# Maine HIV Advisory Committee 2017 Annual Report

Maine HIV Advisory Committee Annual Report to the Maine Legislature

May 1, 2017

## Background:

Maine HIV Advisory Committee (HIVAC) originated in 1987 during a time when the social and personal health impact of this illness were considerably different than today. In the first decade, the committee focused on social impacts: fear, stigma, hopelessness, as effective treatments were not available at that time.

More recently, with the development of effective treatment and prevention, a major concern for HIVAC is to facilitate access to and funding for these treatments. However, this shift of focus does not lose sight of the fact that stigma, fear and lack of awareness continue to be problematic for people living with HIV in Maine.

In the later part of 2016, the committee worked through a strategic membership recruitment endeavor. With high turnover of committee leadership and membership, few active members remained and there were gaps in representation. As of April 2017, HIVAC is reconvened with new membership and fresh energy to continue the work of serving the HIV/AIDS community in Maine.

HIVAC is commissioned under Maine statute Title 5 §19202. As part of statutorily mandated requirements we are providing the Joint Committee of the Legislature on Health and Human Services with this annual report.

## Mission & Function:

The core functions of the committee, in accordance with Maine statute Title 5 §19202 continue to be focused on advising the legislature, state agencies and departments on issues related to:

- A. Advise the Office of the Governor and state, federal and private sector agencies, officials and committees on HIV-related and AIDS-related policy, planning, budget or rules; [2009, c. 203, §2 (NEW); 2009, c. 203, §8 (AFF).]
- B. Make an annual assessment of emerging HIV-related issues and trends; [2009, c. 203, §2 (NEW); 2009, c. 203, §8 (AFF).]
- C. Initiate and respond to legislation, both state and federal; and [2009, c. 203, §2 (NEW); 2009, c. 203, §8 (AFF).]

- D. Prepare and present, in person, an annual report on the status of HIV in the State to the Office of the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters by March 1st of each year. [2013, c. 108, §1 (AMD).]

In 2017, HIVAC requested and were granted an extension until May for this report from the co-chairs of the Maine Legislature's Joint Standing Committee on Health and Human Services, Senator Eric Brakey and Representative Patricia Hymanson.

## HIVAC Priorities:

Maine's HIV/AIDS Epidemiologic Profile Report[1], prepared by Maine CDC, provides a basis for HIVAC priority development. The most recent "Epi Profile" continues to reflect an increasing number of people living with HIV/AIDS in Maine with continued transmission of HIV.

Two significant factors contribute to the increase in people living with HIV/AIDS:

1) new cases of HIV infection continue to be diagnosed each year;

2) Fewer people are dying of HIV/AIDS because of improvements in treatment of the infection.

## HIV Care:

As of 2016, there are an estimated 1727 people living in Maine with an AIDS or HIV diagnosis as reported to Maine CDC. HIVAC believes this program is highly beneficial in that it improves access to medical treatment for people living with HIV who would otherwise be unable to afford comprehensive treatment. The Medicaid waiver is, by necessity, not only a cost neutral program, but a cost avoidance program.

Maine's Medicaid Section 1115 Health Care Reform expands access to certain individuals with HIV/AIDS without health insurance, allows such individuals to become eligible for a targeted benefits package without having to spend down income or resources, and allows individuals with HIV/AIDS to remain involved in gainful activity. The program is designed to provide more effective, early treatment of HIV disease by making available a limited but comprehensive package of services, including anti-retroviral therapies. The State believes that early treatment and case management services provided to individuals with HIV/AIDS create efficiencies in the Medicaid program that enable the extension of coverage to certain individuals who would otherwise be without health insurance.

[1] http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/data/documents/2016/ME-HIV-Epi-Profile-2015.pdf

The State's goal in implementing the demonstration is to improve the health status of individuals living with HIV/AIDS in Maine by:

- Improving access to continuous health care services;
- Arresting progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency; and
- Expanding coverage to additional low-income individuals living with HIV with the savings generated from Disease Prevention and early treatment with anti-retroviral (ARV) medication to prevent the progression of the virus.

