Patient Care and Prevention Planning Group Meeting
Meeting Minutes Summary
November 7-9, 2018
Holiday Inn Tampa Westshore Airport Area, Tampa

Wednesday, November 7, 2018
Ken Bargar, Prevention Community Co-Chair, Jim Roth, Department of Health Prevention Co-Chair, Kim Saiswick, Patient Care Community Co-Chair, and Psyche Doe, Department of Health Patient Care Co-Chair, facilitated the meeting.

The meeting was called to order at 1:03 PM by Ken Bargar. Roll Call was conducted by Ken Bargar and quorum was established.

Ken Bargar requested a moment of silence for all those who have been affected by HIV/AIDS.

Kim Saiswick reviewed the content of the meeting packets.

The action items from the Spring 2018 Patient Care and Prevention Planning Group (PCPPG) Meeting were reviewed and discussed.

Laura Reeves announced a new structure for facilitation of the meeting. She explained that the Patient Care and Prevention Planning Group (PCPPG) serves as an advisory body to the HIV Section. As such, the discussion during the meeting would center primarily on input from seated PCPPG Representatives and Alternates, who were nominated to represent each area of the state. A Public Comment period was made available to community guests and Department of Health employees who were members of the audience. In addition, comment/question cards were provided as a mechanism for the public input. Laura asked that the members provide frank feedback on the new meeting structure on their evaluation forms.

HIV/AIDS Section Update
Laura Reeves, HIV/AIDS Section Administrator
Laura provided an overview of the Department of Health’s HIV/AIDS Budget
- Ryan White – Florida Funding GY 2018-2019
- Part B - $121,623,067
  - Base - $30,367,329
  - ADAP – $89,515,812
  - MAI – $1,266,095
  - Emerging Communities – $473,831
- Part B Supplemental - $20,900,239
- Centers for Disease Control and Prevention (CDC) Integrated HIV Surveillance and Prevention – $38,779,294
- Housing opportunities for persons with AIDS (HOPWA) - $7,406,619
- Medical Monitoring Project - $860,180
- Behavioral Surveillance – 452,921
- Behavioral Surveillance Carryover – $86,891
- Rebates - $39,645,685 (as of October 2018. Estimated annual amount is approximately $55 million total annual amount)
- General Revenue AIDS – $41,686,540
  Grand Total - $271,354,455

Part B Supplemental funds were provided to support the State’s AIDS Drug Assistance Program to ensure that there was a mechanism to support persons entering the Marketplace and sustain those currently enrolled in the Marketplace. Last year, over 1,000 new people were enrolled into the Marketplace for insurance.

Rebate dollars are being utilized to continue support of Linkage to Care Specialist in county health departments. Other projects/initiatives were one-time funding opportunities.
HIV/AIDS Section to provide listing of previous-funded projects to PCPPG members.

Laura provided a brief update on the Prevention Request for Applications. Approximately $10 million in funding was made available. The application period has concluded, and the HIV/AIDS Section was reviewing proposals as of November 7, 2018. Awards will be published in early December 2018.

The group was given an update on the Allocation Methodology and Implementation Plan. The Florida Legislature required the HIV/AIDS Section to develop an Allocation Methodology and Implementation Plan. Members of the PCPPG participated in the stakeholder group meetings. The plan developed is due to the Governor, House, and Senate by November 30, 2018.

State agencies are required to request budget authority from the Legislature. The HIV/AIDS Section has submitted three requests this year:

- A request to cover the application for emergency relief funds. The Department submitted an $11 million proposal for ADAP Emergency Relief funds and is requesting budget authority if the money is received.
- Two requests were made related to HOPWA
  - Request to handle increase in funding in the state. When the State began receiving HOPWA dollars it received approximately $3.4 million with five city designations. The State now receives $7.4 million and needs to ensure that they have reoccurring budget authority for the $4 million difference.
  - Authority to spend $7 million in HOPWA funds that have been accumulated and remain unspent.

The HIV/AIDS Section will issue a Notice on Rulemaking for Florida Administrative Code Chapter 64D-4 Eligibility Requirements for HIV/AIDS Patient Care Programs. Changes will be made in the following areas:

- 64D-4.002 Definitions
- 64D-4.003 Eligibility and Documentation Requirements
- 64D-4.007 AIDS Drug Assistance Program (ADAP)

A DRAFT copy of the proposed changes was distributed to members. The Notice of Rulemaking will be published in the Florida Administrative Weekly and there will be a period for public comment.

Section 381.0042, Florida Statutes: Patient care for persons with HIV infection

- 64D-2.001 Patient Care Networks. The statute was made in 1988 with amendments in 1991 and 1997. There is no mention of the Consortia Networks. The statute will be reviewed and recommendations for change will be noted.

Laura provided an update on ADAP enrollment:

- Client Enrollment: over 16,000
- 340B Direct Purchase serves: > 10,000
- Insurance Program serves: > 6,000
- Percentage of clients enrolled in ADAP for at least 6 months and achieve viral load less than 200 copies/ml: 89.53%
  - 340B Direct-Purchase (~10,000 clients): 86.59%
  - Insurance Program (~6,000 clients): 95.51%

The contract with CVS has been increased by approximately $7 million.

It was announced that open enrollment closes on December 15, 2018. ADAP Staff has been notified of the plans that will be covered for the year, link to the provider directory and the Formulary list.

- Celtic deleted two plans and updated one plan. ADAP will no longer cover the deleted plans. The company also included Flagler, Highlands, Okeechobee, and Putnam to their service area.
- Molina Healthcare no longer covers Atripla® and Truvada® for PLWH. They will only cover Truvada® for PrEP. There is an appeal process for those clients who are currently taking Truvada®. No new clients will be approved for Truvada®.
Clients have been encouraged to review the provider directory and ensure that their provider is still listed. They have also been asked to review the health insurance plans to ensure that their current ARV regimen is covered. Laura announced that a webinar on Open Enrollment was being held on November 7, 2018 at 2PM. The link to the recorded webinar will be shared with members by the HIV/AIDS Section.

HIV/AIDS Section to report on the client usage and dollar amount that has been spent on the Emergency Refill cards.

Treatment as Prevention
The Health and Human Services Workgroup has issued a statement that “People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners”. The HIV/AIDS Section has not made a statement on U=U (undetectable=untransmittable) due to the concerns over language and clarity.

2017 Data Review
Lorene Maddox, MPH, Surveillance Data Analysis Manager
Lorene provided a review of 2017 HIV-related data. Caveats for interpreting the data included the following:
- HIV diagnoses by year of diagnosis represent persons whose HIV was diagnosed in that year, regardless of AIDS status at time of diagnosis.
- AIDS and HIV diagnoses by year of diagnosis are not mutually exclusive and cannot be added together.
- HIV prevalence data represent persons who were living with an HIV diagnosis in the reporting area through the end of the calendar year (regardless of where they were diagnosed).
- Resident deaths due to HIV represent persons who resided in Florida and whose underlying cause of death was HIV, regardless if their HIV status was reported in Florida or not. Adult diagnoses represent ages 13 and older; pediatric diagnoses are those under the age of 13.
- For data by year of diagnosis, the age is by age at diagnosis.
- For living data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.
- Unless otherwise noted, Whites are non-Hispanic, Blacks are non-Hispanic and Other (which may be omitted in some graphs due to small numbers) represents Asian/Pacific Islander, American Indian/Alaskan Native, or mixed races.
- For data by year, area and county data will exclude diagnoses where the residence at diagnosis was listed as Florida Department of Corrections or Federal Correctional Institution (FDC/FCI). For living data, FDC/FCI diagnoses will not be excluded from area and county data.

