# End HIV/STI Oregon Statewide Planning Group (OSPG) Meeting Notes

February 15, 2023, 1:00 - 4:00 p.m

## Announcements

- OHA has an open position (through 3/15) for an HIV/STD Prevention Strategic Initiatives Coordinator. This position will focus on PrEP, testing, and more. Learn more here.
- Familias en Acción will be launching a virtual Latiné and HIV learning cohort and collaborative in April 2023 and inviting organizations to participate. Learn more here.

## CAREAssist Updates: Keeping People Living with HIV Covered

### Open enrollment

CAREAssist and partner organizations have been helping clients who were previously enrolled in a Qualified Health Plan transition to an off exchange plan. The transition to an off exchange plan allows clients to auto-enroll annually, avoiding the enrollment process through the marketplace and avoiding the requirement to provide CAREAssist with tax forms. Many clients have voiced their satisfaction with the ability to auto-enroll as it is an easier process.

As of January 15, 2023, clients have been enrolled in:

- Off exchange plans: 665 clients
- Group coverage: 565 clients
- Medicare: 1367 clients
- Oregon Health Plan: 767
- Qualified health plan: 6 clients
- Uninsured Persons Program (UPP): 3

### CAREAssist updates related to the Oregon Health Plan (OHP)

Through the Public Health Emergency (due to Coronavirus), people have had continuous Medicaid (OHP) coverage. When the continuous eligibility requirement ends,

states will have to redetermine eligibility for all members. Anyone who is found to be no longer eligible for OHP will receive a 60 day notice, prompting them to enroll in an off-exchange plan.

- Phase 1: Before the Public Health Emergency ends: Encourage clients to update their contact information.
- Phase 2: OHP clients will receive renewal notices. OHP is asking that OHP clients respond to renewal notices right away. Not everyone will receive the redetermination forms at the same time. Forms will be sent based on the redetermination due date.
- If the redetermination date of notice is April 15 and is not received by the due month, the benefits will end on the end of the month of the due date.
- People receiving benefits can call 800-699-9075 to get help following the instructions on the letters or visit https://healthcare.oregon.gov/Pages/find-help.aspx to get in-person help through a trusted community partner. OHA and ODHS accept all relay calls.
- Even if people no longer qualify for OHP or other benefits from the state, there are other options. It's important they respond to letters from the state so they can get help finding coverage they qualify for.

A webinar is scheduled for March 9th, at 3pm, with community partners who provide Assistor services to CAREAssist clients. During the webinar, staff will go over what is needed from Assisters for clients who will need to transition to Employer Coverage or an Off-Exchange plan.

- Anyone wanting an exception to enroll in an Off-Exchange plan vs. Employer Coverage will be asked to complete the Insurance Exception Form prior to enrollment.
- CAREAssist will also need a copy of the OHP end-of-coverage notice, prior to enrolling in other coverage. This will be needed to meet a Special Enrollment Period outside of the Open Enrollment period.
- Following the webinar, OHA will provide partners with a list of OHP clients whose income is over 138% of the federal poverty level.
- CAREAssist will mail a letter on March 13th to all OHP clients whose income is currently over 138% FPL. The mailing will include a list of contracted Assisters who can help with the insurance transition - and Case Workers are also available to assist clients in case management.
- Clients not in case management will be assisted by CAREAssist Case Workers.
- A copy of the letter will be provided to all partners.
- CAREAssist currently has 199 clients who are over 138% FPL on OHP ($1,563 per month). CAREAssist will be assisting these clients to ensure they have coverage.

# Oregon AIDS Education & Training Center update

The Oregon AETC is part of the Ryan White Program. Its mission is to improve the quality of life of persons with or at-risk of HIV through the provision of high-quality professional education and training. Its role is to close the gap between the best available evidence and actual clinical practice, which generally takes about 17 years.

- From 2021-2022, AETC trained 861 clinicians working in Ryan White funded positions in Oregon and 267 clinicians working in a Federally Qualified Health Center. Trainees include behavioral health professionals, physicians, pharmacists, physician assistants, nurses/APRNs, and dentists.
- AETC trainings address a range of topics, including STIs, PrEP, stigma and discrimination, and linkage to care, and treatment adherence. When new clinical guidance is released on a topic, that topic becomes a training priority so that clinicians receive the new information in real time.
- The Oregon AETC website includes a map and searchable database of PrEP providers and of HIV providers. Currently, there are 395 PrEP providers on the PrEP provider list (up from 25 in 2017!).
    - According to AIDSvu, Oregon has 4,531 PrEP users.

