 1 but

Tier 2 it is unlikely that Illinois will receive significant funding from the \$25M. The pressure point for the state is if any of the supplements is awarded to Illinois the state must commit all of its Part B supplement to ADAP, which last year was \$1.2M. The Department has prior commitments for all Part B Supplement and feared committing that level of funding when there is a possibility that only a small fraction of funding will be realized by ADAP due to being in Tier 2.

P Langehennig Moved that Illinois ADAP not devote time to applying for the new grant that needs to be in by July 22, 2010.

S. Feigenholtz seconded

Vote yes: All in favor

Abstain: None

No: None

Dr. Maras asked committee to look at next steps for protocol for sustainability option-crafting criteria for recommendations regarding:

- i. FPL
- ii. Cap enrollment size
- iii. Waiting List (Medical Criteria vs. First Come First Served)

Charts requested by the board were shared to demonstrate the current federal poverty level of clients enrolled in ADAP. Other charts showed the number of months ADAP client's access medication and the impact in numbers of clients that would be affected at an FPL of 300, 350 and 400. Dr. Maras offered to prepare additional charts on request.

Discussion followed about waiting lists and medical criteria vs. FCFS. It was recommended that someone from Florida, a state that had moved to using Medical Criteria to move people off their waiting list should share their experience with the board. The medical advisory subcommittee wanted to hear the problems and situations that Florida had encountered. Dr. Maras said that he would see what was possible.

Open to other points from Board:

Medco-One board member asked if there had been any progress with the Medco insurance concerns. Board member indicated that Michigan had made some arrangement with Medco. Dr. Maras addressed this saying that Michigan was a rebate state while Illinois is a direct purchase state. This is a problem with Medco. Discussions were close in March but the State and Medco could not come to an agreement. Senior administration, M. Charles and Rep. Harris have a meeting with Medco next week to resume discussions. Illinois is looking at Tennessee, Missouri, Ohio, and Hawaii models which are dual states or hybrid states.

Norvir Tablet vs. Capsule- Discussion occurred regarding the discounted cost of Norvir capsules currently. Dr. Maras said he was working with Abbott Drugs and CVS to confirm that the capsules would continue to be low cost and then the board could discuss the addition of the capsule format to the formulary. The removal was based on old cost/capsule and the fact that the capsule required refrigeration, at that time the move to tablets was cost neutral. Discussion will occur based on the most cost effective method of dispensing this medication.

3:40 p.m.

Guests Comments:

- Guest expressed concern that the time left for guest comments-Web site was provided to share decisions previously made by the board
- Guest questioned the RFP process for ADAP as it pertains to contracted pharmacy. Dr. Maras discussed the competitive bid process and that the last completion was competitive and met with state requirements.
- How the Formulary reduction was decided was raised by a guest. Dr. Maras discussed the process for changes in the formulary. The criteria were utilization and if other drugs were on the formulary to work in place of other drugs.
- Application process was explained and when active clients were closed due to failure to reapply in a stated time frame.
- One guest wanted to tell the board (legislators, department staff, board members and consumers) “good job” in dealing with the budget shortage.
- Board explained that they could not lobby and left those issues to guests of lobby groups to follow through. Board members can recommend and support activities of the department but not “lobby” as a group.
- Undocumented workers have not been removed from eligibility for ADAP services.

Adjourned: 4:15 p.m.

Next Meeting September 17th, 2010, 1-4 p.m., location to be announced.