



Department of Health
 2021-23 Regular Budget Session
 Policy Level - P9 - COVID-19: Support HIV Clients

Agency Recommendation Summary

The Department of Health (DOH) requests additional local spending authority to comply with the federal Ryan White Care Act requirement to reinvest pharmaceutical drug rebate revenue it receives through its AIDS Drug Assistance Program into currently funded and allowable services supporting those living with HIV/AIDS. DOH will use this additional authority to meet current contractual obligations for services currently in place and to expand services to people living with HIV who have lost access to care as a result of the COVID-19 pandemic.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	0.0	0.0	0.0	0.0	0.0	0.0
Operating Expenditures						
Fund 001 - 7	\$15,455	\$11,400	\$26,855	\$11,400	\$11,400	\$22,800
Total Expenditures	\$15,455	\$11,400	\$26,855	\$11,400	\$11,400	\$22,800
Revenue						
001 - 0541	\$15,455	\$11,400	\$26,855	\$11,400	\$11,400	\$22,800
Total Revenue	\$15,455	\$11,400	\$26,855	\$11,400	\$11,400	\$22,800

Decision Package Description

Problem

Currently, DOH does not have sufficient local budget appropriation to comply with a federal Ryan White Act provision which requires DOH to reinvest anticipated drug rebates revenue from its AIDS Drug Assistance Program (ADAP) back into defined HIV/AIDS services. DOH will use this additional authority to meet contractual obligations for services currently in place. Without this authority, the agency will have to reduce funds to contractors for HIV services to avoid exceeding its existing local authority.

In addition, the negative impacts of the COVID-19 have been unprecedented. While the health and economic consequences are a challenge for all, people living with HIV (PLWH) face an additional hardship - achieving and maintaining viral suppression. To end the HIV epidemic, it is essential to have as many PLWH reach and maintain viral suppression. This not only maintains the health of PLWH but also reduces the virus' spread. Maintaining viral suppression often requires supportive services in addition to medical care and anti-retroviral therapy (ART). This request seeks to provide services to PLWH who have lost access to care as a result of the COVID-19 pandemic and to provide enhanced supportive services to PLWH experiencing job, food and housing insecurity.

These additional services are particularly relevant in King, Snohomish, Pierce and Yakima counties - locations with the highest number of confirmed COVID-19 cases. It is not coincidental these counties also have HIV prevalence rates higher than the rest of the state and larger Latinx and Black communities. While the funds would be distributed statewide, service will be focused on underserved communities impacted by both COVID-19 and HIV. In addition to the above, funds will be used to support HIV/sexually transmitted disease (STD)/viral hepatitis disease intervention services at the statewide level through a Field Service Consultant. This consultant will provide sufficient infrastructure to implement services in Yakima, King and Snohomish counties. An investment of resources for a Disease Intervention Specialist at Tacoma Pierce County Health Department is necessary for effective implementation in Pierce County.

Background

DOH administers an ADAP supported by the federal Ryan White Care Act. A state-operated ADAP receiving financial assistance under this Act is eligible to receive pharmaceutical rebates on medication purchases for clients. However, since federal dollars are used to purchase the drugs, the state must comply with federal requirements to reinvest the rebates back into the program. When received, these rebates are recorded as local revenue to the state's general fund. The agency therefore needs sufficient local spending authority to use these funds. Rebate funds are used to support HIV/AIDS services such as medical services, case management, and support services for people living with HIV. These rebate funds cannot be used to support other programs and are restricted to services only for people living with HIV and for federally defined service categories, pharmaceuticals, and healthcare insurance.

Over the years, DOH has seen steady increases in the costs to provide these services. This extra local appropriation will be used to meet current contractual obligations. Without this authority, DOH will have to reduce funds to contractors for HIV services in order to not overspend its existing authority.

If the agency does not spend the rebate revenue received, along with its entire Ryan White federal grant, the state's program will not be compliance with the federal requirements of the program, which may place future grant awards in jeopardy.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This request expands services to PLWH who have lost access to medical care, ART and other required supportive services as a result of the COVID-19 pandemic. These services essential to have as many PLWH reach and maintain viral suppression despite the pandemic.