The Maine HIV/AIDS demonstration provides a comprehensive set of services to those who are both HIV positive and are at or below 250 percent of the FPL. The demonstration expands access to those without health insurance and who are otherwise ineligible for MaineCare. Individuals with other insurance may receive this benefit. MaineCare may pay premiums/cost-sharing for this insurance according to current MaineCare rules.

The eligibility criteria for the HIV/AIDS demonstration are as follows:

- Positive HIV status;
- Financially eligible;
- Completed information form related to other insurance, i.e., third party liability (TPL);
- Payment of premiums (if applicable); and
- Willingness to sign informed consent that includes;
    - Understanding of requirements of the benefit; and
    - Willingness to comply with treatment recommendations

In September 2016, Maine's HIV 1115 demonstration was given approval for a one year extension. The demonstration is currently renewed through December 31, 2017. The State plans to request a one year extension in the spring of 2017 for calendar year 2018.

In December 2016, there were 456 individuals enrolled in the demonstration.

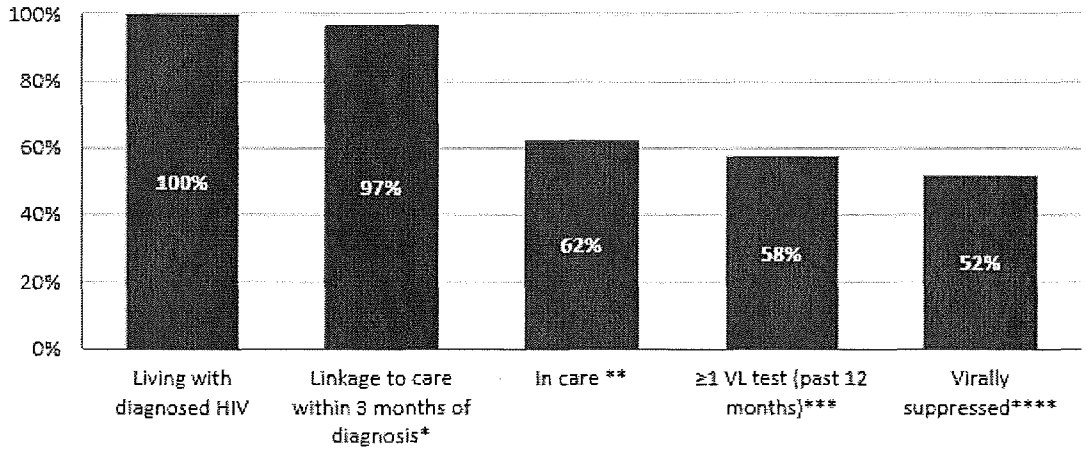
Cost Sharing
On October 1, 2016 monthly premiums for the Special Benefit Waiver were increased by 5%. The new amounts are:

| **INCOME LEVEL (January 1, 2016 – December 31, 2016)** | **MONTHLY PREMIUM** |
|---|---|
| Equal to or less than 150% of Federal Poverty Level | 0 |
| 150.1% - 200% of Federal Poverty Level (See Chart 6) | $34.22 |
| 200.01% - 250% of Federal Poverty Level (See Chart 6) | $68.43 |

## Treatment:

Among the general population of people living with HIV in Maine, the continuum of care is a success. This is especially true of our linkage to care rate of 97% within three months of a diagnosis. This is a credit to testing programs, the statewide linkage to care coordinator, and case management agencies.