Florida’s Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths
- Implement routine HIV and Sexually Transmitted Infections (STIs) screening in health care settings and priority testing in non-health care settings
- Provide rapid access to treatment and ensure retention in care (Test and Treat)
- Improve and promote access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
- Increase HIV awareness and community response through outreach, engagement, and messaging

Key Events to note in the HIV/AIDS epidemic
1981 – First AIDS case report
1985 – First HIV antibody test in Florida
1989 – “Crack” cocaine epidemic increases syphilis and AIDS diagnoses
1991 – First Ryan White Planning Group established
1992 – The beginning of highly active antiretroviral therapy (HAART)
1993 – The Centers for Disease Control and Prevention (CDC) expands the case definition of AIDS
1994 – Food and Drug Administration approved OraSure saliva HIV test
1997 – Florida implemented physician and laboratory reporting of HIV by name on July 1
2006 – HIV reporting laws expanded in Florida
2007 – Expansion of electronic laboratory reporting (ELR)

Lorene discussed the following:
- Trends over the past 10 years (2008-2017)
- Demographics of HIV Diagnoses in Florida
- HIV Co-Morbidity Data
- HIV Prevalence in Florida
- HIV Care Continuum in Florida in 2017
- HIV Care Continuum by Race in Florida 2017
- HIV-related Deaths in Florida
- HIV Prevention
  - Florida’s Top-Nine Priority Populations for Primary HIV Prevention
  - Florida’s Top-Nine Priority Populations for Secondary HIV Prevention

Please see the slide set presented for specific data. The slide set is available at http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-slide-sets.html

A member commented that retention in care rates could be influenced by the ratio of case management client staff. The Coordination of Efforts Committee will work with local areas to gather this information through the HIV Care Continuum Dashboard.

There were also concerns raised that the data for Florida did not include military members. Dr. Emma Spencer clarified that since military-affiliated institutions are governed by federal laws, they are not required to follow state guidelines for reporting. It should be noted that there are some local-level agreements to share data.

Public Comments
- Is Florida going to address the redefinition of transgender? This topic will be addressed during a future meeting.
- A member noted the following breakdown of time spent on key topics during the last four face-to-face meetings of the PCPPG:
  - Administration (introductions, bylaws, etc) – 27.8 hours
  - Patient Care – 27.5 hours
  - Prevention – 8 hours
  - Housing - .75 hours
  Laura requested that members indicate on their evaluation forms their thoughts on the appropriate balance of Patient Care and Prevention time during PCPPG Meetings.
- The issue of the purchase and distribution of gift cards was raised. Clarification was requested on methods to reimburse clients for travel costs incurred to drive to appointments, especially in rural areas.
- There was a suggestion that an “Emerging Topics” session is included on future agendas.
- There was concern raised over the absence of ADAP on the agenda for the meeting. Further, the lack of the ADAP Program present at the meeting was noted.
- Dr. Paul Arons asked that the HIV/AIDS Section be cautious about utilizing certain statistics as they can be very stigmatizing. Dr. Arons brought up the example of the slide on syphilis presented during the session on 2017 HIV Data which, he felt, implied that MSM represented for 95% of early syphilis cases.
- Concern was raised over the fact that the review committee for the Prevention RFP were all Department of Health staff. It was suggested that the review committee be inclusive of community members representing the HIV epidemic.

Call for Nominations for the PCPPG Prevention Community Co-Chair
The Co-Chair of the Membership, Nominations, and Bylaws opened the call for nominations. Bobby Davis and Riley Johnson were nominated.
Nolan Finn motioned to close nominations and Dan Wall seconded the motion. Motion unanimously approved.
Face-to-Face Committee Meetings
The Patient Care and Prevention Planning Group Committees met face-to-face to discuss key committee issues and confirm standing committee call dates/times.

Day One of the meeting was adjourned at 5:30pm.
Thursday, November 8, 2018
Ken Bargar, Prevention Community Co-Chair, Jim Roth, Department of Health Prevention Co-Chair, Kim Saiswick, Patient Care Community Co-Chair, and Psyche Doe, Department of Health Patient Co-Chair, facilitated the meeting.

The meeting was called to order at 8:33 AM by Kim Saiswick. Roll Call was conducted by Ken Bargar and quorum was established.

New Representatives and Alternates introduced themselves.

Ken Bargar requested a moment of silence for all those who have been affected by HIV/AIDS.

Committee Report Out
An update on activities was provided from each of the Patient Care and Prevention Planning Group Committees by their respective Co-Chairs:

Membership, Nominations, and Bylaws (David Brakebill)
The current proposed changes to the bylaws were to review and vote on the amended Patient Care and Prevention Planning Group Bylaws.

Riley Johnson motioned to approve the revised Bylaws and Sarah Kenneally seconded the motion. Motion unanimously approved.

Feedback was requested from the larger planning body with regard to membership composition, the number of co-chairs necessary, term limits changing from 2 to 3 years. The topics listed above will be further discussed during the next M, N, and B committee call.

Needs Assessment (Earl Hunt and Alelia Munroe)
- The committee Co-Chairs presented the timeline for the 2019 Statewide Patient Needs Assessment Survey:
  - November – December 2018 – Finalize survey questions and protocol.
  - January 2019 – Final survey questions and protocol to be routed through DOH for approval.
  - February – March 2019 – Pre-survey activities to be developed by the Needs Assessment Committee and the HIV/AIDS Section.
  - August 1, 2019 - Preliminary reports available for distribution.
- The Co-Chairs requested feedback on methods to increase client participation due to the poor response rate in 2017. The members suggested the following:
  - Ensure that the survey is available through Smart Phones, paper copies, and electronically.
  - Coordinate the timing of the distribution of Statewide Patient Needs Assessment so that it does not overlap with other surveys that request client input to minimize survey fatigue.
  - Provide clients with feedback on how their response mattered. Give concrete examples.
  - Find a mechanism to survey those who have fallen out of care (MMP data) in order to gather feedback.
  - Route DRAFT survey to Consumer Advisory Group to gather input and refine the survey as appropriate.
  - Shorten the questions and ensure that they are written in a way that clients will understand.
  - Ensure that there is at least one member from each local area on the Needs Assessment Committee. This would allow the Co-Chairs to email entire planning body a
homework assignment about barriers and resources available in their respective areas.

Members were asked to email Kim Molnar (kmolnar@theaidsinstitute.org) with further suggestions.