Detailed Assumptions and Calculations:

This request includes \$11.4 million in ongoing funding to comply with the federal Ryan White Care Act requirement to reinvest pharmaceutical drug rebate revenue it receives through its AIDS Drug Assistance Program into currently funded and allowable services supporting those living with HIV/AIDS. In addition, \$4.1 million in fiscal year 2022 only will allow the HIV Client Services program to provide supportive services include case management and peer navigation to people living with HIV (PLWH).

This request ensures improved health outcomes and reduce the risk of new HIV infections Further details on the rebate revenue estimates are provided in the supporting document titled, "2021-23 PL-P9 COVID-19 Support HIV Clients".

Workforce Assumptions:

Not applicable

How is your proposal impacting equity in the state?

As noted earlier, the additional services for PLWH are particularly relevant in King, Snohomish, Pierce and Yakima counties - areas with larger Latinx and Black communities, higher numbers of COVID-19 cases, and higher HIV prevalence rates than the rest of the state. While the funds would be distributed statewide, service will be focused on underserved communities impacted by both COVID-19 and HIV.

Strategic and Performance Outcomes

Strategic Framework:

This request directly aligns with Results Washington Goal 4: Healthy and Safe Communities.

The intent of this proposal is to meet the fundamental public health strategies goal to prevent disease or reduce its impact by taking actions to protect or promote the health and wellbeing.

- It is intentionally designed to be proactive by utilizing outreach staff to provide essential supports to PLWH;
- It addresses social factors (food, housing and economic insecurity) contributing to disease; and
- The intended recipients of the program are those experiencing disproportionate harm.

Performance Outcomes:

This request will allow DOH to continue the same level of service and help meet performance measure as described in the DOH strategic plan goal 3, objective 1: Increase access to affordable healthcare, strategy. 2: Assure that people diagnosed with HIV have access to care and antiretroviral therapy.

PLWH are likely to experience negative consequences during this significant time of upheaval due to COVID-19 and racial unrest. It is reasonable to assume that the economic and social stress placed on PLWH will negatively affect PLWH's ability to be healthy and virally suppressed. The expected result is that the number of PLWH that engage in care and achieve viral suppression will maintain, and possibly increase. Significant disparities exist for Black and Latinx PLWH. Without proactive interventions, these disparities will persist, if not widen.

Specific program activities will be

- Linking PLWH to housing and food resources
- Providing emergency financial assistance to PLWH that assists them in engaging in care and maintaining viral suppression
- Assisting people newly diagnosed or with detectable viral loads with informing their sexual partners and needle-sharing partners of the need to seek to testing;
- Providing testing to exposed or at-risk contacts of newly diagnosed or out of care PLWH or linking exposed or at-risk contacts to testing and medical care or preventive services;
- Connecting people newly diagnosed to medical care, case management and treatment; and
- Relinking people who are out of care to medical care, case management, and treatment to achieve HIV viral suppression and access other health services

Additionally, DOH is required to spend Ryan White rebates in a timely manner to remain in compliance with program regulations.

Other Collateral Connections**State Workforce Impacts:**

Not applicable

Intergovernmental:

Local health jurisdictions help administer this program. DOH expects they will support this proposal.

State Facilities Impacts:

Not applicable

Changes from Current Law:

Not applicable

Puget Sound Recovery:

Not applicable

Legal or Administrative Mandates:

This proposal ensures compliance with the federal Ryan White Care Act.

Stakeholder Response:

Community level stakeholders would be impacted by this request, including those under contract to provide HIV Client Services activities and people living with HIV. If authority is not received a major cut in contracted services would be required.

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. N	\$15,455	\$11,400	\$26,855	\$11,400	\$11,400	\$22,800

Agency Contact Information

Summer Wurst

(360) 236-3486

Summer.Wurst@doh.wa.gov