**Figure 22. Continuum of care among adult PLWHA in Maine, 2013**




**For individuals newly diagnosed in 2013 only (n=33)*

*** Defined as the number of persons who had either ≥1 CD4+ or viral load test result during 2013. Percentage calculated as the number who received any care among PLWHA*

**** Defined as the number of persons who had ≥1 viral load test results during 2013. Percentage calculated as the number retained in care among PLWHA.*

***** Defined as the number of persons who had suppressed VL (≤200 copies/mL) at most recent test during 2013. Percentage calculated as the number virally suppressed among PLWHA.*

*Source: Maine Electronic HIV and AIDS Reporting System (eHARS)*

Maine exceeds national rates for "Engaged in Care" (62% vs. 40%) and "Virally Suppressed" (52% vs. 30%). Perhaps the largest contributor to this boon in HIV management is the MaineCare HIV Waiver which allows access to care for many people diagnosed with HIV.

While these rates are worthy of celebrating, they do not tell the whole story for all people living with HIV in Maine. Certain vulnerable populations are less likely to stay retained in care, including young people, people of color, and people who identify as Hispanic.

## Maine Integrated Planning Group:

From 2015-2016, an extensive needs assessment process was conducted statewide to address the current resources available and the gaps that exist in services for a representative sample of people living with diagnosed HIV and those at highest risk for contracting HIV in Maine. A synthesis of data collected through the needs assessment

served as a guide in the creation of this Integrated HIV Prevention and Care Plan[2]. Beyond the planning process, the group continues to meet bimonthly to assess progress on this plan, now known as "Maine HIV/AIDS Advisory Board" (MeHAAB).

Most of the services assessed and described in this plan are publicly-funded and supplied through MaineCare (MaineCare), Ryan White, HIV Prevention 12-1201 and Housing Opportunities for People with AIDS (HOPWA) grants. MaineCare, HOPWA, and AIDS Drug Assistance Program (ADAP) services are available throughout the state; Ryan White Part C services are available through three strategically located regional providers; and HIV case management is available through community-based agencies throughout the state. Other key medical providers also contribute to the Continuum of Care.

This plan will guide HIV care and prevention over the next five years.

## Maine Department of Corrections:

The Maine Department of Corrections (MDOC) houses approximately 2,400 prisoners in seven facilities throughout the State. During 2016, the average monthly census of HIV positive prisoners was fifteen. Education regarding infectious disease, bloodborne pathogens and transmission begins at intake. Prisoners admitted to a MDOC facility are subsequently seen by a Health Care Provider and additional screening is performed on a one on one basis. At this time, lab tests are ordered if indicated and follow-up is completed once results are received. During 2016, 956 HIV tests were performed. There were no new positive results identified. Prisoners with HIV positive status are referred to Infectious Disease Specialists in the community. Facility Health Care Providers maintain close contact with the Specialists to coordinate treatment. Discharge planning is initiated up to one year prior to release to facilitate the continuation of the care in the community.

## Prevention and Testing:

**Education & Awareness of HIV Prevention**: HIVAC has a direct interest in people living with HIV/AIDS (PLWHA) for the purposes of assuring effective medical care and prevention of HIV transmission. The Epidemiologic Profile identifies the most frequent modes for transmission of HIV in Maine as: men who have sex with men; injection drug use; heterosexual contact with at-risk partners. For HIV transmission prevention purposes, specific populations are identified as priorities, including: people living with HIV/AIDS (PLWHA); immigrants; people of color; people incarcerated in correctional facilities.

The Department of Education also focuses prevention efforts toward youth in the context of comprehensive sex education that includes HIV education.

[2] The full plan can be found online: http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/data/documents/HIV-Prevention-and-Care-Integrated-Plan_Final.pdf

Skills-Based/Curriculum Workshops:

- "Be Proud, Be Responsible" [9 participants]
- "Partners in Prevention" [48 participants]
- "Creating Safety for LGBTQ Youth" [30 participants]
- "A Place for Everyone: Welcoming Transgender Youth" [31participants]
- "High Risk Adolescent AIDS Prevention" [24participants]
- "Partners in Prevention Plus" [18 participants]
- "Best Practices in HIV/STD and Pregnancy Prevention" [13 participants]
- "Teens, Street Drugs and Opioids" [42 participants]

Statewide Conferences:

- 11th Annual Comprehensive Sexuality Conference, [167 participants]

Youth/Peer Leader Conferences:

- Maine Youth Summit, [65 youth, 25 adults]
- Welcoming and Safe Schools Conference, [122 youth, 45 adults]

Attendance: A wide range of educators and youth-serving professionals from across the state were reached by the training program this year, impacting reproductive health education for thousands of students. 215 people attended intensive 1- or 2- day workshops that taught evidence-based curricula and approaches for prevention education. All participants received extensive materials for implementing curricula in their settings. An additional 37 people registered for workshops but were unable to attend due to space limitations or other reasons.