Statewide Quality Management Advisory Committee (Robert Bobo)

- Beginning January 2019, The Statewide Quality Management Advisory Committee will work with the HIV/AIDS Section and Lead Agencies to assess progress on three (of 23) Clinical Quality Management (CQM) indicators identified by HRSA:
  - Timeliness of eligibility
  - Viral Load Suppression
  - Percentage of PLWH on HAART
- The HIV/AIDS Section staff will provide technical assistance to those Lead Agencies who are not meeting their targets.
- Educate all staff on value of RSR and CQM plans, measures, and reporting.

Coordination of Efforts Committee (Joey Wynn)

The Coordination of Efforts Committee is working with the HIV/AIDS Section on the local area epidemiological profiles. The local areas will then update their area’s HIV Continuum Dashboards to reflect current funding, staff FTE and epidemiological profiles.

HIV/AIDS Section to distribute local area epidemiological profiles to the Coordination of Efforts Co-Chairs.

The committee will work with the HIV/AIDS Section to implement the VMSG (Vision, Mission, Services, and Goals) Dashboard Public Health Performance Management System. The system is designed specifically to assist public health departments in the development, implementation and performance management of the Strategic and Operational Planning process. The committee will receive additional information on the software and implementation plan during their January 9, 2019 committee call.

Medication Access Committee (Sharon Murphy or Dan Wall)

The committee has been meeting since March 2018 addressing access to medications (particularly ADAP) and patient hurricane preparedness.

The committee has worked with the HIV/AIDS Section to modify the criteria for the 90-Day Medication Refill program. The committee voted and approved removing the eligibility criteria and leaving the decision to the provider and client. New medications will be distributed as a 30-day supply with two refills to monitor for adverse effects. Once the initial period elapsed, the provider and client would determine if a 90-Day Medication Refill program was appropriate.

Electronic prescribing (e-scribe) for ADAP medications is now available to all areas of the state. The committee is working with the HIV/AIDS Section to determine the cause of delays in filling those prescriptions.

The committee has identified that Test and Treat (rapid access to ART) is not universally available in all areas. The committee is gathering more information on the Test and Treat program’s availability to those entering care or re-entering care.

Members were asked to email Kim Molnar (kmolnar@theaidsinstitute.org) with any medication access issues identified in their area. Kim will then pass on the information to the Co-Chairs.

The Co-Chairs presented a list of recommendations to help resolve Central Pharmacy medication delays. Since the HIV/AIDS Section does not have much influence over the Central Pharmacy, the committee is
proposing to send the list of recommendations directly to the Secretary of Health of Florida. The goal is to meet with Central Pharmacy, the HIV/AIDS Section, and Medicaid to work to resolve the issues identified.

Dan Wall made a motion to allow the HIV/AIDS Section thirty calendar days to respond to the list of recommendations and Riley Johnson seconded the motion. Motion was unanimously approved.

Dan Wall made a motion to have a standing report from ADAP, with data metrics developed by the Medication Access Committee, at all subsequent face-to-face PCPPP meetings and seconded by Riley. Motion unanimously approved.

HIV/AIDS Section to provide information on utilization of the 90-Day Refill Program.

Approval of the Meeting Minutes from the Spring 2018 Meeting
Bobby Davis made a motion to approve the Meeting Minutes from the Spring 2018 Meeting and Justin Bell seconded the motion. Motion unanimously approved.

HIV Prevention Update
Mara Michniewicz, MPH, Prevention Program Manager
Mara Michniewicz presented on Florida’s HIV testing efforts and PrEP/nPEP initiatives.

HIV Testing Overview:
- Centers for Disease Control and Prevention (CDC) HIV Prevention Grant for Health Departments
  - Funding Period: January 1, 2012–December 31, 2017
  - Final year (2017) award: $34.7 million
- HIV testing in health care and non-health care settings
- HIV testing in all 67 county health departments (CHDs)
- Over 1,400 registered HIV test sites
- Average newly diagnosed positivity rates of all 61 funded HD jurisdictions are as follows:
  - Health care settings (0.4%)
  - Non-health care settings (0.6%)
- In 2017, total number of HIV tests conducted by all 61 HD jurisdictions was approximately 3 million. On average, FL conducted approximately 389,500 tests each year. FL conducted almost 12% of all grantee’s HIV testing in both health care and non-health care settings.
- HIV Tests Conducted in Health Care Settings by Race/Ethnicity, Florida, January 2012–December 2017:
  - Black – 43%
  - Hispanic – 27%
  - White – 25%
  - Multiracial/other – 4%
  - Asian - 1%
  - American Indian/Alaska Native - .2%
  - Native Hawaiian/Pacific Islander -.1%
- The majority (71%) of new HIV diagnoses were identified in STD clinics, community health centers, and other clinical settings.
- Newly Diagnosed HIV-Positive Tests by Race/Ethnicity, Non-Health Care Settings, Florida, January 2012–December 2017:
  - Black – 46%
  - Hispanic – 28%
  - White – 22%
  - Multiracial/other – 3%
  - Asian - 1%
  - American Indian/Alaska Native - .3%
  - Native Hawaiian/Pacific Islander -.2%
• Total HIV Tests and HIV-Positive Tests by Sex, Florida, 2017
  o Total HIV Tests (N=340,520)
    ▪ Male – 51%
    ▪ Female – 48%
    ▪ Missing Data – 1%
    ▪ Transgender - .3%
  o Total HIV-Positive Tests (N=2929)
    ▪ Male – 79%
    ▪ Female – 19%
    ▪ Missing Data – 1%
    ▪ Transgender - 1%
• Total HIV Tests and HIV-Positive Test by Race/Ethnicity, Florida, 2017
  o Total HIV Tests (N=340,520)
    ▪ Black – 40%
    ▪ Hispanic – 24%
    ▪ White – 26%
    ▪ Missing/Refused – 8%
    ▪ Multiracial/other – 1%
    ▪ Asian - 1%
    ▪ American Indian/Alaska Native - .2%
    ▪ Native Hawaiian/Pacific Islander -.1%
  o Total HIV-Positive Tests (N=2929)
    ▪ Black – 46%
    ▪ Hispanic – 31%
    ▪ White – 19%
    ▪ Missing/Refused – 2%
    ▪ Multiracial/other – 1%
    ▪ Asian - 1%
    ▪ American Indian/Alaska Native - .3%
    ▪ Native Hawaiian/Pacific Islander -.3%
• Total HIV Tests and HIV-Positive Tests by Age Group, Florida, 2017
  o Total HIV Tests (N=340,520)
    ▪ <13 – 4%
    ▪ 13-19 – 7%
    ▪ 20-29 – 37%
    ▪ 30-39 – 24%
    ▪ 40-49 – 13%
    ▪ 50+ - 15%
  o Total HIV-Positive Tests (N=2929)
    ▪ <13 – 0%
    ▪ 13-19 – 3%
    ▪ 20-29 – 31%
    ▪ 30-39 – 27%
    ▪ 40-49 – 18%
    ▪ 50+ - 21%
• HIV Seropositivity Rates by Self-Reported Risk Behaviors, Florida, 2017
  o MSM/IDU – 7.3%
  o Sex with HIV – 5.6%
  o MSM – 3.4%
- Sex for Drugs – 2.3%
- Refused to discuss risk – 1.7%
- Missing Data – 1.1%
- IDU - .6%
- Sex with IDU - .6%
- STD Diagnosis – 5%
- No Identifiable Risk - .5%
- Heterosexual - .5%
- Sex with Other - .2%