167 staff attended the one-day Comprehensive Sexuality Education (CSE) conference in Augusta. In its 11th year, this conference remains the sole event focused on professional staff development for sexuality educators.

257 students and teachers attended the two student leadership conferences co-sponsored by the program: Maine Youth Summit at L-A College in November, and Safe and Welcoming Schools at USM in May. Both conferences featured numerous workshops, many co-facilitated by students and adults.

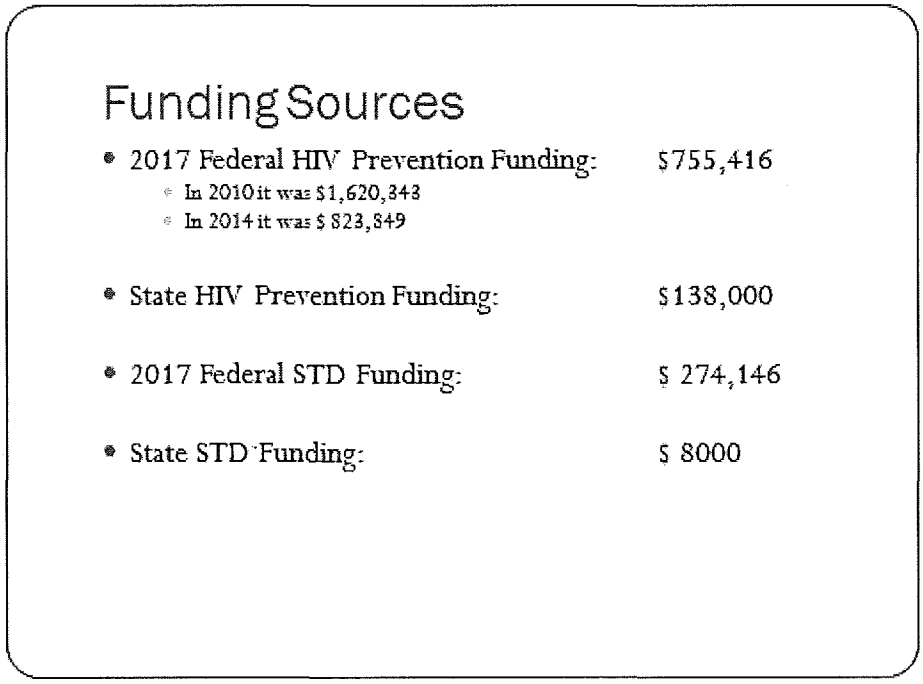
Total attendance for the year: 639 (452 adults, 187 youth), encompassing 62 school districts across the state as well as 61 youth-serving agencies which provide alternative education and support services to priority youth populations.

HIVAC has an interest in providing readily available and complete healthcare information in an electronic delivery system that meets the highest standards for information privacy, reliability and security. HIVAC continues to work closely with Ryan White case management agencies such as Frannie Peabody Center and the Health Equity Alliance to discuss systems efficiencies in HIV services and care delivery in Maine.

## Testing:

Between January 1 and December 31, 2016, 47 individuals had been newly diagnosed with HIV in Maine. All of these individuals were offered Linkage to Care services as well as Partner Notification services through the Maine CDC HIV prevention Program funded by federal CDC.

HIV testing is a key component for reducing the spread of HIV. Testing allows individuals to know their HIV status, which in turn may positively impact an individual's decisions regarding healthcare treatment, sexual activity and injection drug use. HIV-infected persons who have not been tested and do not know that they are infected may not achieve viral suppression and/or avoid unsafe behaviors thereby placing others at risk for acquiring HIV.




The State of Maine participates in yearly surveillance of health behaviors among adults, including HIV testing and risk behaviors via the BRFSS survey. Information from the BRFSS provides a snapshot of HIV testing among the general adult population in Maine. The percentage of Maine adults who reported ever having an HIV test was only 33% according to the 2013 BRFSS.

Data from HIV testing entities in Maine provide a closer look at HIV testing trends. There are four HIV counseling, testing and referral (CTR) sub-grantees funded by the MeCDC HIV,

STD and Viral Hepatitis Program that provide no-cost services to at-risk individuals at 19 sites throughout Maine. These sub-grantees include family planning agencies, STD clinics and community based organizations. Sub-grantees provide HIV testing, risk-reduction counseling, safer-sex supplies, educational materials and referrals for services.

In 2016, 2229 HIV tests were performed at publicly funded CTR sites in Maine. These efforts resulted in seven newly diagnosed individuals. In the five-year period between 2010 and 2014, 84 individuals tested by Maine CTR sites tested positive for HIV. HIVAC would like to underline the importance of these programs beyond identifying positive tests- another way to view this data is that more than 2000 people in 2016 received counseling about their risks for HIV, HCV and STD's and were given tools to keep themselves negative including safer sex supplies, counseling about lower risk sexual activities, recommendations on how often they should get tested, and information about pre-exposure prophylaxis (PrEP) for HIV prevention.

PrEP is a revolutionary medication which is not well known by providers. This drug was approved by the FDA in 2012 as a once-a-day pill that is more than 90% effective at preventing the transmission of HIV to people who are currently HIV negative[3]. The CDC estimates that one in three providers does not know about PrEP as an option for prevention. There are several agencies working across the state to reach providers with this information.

While new HIV diagnoses are not rising dramatically, both Hepatitis C and sexually transmitted infections (STIs) are on the rise. Having either diagnosis increases vulnerability to HIV transmission. Hepatitis C diagnoses in January 2017 are up 18% from the five-year median. Gonorrhea increased 78% from 2013 to 2014, with 71% of cases in Cumberland county and Western Maine. Chlamydia was up 13% and Syphilis was up 18%. Anyone who is at risk for STIs is also at risk for HIV. For preliminary STI data from 2016, please see Appendix A on page 11 of this report.

## Syringe Exchange Programs:

The Maine DHHS Center for Disease Control and Prevention is authorized by 22 MRSA ch. 252-A, §1341(1) ("Hypodermic Apparatus Exchange Programs") to certify hypodermic apparatus exchange programs as a public health promotion strategy.

Needle exchange programs (NEPs) are an evidence-supported structural intervention[4] that target injection drug users (IDUs) to reduce the transmission of HIV, Hepatitis C, and bacterial infections (Neaigus et al., 2008; Holtzman et al., 2009; Des Jarlais et al., 2005). These programs not only provide people who inject drugs (PWID) with harm reduction

[3] https://www.cdc.gov/hiv/risk/prep/index.html

[4] A *structural intervention* is generally accepted as an intervention that is replicable and governed by specific standards and process.

materials at legal agencies, but NEPs also have shown to reduce injection risk behaviors over time (Huo & Ouellet, 2007; Des Jarlais et al., 2009). Huo & Ouellet (2007) examined long-term needle exchange program usage and showed that NEP facilitated long-term reductions in injection risk practices.

In 2016, 4,849 individuals were enrolled at Hypodermic Apparatus Exchange Programs in order to exchange contaminated hypodermic apparatus for a clean apparatus. This is a modest 1.4 % increase from 2015. Maine State law requires a one-to-one exchange except in the initial enrollment exchange where ten clean hypodermic syringes can be distributed for future exchanges.