- HIV Test by Test Type and Positivity Rates, Florida, 2017
  - Rapid – 72%
  - Blood – 23%
  - Oral - 5%

- Public/Private Partnerships
  - Gilead FOCUS Project (2017)
    - Over 67,000 HIV tests (1.6 percent positivity) and
    - Over 66,000 hepatitis C (HCV) tests (4.3 percent positivity)
    - Eleven partners with 24 locations
    - Six new partners in development

- Program Highlights
  - Increased provider awareness and education on:
    - Routine, opt-out HIV screening
    - Integrated screening
    - Opt-out HIV/STD screening for pregnant women
    - Screening for pre-exposure prophylaxis (PrEP)
    - Revised Florida’s HIV testing statute in health care settings (i.e., opt out)
    - Development of resources for routine HIV screening
    - Revisions to DOH Rapid HIV Test Site Guidelines
    - Added 31 new publicly-funded HIV testing sites
    - Central Office conducted 51 rapid HIV testing trainings and certified 701 new HIV counselors
    - Over 70 contracts with community-based and health care organizations included HIV testing (approximately $11 million)
    - Revisions to DH1628 data collection form for PrEP
    - Electronic HIV test resulting pilot project

- Future Projects
  - INSTI Pilot
  - In-Home rapid HIV test pilot
  - Increasing routine HIV screening in STD and Family Planning clinics
  - Increasing integrated screening (STD and HCV)
  - Automation of HIV testing data collection: working on electronic resulting of HIV test results for community-based organizations. The program worked on electronic ordering and resulting for HIV tests/results for CHDs a few years back and is now tackling doing this for other testing providers outside of the health department.
  - Analysis of HIV test data from private labs: HIV prevention and surveillance programs will be receiving aggregate HIV testing data from Quest Diagnostics to see how much testing is occurring in the private sector.

Florida’s PrEP and nPEP Initiatives
- PrEP and nPEP Implementation in CHDs
Integration of PrEP services in all 67 county health department (CHD) STD and Family Planning clinics by December 2018
- Technical assistance to CHDs for nPEP service delivery
- Expedited nPEP delivery challenged by CHD hours of operation
- Collaborative nPEP delivery models
- CHDs can provide either a 30, 60, or 90-day supply of Truvada® for PrEP (at no charge to client)
- PrEP protocols and clinic guidance developed by HIV/AIDS Section Medical Unit
- Majority of CHDs working towards same-day PrEP initiation
- PrEP Capacity Building Trainings, 2018 As of September 30, 2018, 41 of 67 (61%) CHDs are providing PrEP services
  - Over 1,800 PrEP clients have been served to-date*
  - An additional 19 of 67 (28%) CHDs report making nPEP available
  - Over 100 nPEP clients have been served to-date*

  * Cumulative number of clients enrolled in PrEP at the CHDs. DOH-Okaloosa began providing PrEP services in 2015; and DOH-Miami-Dade began providing PrEP services in 2016. DOH Health Management System (HMS) PrEP and nPEP codes were initiated in July 2017.

- PrEP/nPEP within Community-Based Organizations
  - Total of 38 community-based high-impact prevention (HIP) providers funded
  - From January 1–September 30, 2018, 21 of the 38 (55%) providers reported 1,896 PrEP referrals and 387 clients receiving PrEP
  - During this same period, 10 of the 38 (26%) providers reported 107 nPEP referrals and 87 clients receiving nPEP

- Florida PrEP Institutes
  - Collaboration with CDC Capacity Building Provider Network (CPN); San Francisco Department of Public Health
  - Three-day interactive agenda
  - Four regional PrEP Institutes conducted in 2018, with a total of 67 CHDs and over 170 attendees

- PrEP Capacity Building Trainings, 2018
  - PrEP in Communities of Color training by AIDS Project Los Angeles (APLA)
    - Orlando, April 30–May 1
  - PrEP Navigation trainings by National Community Health Partners (NCHP)
    - Tampa, July 25
    - Miami, July 27
    - Orlando, August 27

- PrEP-based Motivational Interviewing by PROCEED
  - Orlando, September 10–11
  - Miami, September 13–14

- Delivery of PrEP Services for LGBTQ Populations by APLA
  - Ft. Lauderdale, August 23 & 24 (two, one-day trainings)

- PrEP/nPEP Provider Toolkits
  - Provider Resources
    - PrEP Plan of Action
    - nPEP Plan of Action
    - Taking a Sexual History Fact Sheet
    - Diagnosing and Treating Bacterial STIs in Men who have Sex with Men (MSM) Fact Sheet
    - PrEP Triage Fact Sheet
    - PEP Triage Fact Sheet
Patient Resources
- Counter Card Display
- Brochures (English and Spanish)
- Posters (English and Spanish)

PrEP Directories
- FL DOH PrEP Provider Directory (includes nPEP also)
  https://flhiv.doh.state.fl.us/ClinicSearch/FloridaPrEPnPrEPClinicSearch.aspx
- National PrEP Databases
  - https://preplocator.org/
  - https://www.pleaseprepme.org/
  - https://www.pleaseprepme.org/florida

Florida PrEP Users by Year, 2012–2016
- 2012 - 838
- 2013 - 951
- 2014 – 1,829
- 2015 – 4,081
- 2016 – 5,638

CHD PrEP Clients by Gender (N=1,838)
- Male – 76%
- Female – 24%*
*Since June 30, 2018, there has been an 11% increase in the number of female PrEP users. Went from 13% female to 24% female PrEP users from June to September.

Nearly 70% (69%) of PrEP clients are between the ages of 20 and 39.

40% of all PrEP clients were Hispanic, followed by 28% white; 23% black, 6% other/multi-racial, 2% Asian/Pacific Islander, and less than 1% American Indian/Alaska Native.

CHD PrEP Clients by Gender and Race/Ethnicity
- Females
  - Black – 48%
  - White – 36%
  - Hispanic – 13%
  - Multiracial/other – 3%
  - Asian/Native Hawaiian/Pacific Islander - 0%
  - American Indian/Alaska Native - 0%
- Males
  - Black – 21%
  - White – 29%
  - Hispanic – 42%
  - Multiracial/other – 6%
  - Asian/Native Hawaiian/Pacific Islander - 2%
  - American Indian/Alaska Native - 0%

Next Steps
- Work with STD Section to increase PrEP referrals from Disease Intervention Specialists
- Modify data systems for PrEP referral data collection
- Develop PrEP materials specifically for women
- Amend minor’s consent to STD treatment statute
- Refine CHD PrEP HMS reports to include:
  - PrEP retention data
  - Transgender data
Stigma in HIV Discussion
Christa L. Cook, PhD, MSN, RN, APHN-BC, Associate Professor, University of Central Florida

Dr. Cook provided an overview of research being conducted related to HIV Stigma. The research focus is designed to engage community members, researchers, and Department of Health representatives to identify sources of HIV related stigma and create strategies to decrease stigma in Florida.