Four state-certified Hypodermic Apparatus Exchange Programs operated six sites in Maine in 2016.

| Agency | Site Location | Certification Date |
|---|---|---|
| City of Portland | Portland | September 1998 |
| Down East AIDS Network | Ellsworth | July 2014 |
| Down East AIDS Network | Bangor | July 2014 |
| Down East AIDS Network | Machias | July 2014 |
| Health Reach Harm Reduction | Augusta | December 2004 |
| Frannie Peabody Center | Lewiston | March 2015 |

There were 2,928 referrals for HIV testing and 2,614 referrals for Hepatitis C testing offered. Exchange site staff made a total of 11,951 referrals to primary care providers, substance use treatment programs, and housing assistance programs. This is a 61% increase from 2015.

Globally, nationally, and locally in Maine, evidence has shown Hypodermic Exchange Programs continue to be a proven intervention for HIV and Hepatitis C prevention as well as a direct link to many health services, especially substance abuse treatment and care programs.

## Public Policy:

As the HIVAC is reconvening, there are several policy areas that are emerging. The priorities of the HIVAC are determined first by which policies impact people living with HIV, followed closely by policy areas that impact communities disproportionately impacted or at risk for HIV based on data from the state and federal CDC. These communities include people of color, people who inject drugs, the LGBTQ+ community, youth, people who experience homelessness, and people who have been incarcerated.

**Proposed MaineCare Reimbursement Rate Cuts:** One of the central issues that HIVAC has been discussing and working on are the proposed rate cuts for MaineCare billing rates for Targeted Case Management (TCM). Frannie Peabody Center (FPC) and Health Equity Alliance (HEAL) are the two AIDS Service Organizations (ASO's) that provide TCM to those clients living with HIV/AIDS statewide. A reduction to billing rates for TCM was suggested in 2016 after the DHHS engaged Burns & Associates for a rate study report.

The original suggestion was a 33% reduction in billing rates for TCM. Providers across the state (not just ASO's but also mental health agencies across Maine) voiced their fears and objections around what a 1/3 reduction in billing rates would mean for services statewide. The outcry was so great, the legislature put a moratorium on any proposed cuts to April 2017 and the DHHS agreed to continue to hear comment and rebuttal regarding the magnitude of the cuts. This past April, DHHS reported back to the Health and Human Services Committee (HHS) with new information and a revised reimbursement rate model. Still, a 26% decrease in the billable rate for TCM was the new, proposed cut, although the DHHS has been very clear – there was no budget shortfall when the original rate cut was suggested and there is not currently any budget shortfall that the 26% cut needs to cover.

The ASO's have joined forces with behavioral health alliances that continue to fight the rate cut suggested for TCM. Any cut to the billable rate (regardless of how small) would carry a high impact. A cut of 26% is nothing short of catastrophic. As it is, the current rate model has not changed in almost 10 years. Feedback from the ASO's and mental health alliance indicate a consensus of opinion that the rate structure does not incorporate enough funding for overhead, benefits, operation costs, travel and most importantly work proficiency. The proposed cut would result in a significant loss of staff and therefore a decrease in case management services. This could, in turn, lead to any number of significant public health issues. Targeted Case Management is an essential and effective component of adherence to medication and access to care. Without TCM, clients could absolutely fall out of care or move away from adherence to medications. This in turn would undoubtedly result in increased viral loads and a significant increased risk of new HIV infections. HIVAC plans to continue to monitor this issue closely and depending on the DHHS's final decision, and the ultimate impact of that decision for clients who are receiving TCM services,

**Additional Advocacy Efforts in 2017:** The HIVAC has submitted comments for two policies in 2017: regulatory changes to the MaineCare HIV Waiver Program and LD 531 "An

Act Regarding the Drug Crisis and Ensuring Access to HIV Testing." The MaineCare Waiver was primarily to confirm the positive impact of the program for people living with HIV.

There are several bills currently in process that HIVAC is monitoring. One important bill is LD 1326 – "An Act to Reduce Morbidity and Mortality Related to Opioid Misuse," which had a public hearing on April 28, 2017. LD 1326 will reduce illness, injury and death related to opioid misuse by increasing access and reducing barriers to obtaining naloxone and sterile injection equipment and reducing reluctance to call for emergency medical services. Because of the effectiveness of syringe exchange programs in preventing both HIV and Hepatitis C among people who inject drugs, the HIVAC is in favor of this bill.

## Conclusion:

HIVAC members would like to thank the Maine State Legislature, and, in particular, the Joint Standing Committee on Health and Human Services, for your continued interest in the care and prevention of HIV/AIDS. There are many complex issues that intersect with the impact of the virus and public health in Maine. Our state continues to maintain a relatively low disease burden, but for the people living with HIV, and those at risk, constant vigilance is necessary to maintain that status.

Respectfully,

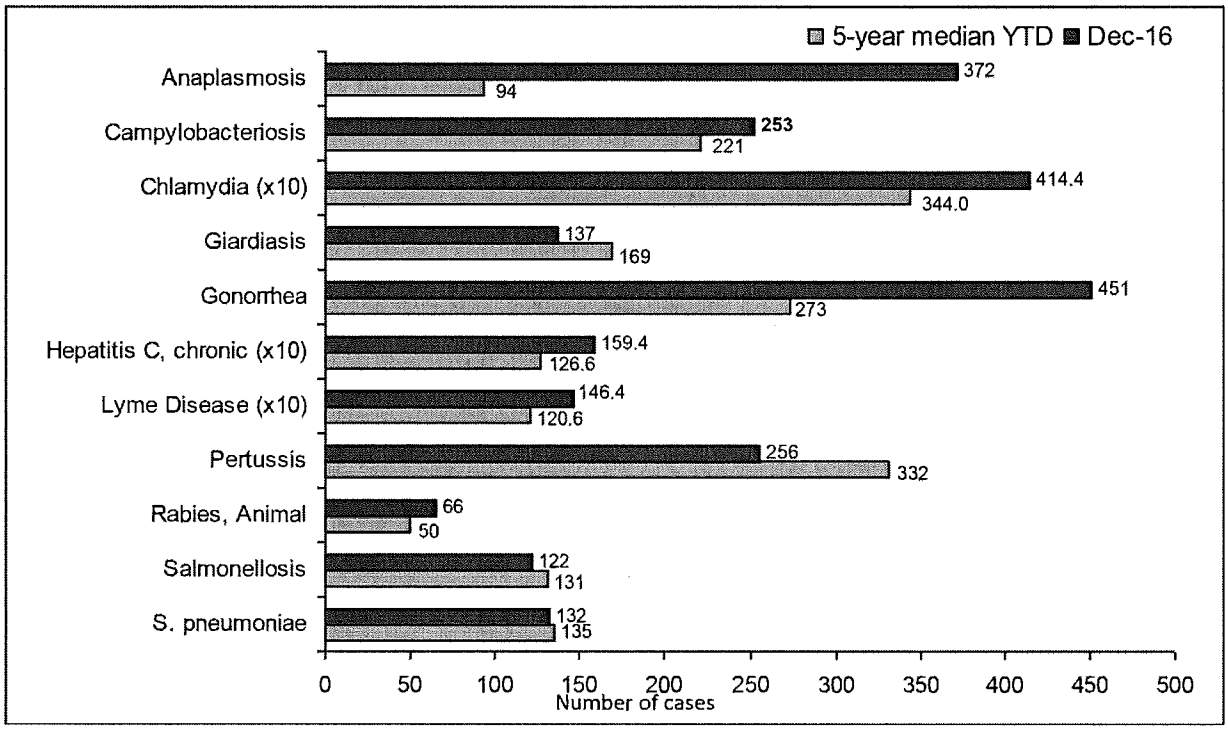
2017 HIVAC Membership:

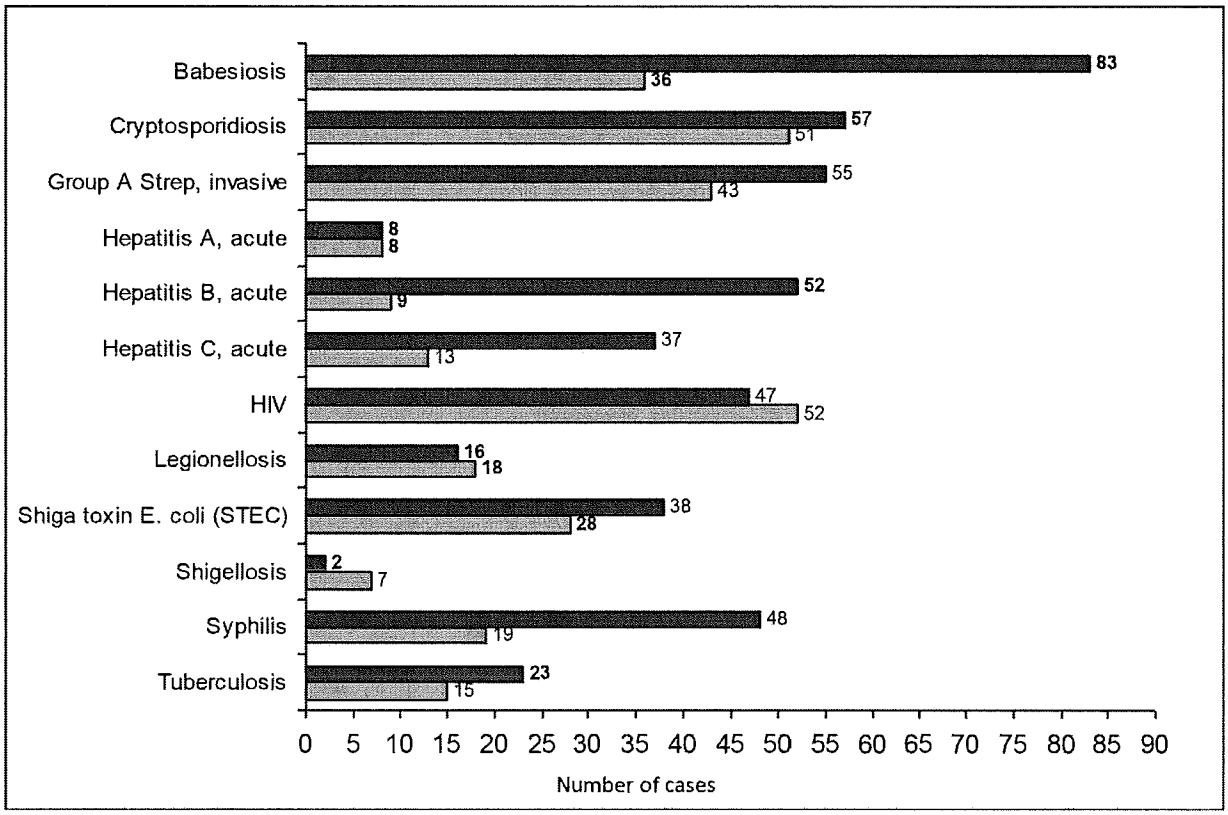
Kent Wotton*, Co-Chair
Donna Galluzzo*, Co-Chair, Frannie Peabody Center

Stash Bayley*
Brian Chapla*
David Heath*
Vanessa Macoy*, Maine AIDS Education and Training Center, Health Equity Alliance
James Pombriant*
Jennifer Rogers*, NP-C, AAHIVS
*Indicates voting membership

<u>State of Maine Employees Appointed to HIVAC:</u>
Emily Bean, MaineCare
Sherry Boochko, MaineCare
Cheryl Cichowski, Office of Substance Abuse and Mental Health Services
Jayson Hunt, Maine Center for Disease Control
Jean Zimmerman, Maine Department of Education

**Appendix A:** Selected Reportable Diseases in Maine, Year-to-Date (YTD) and Five Year Median through December 2016




Note: Data are preliminary as of 1/23/2017