- **Stigma Reduction Framework**
  - Assessment
    - Stigma Taskforce
    - Survey
    - MMP Analysis
  - Prioritization
    - Populations
      - Level of intervention (Individual, Community, Policy)
    - Specific interventions to reduce stigma in Florida

A Statewide Stigma Task Force was established to develop a partnership with the community to understand stigma from multiple perspectives and develop recommendations to reduce stigma in Florida by addressing the following questions:

- Questions and preliminary findings:
  - Provide examples of HIV related stigma
    - Social Networking- “negative for negative”
      - Self-stigma
    - Healthcare
    - Location of services
    - Rural Areas
    - Criminalization laws
    - Intersectional stigma
  - Please tell us specific recommendations to reduce HIV related stigma in Florida
    - Education
      - Peers
      - Medical professionals
      - Churches
      - Children
      - Lawyers/Judicial
    - Media
      - Inclusivity
      - Language is stigmatizing
      - U=U
      - Stronger messaging from above (i.e. FL Department of Health)

- Current Stigma Related Research
  - Stigma Survey
    - Purpose is to gather broad community and stakeholder input utilizing open-ended survey questions
    - Recruitment locations:
      - Rural HIV Conference – GA
      - Stigma taskforce members
      - Gainesville PRIDE event
      - FCPN
Analysis of Florida MMP Data

- Determine the prevalence of stigma among adults living with HIV in Florida
- Compare the prevalence of community, anticipated, enacted, and internalized stigma among PLWH in Florida
- Describe which socio-demographic groups have the greatest burden of stigma
- Preliminary finding from Florida 2015 MMP Survey indicated that clients believe/felt the following:
  - I worry people will tell others (anticipated stigma)
  - Most people with HIV are rejected
  - I have to be careful who I tell I have HIV

Experiences of Discrimination among PLWHA (Florida MMP Data 2011-2014)

- Describe experiences of health care provider discrimination from people living with HIV
  - Any type of discrimination – 20.6%
  - Refused Services – 6%
  - Gave you less attention – 13.4%
  - Exhibited Hostility/Lack of Respect – 18.2%
- Identify sociodemographic factors associated with discriminatory experiences
  - Drug injecting habit – 2.4%
  - Race/Ethnicity – 12%
  - Sexual orientation/practices – 27.8%
  - Gender – 6.7%
  - HIV Infection – 80.9%
- Determine whether experiences of provider discrimination have changed over time.
  - 2011 – 25.1%
  - 2012 – 30.4%
  - 2013 – 23%
  - 2014 – 21.5%

Additional Planned Analysis

- Florida NHBS data analysis related to HIV-stigma and gay-related stigma
- Compare HIV stigma in urban and rural areas of Florida.

Interventions

- Types of interventions
  - Information-based approaches (e.g., written information in brochure)
  - Skills building (e.g., participatory learning sessions to reduce negative attitudes)
  - Counselling/support (e.g., support groups for PLHIV)
  - Contact with affected groups (e.g., interactions between PLHIV and the general public, and/or Healthcare providers)

Challenges

- Intervention of only a single domain
- Interventions must focus on the individual, environment, policy
- Lack of interventions that address intersectional stigma

Key Principles for Addressing Stigma (Nyblade et al., JIAS, 2009)

- Address immediately actionable drivers
  - Raise awareness
  - Discuss and challenge the shame and blame
  - Address HIV transmission fears and misconceptions
- Affected groups at the center of the response
- Develop and strengthen networks
  - Empower and strengthen capacity
  - Address self-stigma
    - Create partnerships between affected groups and opinion leaders
- Contact strategies
  - Build empathy
  - Model desirable behaviors
  - Recognize and reward role models

Next Steps
- Analyze MMP Data
- Continue to collect and analyze community stigma survey
- Prioritization of populations and interventions
- Stigma task force calls
- Continued input from community stakeholders

Below are word clouds developed from responses from those attending the meeting:

The group also provided the comments and suggestions related to stigma that were shared with the presenter.

**Molecular Surveillance**

**Emma Spencer, Ph.D., M.P.H., Surveillance Program Manager**

Dr. Emma Spencer presented a slide set that will be used as an educational resource to educate on molecular surveillance for the public entitled "How the Florida Department of Health Helps to Prevent HIV Transmission - What you need to know". The group provided the following feedback designed to help improve messaging:

- Slide #9 perhaps better explain how surveillance data can be used to supplement partner notification. There was a suggestion to remove or clarify the statement "Partner information is not always readily available, therefore molecular surveillance data can be used to supplement (not replace) partner information."
- Differentiate between anonymous and confidential.
- Remove stigmatizing language (use of people first language)
- Add a pictorial flow chart.
- Include animation
- Consider health literacy of the intended audience. Remove technical labels and any mention of criminalization.
- Explain to the intended audience the purpose of the slide set.
- Integrate some information about nPEP.
- Missing information on blood-to-blood transmission.
- Check for consistency on recommended ages for routine testing.

Dr. Spencer will update the slide set based on the feedback provided. The updated slide set will be distributed to the PCPPG to gather additional input.
Health Equity and HIV
Joe May, Communications & Health Equity Manager and Ron Henderson, Statewide Minority AIDS Coordinator

Joe May provided the group with information on the recently formed Communications and Health Equity Unit and revisions to the HIV/AIDS Section Organizational Chart (see Attachment 1 - Florida Department of Health, HIV/AIDS Section Table of Organization). The purpose of the unit is to improve communications to clients and community stakeholders through timely and consistent distribution of information and address health equity.

The AIDS Institute will distribute a survey post-meeting regarding Department of Health communications to solicit feedback that will serve as a baseline to help inform and improve the process.

Ron Henderson led a discussion on activities the Department of Health is involved with to reduce racial and ethnic disparities related to HIV and STD.

Activities described include:

- HIV Prevention and Care Community Engagement Activities
  - MSM Consultations
  - Black MSM Consultation
  - Hispanic MSM Consultation
  - Young Gay Men of Color Consultation
  - Black Women Consultation
  - Hispanic Community Consultation

- Formation of Advisory Groups
  - Florida Latino AIDS Advisory Group
  - Gay Men’s Workgroup
  - Haitian Workgroup

- Development of a Strategic Plan
  - Work on updating the Strategic Plan quarterly
  - Meet monthly to discuss progress

- Nine Regional Minority AIDS Coordinators (MACs)

- Sponsorship of Minority-specific Events
  - Florida Classic – testing and outreach
  - 225,000 reached through sponsorships

- Promote HIV Testing and PrEP Services
  - Social media platforms (Facebook and Twitter)
  - Radio spots in certain markets
  - Billboards

- Address the Social Determinants of Health
  - Collaborate with the Department of Education
  - Local Hospital Districts
  - Public Housing

- Recent RFP took into consideration whether an organization was minority-led or served minority populations and awarded additional points when scoring proposals.

Surveillance data is used to mobilize communities of color (e.g. 1 in 61 black women are living with HIV compared to 1 in 1,007 white women)

- Create Fact Sheets and Infographics

Prevention messaging is still an issue within communities of color. For example, some individuals in the black community believe that the government created PrEP to infect communities of color. Need
to get prevention messaging out that is culturally appropriate and address stigma, medical mistrust, retaining individuals in care, and virally suppressed.

Some ideas on reaching communities of color include:
- Directive strategies work – Man Up, SOS – Home grown community engagement initiatives
- Faith Respond to AIDS (FRTA) – reach out to churches, revisit faith initiatives, build coalitions
- Focus of trans women of color – build community ambassadors
- Bring all faith communities together – long-term sustainability concerns; including MSM
- Ongoing concerns about medical mistrust
- Promotional items for use in churches – focus on women of color
- Parity, inclusion, representation of persons at table
- Space programs – allow time between initiatives, allow focus – limited resources
- Use people first language around race and ethnicity
- Messaging – aware of age and other target population variables
- Role of church with MSM – Do they reach populations? (Impulse)
- Target entertainers – cultural influencers to promote actions
- Not all MACs are active or effective – need community support – evaluate MAC effectiveness and priority activities
- Need advisory groups that look like target populations
- Area 12 needs technical assistance to start up SOS
- Area 15 needs assistance with Man Up
- Dance for life – multifaceted event (Eric Martinez)
- CDC and DOH pulled away from minority CBOs – pushed out by the process. Support minority CBOs financially
- How can the target population be a part of the process? Stipends, travel assistance
- Target PrEP messages to persons of color

Recognition of Retirement and Acknowledgement of Service as Prevention Community Co-Chair
Karen Klubertanz, Well Florida, was acknowledged for her upcoming retirement in January 2019. Karen was presented with a gift from the Patient Care and Prevention Planning Group for her many years of service. A cake was also presented in her honor.

Ken Bargar was presented with a plaque in recognition of his leadership in the role of Prevention Community Co-Chair (2016-2018).

Partnerships for Care (P4C) Project Outcomes
Mara Michniewicz, MPH, Prevention Program Manager
Mara Michniewicz provided information on Florida’s Partnership for Care (P4C) outcomes.
- Project Overview
  - Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) led project over four years (July 2014–June 2018)
  - Increase collaboration between health departments and community health centers to:
    - Expand provision of HIV testing, prevention, care, and treatment
    - Build sustainable partnerships between health centers and health departments
    - Improve health outcomes among persons living with HIV, especially racial/ethnic minorities
  - Florida’s P4C health center partners:
    - I.M. Sulzbacher Center (Jacksonville)
    - Health Care Center for the Homeless (Orlando)
    - Genesis Community Health Center (Palm Beach)
    - Broward Community and Family Health (Ft. Lauderdale)
- Care Resource (Miami-Dade)
- Community Health of South Florida (Miami-Dade)

  P4C Partners
  - State Health Department
  - County Health Departments
  - Community Health Centers

  Coordination
  - State and Local Health Department Coordination
    - Budget, staffing, sustainability
    - Partner services, HIV surveillance data, Dashboard, partnership guidance
  - Local Health Department and Health Center Coordination
    - Case conferencing
    - Partner services
    - Linkage and re-engagement
    - Pre-exposure prophylaxis (PrEP) referrals
  - State Health Department and Health Center Coordination
    - Policies and procedures
    - Routine HIV testing
    - Data Sharing MOA
    - PrEP

  Project Data
  - Project data period: July 2015–December 2017
  - Patients newly diagnosed at health centers: 318
  - ‘Not in Care’ patients in P4C service areas: 2,267
  - ‘Not in Care’ patients linked or re-engaged: 878

  Client Demographics (N=318)
  - Sex
    - Male – 77%
    - Female – 21%
    - Transgender – 2%
  - Race/Ethnicity
    - Black – 40%
    - Hispanic – 43%
    - White – 10%
    - Unknown – 6%
    - Multiracial/Other – 1%
  - Age Group
    - Less than or equal to 19 – 10
    - 20-29 – 117
    - 30-39 – 102
    - 40-49 – 55
    - 50+ - 34

  Newly Diagnosed Health Center Patients Interviewed for Partner Services and HIV Testing
  Positivity Rates among Named Partners, July 2015–December 2017
  - July 2015-June 2016
    - Interviewed – 88.2%
    - Positivity Rate for Named Partners – 17.9%
  - July 2016-June 2017
Interviewed – 92.3%
Positivity Rate for Named Partners – 23.6%

- June 2017-December 2017
  - Interviewed – 96.6%
  - Positivity Rate for Named Partners – 40%

Outcomes

- HIV primary care: Prior to the project, 3 of 6 health centers provided HIV primary care. After the project period, 6 of 6 health centers continue to provide HIV primary care.
- Routine HIV screening: Prior to the project, 0 of 6 health centers provided routine HIV screening. After the project period, 6 of 6 health centers continue to provide routine HIV screening.
- Secure bi-directional transfer of data: All 6 health centers were able to securely transfer EHR data, and DOH was able to provide data through the P4C Dashboard.
- Case-conferencing for continuity of care: Prior to the project, 0 of 6 health centers conducted case conferencing for continuity of care services. After the project, 5 of the health centers continue to case conference through team/staff huddles. 3 of the 6 health centers continue to case conference with DOH staff/DIS.
- Health Center specific DIS: During the project period each health center had imbedded or assigned DIS to carry out LTC, Re-engagement and Partner Services. After the project period, 3 of 6 DIS positions were made permanent positions, and they remain assigned to their respective health centers. (Stats)
- PrEP referrals, counseling, and provision: During the project period 6 of 6 health centers developed protocol and procedure to either provide PrEP or refer to PrEP as a prevention strategy for those at High risk for acquiring HIV. After the Project, 4 of the 6 health centers are currently prescribing PrEP, and 1 more is in the process of becoming a PrEP provider. P4C project resulted in PrEP referral process for DIS and the development of PrEP referral cards that are now in use throughout the state.

Sustainability

- Use P4C as a model to expand similar activities to other CHDs and CHCs statewide
- Explore alternative ways to fund P4C activities/Blended funding streams to work across HIV Prevention and Care Continuums– For example leveraging Ryan White rebate dollars for additional linkage and re-engagement staff; and to extend P4C funding through CHC contracts
- Dashboard available for linkage, Data-to-Care, and other related activities: Dashboard will be also used statewide for linkage, Data-to-Care, and hope to use for HIV cluster response and MMP
- Promote CHC models of implementing HIV primary care, routine HIV testing, and PrEP services to other CHCs
- Identify and explore best practices to develop a P4C model for retention and viral load suppression: Project had initial planning and design for retention activities and viral load monitoring using CHC and DOH data.

Public Comments
Laura Reeves provided information on the 90-Day Refill utilization. Of the 3,100 eligible (using the previous criteria) 1,300 were enrolled (43%). 403 exceptions were issued mostly due to transportation.

$3.2 million has been spent on ARVs on the Emergency Fill program. As of October 31, 2018, there were 14,638 persons who received medications through the direct dispense program. 69% received their medications from the local CHD and 31% (4,500) from the Central Pharmacy. Of all that are on the direct dispense program, 10.4% have used the Emergency Fill program. Of the 10.4%, 4.4% have been CHD
clients and 24% were Central Pharmacy clients. In September 2018, there were 96 CHDs and 283 Central Pharmacy emergency fills. 191 of the 283 Central Pharmacy emergency fills were due to delays in their medications. In August 2018, 102 CHD and 247 Central Pharmacy emergency fills. 178 of the 247 were due to medication delays. Those using the emergency fill are likely getting drug pricing at 340b rates compared to the Central Pharmacy which has access to ADAP Drug Task Force pricing.

**Vote for Prevention Community Co-Chair**
Riley Johnson, At-Large Transgender Representative was elected by the group to serve as Prevention Community Co-Chair for a two-year term (2018-2020).

Day two of the meeting was adjourned at 5:30PM.
Friday, November 9, 2018

Riley Johnson, Prevention Community Co-Chair, Jim Roth, Department of Health Prevention Co-Chair, Kim Saiswick, Patient Care Community Co-Chair, and Psyche Doe, Department of Health Patient Co-Chair, facilitated the meeting.

The meeting was called to order at 8:35 AM by Riley Johnson. Roll Call was conducted by Riley Johnson and quorum was established.

Riley Johnson requested a moment of silence for all those who have been affected by HIV/AIDS.

Integrated Plan Progress

Brandi Knight, M.P.H., Performance and Quality Manager and Kassandra McGlonn, M.S., Integrated Planning Coordinator/ Clinical Quality Management Liaison

Brandi Knight introduced Kassandra McGlonn and announced that Kassandra would begin serving as the point of contact for the Patient Care and Prevention Planning Group.

Brandi provided a brief overview of the Integrated HIV Prevention and Care Plan (IP) for new members:

- What is the Integrated Plan?
  - Combination of goals, objectives, strategies, and activities
  - Ensures all areas and populations of Florida are supported with HIV/AIDS services
    - Access
    - Quality
  - State and community partnerships
    - Shared responsibilities
  - Implementation period from 2017–2021
  - The plan is centered around the goals in the National HIV/AIDS Strategy (NHAS)
    - Goal 1: Reduce New Infections
    - Goal 2: Increasing Access to Care and Improving Health Outcomes for PLWH
    - Goal 3: Reduce HIV Disparities and Inequities
  - The IP is structured with goals, objectives, strategies, and activities

To date, neither HRSA or the CDC has provided guidance on reporting on the plans submitted.

- Integrated Plan Progress
  - January 2017–June 2018:
    - Integrated Plan Activity Status
      - Started – 82%
        - 20% of activities started are complete
        - 46% of activities started are ongoing
          - Ongoing: actively being carried out
        - 34% of activities started are initiated
          - Initiated: started but not implemented
      - Not Started – 18%
  - NHAS Goal 1 Highlights
    - Piloting the INSTI 3rd generation rapid HIV test
    - Incorporated Treatment as Prevention (TasP) messaging and education in social marketing and educational materials developed
    - Held 4 PrEP Institutes throughout the state
    - Expanded the Faith Responds to AIDS (FRTA) Initiative
    - Educated and trained 890 medical providers
    - 73 Walgreens locations participating in Baby RxPress Program
  - NHAS Goal 2 Highlights
    - Expanded Test and Treat Programs to 46
    - Expanded the use of Data-to-Care to identify, link, and re-engage
    - Expanded the range of insurance options supported by ADAP from 33 plans offered in 2017 to 37 in 2018
    - Evaluated the Part B Service Delivery System
• Moving 525 insurance clients from Miami-Dade and 75 from Orlando Part A Programs to ADAP
  o NHAS Goal 3 Highlights
    ▪ Established 10.4 FTEs dedicated PrEP Navigators/Coordinator positions for 2018 HIV Prevention Grant
    ▪ Ensuring PrEP Navigator cultural competency through DOH training
    ▪ PrEP in Communities of Color training by AIDS Project Los Angeles (APLA)
    ▪ PrEP Navigation trainings by National Community Health Partners
    ▪ PrEP-based Motivational Interviewing by PROCEED
    ▪ Delivery of PrEP Services for LGBTQ Populations by APLA

**HIV/AIDS Section to provide local areas the reports created by Germaine Solutions during the Part B evaluations.**

The HIV/AIDS Section plans to implement the VRMG software to monitor the integrated plan by March 2019. There will be some restructuring on the plan to indicate additional responsible parties.

**Local Area Highlights**
Representatives from Areas 3/13, 7, 11A and 11B provided updates on key local accomplishments as they relate to the goals and objectives outlined in the State of Florida Integrated HIV Prevention and Care Plan (2017-2021). See Attachment 2 - Area Reports for additional details.

**Updates and Discussion of Activities from Statewide Advisory Groups**
- Gay Men’s Workgroup (Ken Bargar, Co-Chair)
  - Developed an action plan and are currently working on strategies to prioritize items in the IP listed. The group has been able to recruit young Black men, young Latino men presented
  - Clarified goals and objectives of the Gay Men’s Workgroup action plan and have identified at least two objectives to accomplish for the MSM and Transgender communities for prevention (TaP, PrEP, continuous condom use, and testing)
    The group holds monthly conference calls. If you are interested in joining please email Ken Bargar (rw2001president@aol.com)
- Consumer Advisory Group (Alelia Munroe, Chair Elect)
  - Provided feedback to the HIV/AIDS Section on the Molecular Surveillance slide set
  - Recruitment of members to ensure that CAG is reflect of the demographics of the epidemic. May form a recruitment subcommittee
  - Update on the Medical Monitoring Project and the status of the MMP Coordinator

**Public Comments**
- Support group for PLWH provided by Positively U is held 6-7PM (ET) every Wednesday. If you are interested in participating, please call 218-548-0860 123#.
- There was a request to have HOPWA Update at future meeting.
- It was suggested that individuals ask local areas to provide support from more people to attend this meeting.
- It was suggested that given the HIV incidence in the Latino and Black Community that perhaps those advisory groups should be revived.
- Ken Bargar and Jim Roth discussed the action plan that was developed as follow-up to the Establishing Synergy for Integrated Planning Leadership Meeting that was hosted by the National Alliance of State and Territorial AIDS Directors (NASTAD). A survey was distributed to members assessing technical assistance (TA) and capacity building assistance (CBA) needs. Based on the results of the survey, topics will be prioritized, and TA/CBA training sessions will be incorporated into future meetings of the Patient Care and Prevention Planning Group. Get more consumers involved.
- Statewide Latino Haitian Engagement Consultation will be held December 10-11, 2018 in Tallahassee. The report on the consultation will be available in mid-January.
- Members were encouraged to ask for clarity if there were items being discussed that were unclear.
Insurance Benefits Manager RFP is currently being written. The current contract with Broward Regional will conclude on December 31, 2018. Details cannot be discussed. Once published it will be distributed to the group by the HIV/AIDS Section.

It was requested that there be a session earmarked on future agendas to provide follow-up on projects discussed at previous meetings.

State and Federal Update
Michael Ruppal, Executive Director, The AIDS Institute
Michael Ruppal provided an overview of state and federal policy.

State Update
- Governor – Ron DeSantis
  - Transition Team has been announced
    - Matt Gaetz - U.S. Congressman
    - Richard Corcoran, Outgoing House Speaker
    - George LeMieux, who served as a U.S. Senator from 2009 through 2011
    - Toni Jennings, a former Senate president who served as Lt. Gov for Jeb Bush
    - Susie Wiles, DeSantis campaign chair, will serve as Executive Director.
    - Former Chief of Staff, Scott Parkinson, will join the team as Deputy Executive Director.
- State Senator – Rick Scott
- What's Next
  - Open enrollment
  - New FL Administration
  - 2019 Legislative session
- Issues
  - Insurance Barriers
    - Coverage changes
    - Co-pay accumulators
    - Cost
    - Mail order
  - Appropriations
  - Changes in leadership
  - Criminalization
  - Syringe expansion
- 2019 Legislative Session
  - November 20, 2018, Legislature Organization Session (Art. III 3(a), Fla. Const.)
  - December-February TBD, Interim Legislative Committee Meetings
  - January 8, 2019, Florida's Inauguration Ceremony
  - January 25, 2019, Deadline for submitting requests for drafts of general bills and joint resolutions
  - March 1, 2019, Deadline for approving final drafts of general bills and joint resolutions, including companion bills (Senate)
  - March 5, 2019, Regular Session convenes (Art. III 3(b), Fla. Const.) noon; deadline for filing bills for introduction (Senate Rule 3.7(1))
  - April 23, 2019, 50th day – Last day for regularly scheduled committee meetings (Senate Rule 2.9(2))
  - April 28, 2019, 55th day – No House bills on second reading may be taken up and considered by the House (House Rule 10.18)
  - May 1, 2019, 58th day – The House may consider only: (a) returning messages, (b) conference reports, and (c) concurrent resolutions (House Rule 10.09)
  - May 3, 2019, 60th day – Last day of Regular Session (Art. III, 3(d), Fla. Const.)
- Federal Issues
The following handouts will be posted on the meeting website:
- Florida election results
- ABAC Chart
- Community Letters to Congress
- Florida Plan Review

**Next Steps, Future Meeting Topics and Proposed Dates**
The dates of the next meeting were discussed. The AIDS Institute will develop a comprehensive list of all meetings scheduled for the Spring, work with members to select appropriate dates, and research a meeting venue for the Spring 2019 Patient Care and Prevention Planning Group Meeting.

The meeting concluded with a discussion of next steps and action items.

**Action Items for Follow-up**

<table>
<thead>
<tr>
<th>Summary of Discussion</th>
<th>Action Items</th>
<th>Person(s) Responsible</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Patient Care and Prevention Planning Group (PCPPG) Bylaws</td>
<td>Update the proposed PCPPG Bylaws to reflect the changes approved during the meeting and distribute to PCPPG members</td>
<td>The AIDS Institute/PCPPG Membership, Nominations and Bylaws Co-Chairs</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Insurance Benefits Manager (IBM) Request for Proposal (RFP)</td>
<td>Distribute guidance for IBM RFP</td>
<td>HIV/AIDS Section/The AIDS Institute</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Utilization of Rebate Dollars</td>
<td>Provide listing of previous rebate-funded projects to PCPPG members.</td>
<td>HIV/AIDS Section</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Open Enrollment Webinar</td>
<td>Link for the recorded webinar to be distributed to members.</td>
<td>HIV/AIDS Section/The AIDS Institute</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>ADAP</td>
<td>Report on the client usage and dollar amount that has been spent on the Emergency Refill cards. Provide information on utilization of the 90-Day Direct Dispense Program.</td>
<td>Laura Reeves</td>
<td>Completed November 8, 2019</td>
</tr>
<tr>
<td>Client/Staff ratio for case managers</td>
<td>PCPPG Coordination of Efforts Committee to work with local areas to gather this information through the HIV Care Continuum Dashboard. Utilize this data to</td>
<td>HIV/AIDS Section/PCPPG Coordination of Efforts Committee</td>
<td>Post Meeting</td>
</tr>
</tbody>
</table>
determine the impact of this ratio on retention in care.

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Responsible Party</th>
<th>Meeting Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Area Epidemiological Profiles</td>
<td>Distribute local area epidemiological profiles. Use the profiles to update the HIV Continuum of Care Dashboards</td>
<td>HIV/AIDS Section/The AIDS Institute/PCPPG Coordination of Efforts Committee</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Composition of Needs Assessment Committee</td>
<td>Ensure that there is at least one representative from each local area on the committee.</td>
<td>HIV/AIDS Section/The AIDS Institute/PCPPG Needs Assessment Committee Co-Chairs</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>Germaine Solutions local area reports on Part B Lead Agencies.</td>
<td>Provide local areas the reports created by Germaine Solutions during the Part B evaluations.</td>
<td>HIV/AIDS Section</td>
<td>Post Meeting</td>
</tr>
<tr>
<td>PCPPG Standing Committee calls</td>
<td>Distribute call schedule and registration information to representatives, alternates and guests.</td>
<td>The AIDS Institute/HIV/AIDS Section Staff/PCPPG Executive Committee</td>
<td>Post Meeting</td>
</tr>
</tbody>
</table>
| Agenda Items for Future Meetings                                    | • Report on progress towards the goals and objectives outlined in the State of Florida Integrated HIV Prevention and Care Plan  
  • Items from Standing Committees that require input from the larger group  
  • Best practices from local areas  
  • Emerging Topics  
  • HOPWA Update  
  • Updates on project/programs discussed at previous meetings (e.g. 90-Day Direct Dispense Program) | PCPPG Executive Committee/ HIV/AIDS Section                                                                                     | Post Meeting          |
| STD Update                                                          | Provide a webinar to address increasing STD rates in Florida with an opportunity for discussion.                                    | HIV/AIDS Section                                                                 | Post Meeting          |
| Dates for Spring 2019 FCPN Meeting                                  | Secure dates and location for the Fall FCPN Meeting.                                                                                    | The AIDS Institute/HIV/AIDS Section                                                                                  | Post Meeting          |
| Presentation follow-up/Red Ribbon Report                            | Distribute approved PowerPoint presentations and handouts from the meeting to the members.                                              | The AIDS Institute/HIV/AIDS Section                                                                                  | Post Meeting          |