Communities of practice (CoP)

- A CoP is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals. CoPs often focus on sharing best practices and creating new knowledge to advance a domain of professional practice. Interaction on an ongoing basis is an important part of this.
- AETC currently facilitates seven CoPs by topic: 1) STIs, PrEP forum, 2) PrEP outreach, 3) Rapid ART starts, 4) HIV breakfast club, 5) Sexual orientation and gender identity (SOGI) data collection, 6) gender affirming hormone therapy, and 7) carceral (coming soon).
    - Rapid ART Start is a low barrier, open access model of care in which newly diagnosed clients receive care services on the day of diagnosis or within 7 days of diagnosis. This model can help clients achieve viral suppression much earlier (reducing transmission) and can increase retention in care.

One-on-one mentoring (public health detailing) involves:

- Brief (10-15 minute) conversations between clinicians and AETC staff
- One key message per session, tailored to the individual based on needs assessments
- Challenges to encourage providers to try implementing a small change before the next visit

Practice transformation involves efforts to change systems using the following steps (generally over a 12 month period):

- A clinician chooses an area of focus and an outcome of interest.
- AETC investigates the problem and the current process used.
- An evidence-based intervention is selected, implemented, and sustained to help achieve the outcome of interest.

AETC collaboration with AR-TIC (Anti-Racist Trauma-Informed Care)

- Goal: Build systems that support BIPOC and Latinx engagement along the HIV Care Continuum from prevention through viral suppression through a shared understanding of Anti-Racism and Trauma Informed Care as it relates to service delivery coupled with systematic policy review to create sustainable change that positively impacts patient/client care.
- As of February 1, 2023, a total of 255 unique individuals (e.g., HIV program leaders and service providers) from across the state have attended at least one ar-tic training event. Please note, Cascade AIDS Project is working independently with ar-tic to train their workforce, training approximately 100 additional individuals since this work began.

Sexual Orientation & Gender Identity (SOGI) data collection

- SOGI trainings emphasize how to collect these data and why the data are important. Trainees include COVID-19 contact trailers and case investigators.

AETC efforts over the next year include:

- Conferences
- On site training
- Quality improvement along the HIV are continuum
- One-on-one provider support
- CoP
- Efforts to address racism and stigma

Discussion

- Federally qualified health centers (FQHCs) are safety-net providers that offer outpatient services. FQHCs include community health centers, migrant health centers, health care for the homeless centers, public housing primary care centers, and health center service “lookalikes.” There are 34 FQHCs in Oregon.
- Q: Does AETC give training on talking to clients/patients about U=U?
    - A: Our trainings include a slide on the psychological benefits of U=U and the impact on patients!
- Q: Why don't you start with the self swabs?
    - A: In detailing, the starting point is tailored to each provider. Many folks start with self swabs. Sometimes they start with self swabs and realize they have to take a step back and start by taking a sexual history. It just depends on the provider and where they are in their place of practice.
- Q: Is there a new AETC training for injectable antivirals?

- A: The Oregon AETC provides training on all clinical content related to HIV prevention and treatment, including injectable medications options such as cabotegravir. However, it is important to note that not all health systems are currently set up for in-office administration of cabotegravir, which poses additional challenges, especially in rural Oregon.

# 2023 Oregon Legislative Session

## Background: Legislative process

The Oregon state legislature:

- Creates or changes existing laws
- Sets the state budget
- Has 30 senators (who serve four-year terms) and 60 representatives (who serve two-year terms)
- Has policy and budget committees.

Bills are introduced, amended (not always, but often), engrossed, enrolled, then become law when signed by the Governor.

OHA's role in the legislative process is to support the Governor's policy and budget positions and evaluate bills for their impact on public health and health equity.

## Opioid related bills

OHA's Overdose Prevention Community Partnerships Coordinator at OHA shared that the overdose omnibus bill (HB 2395-4):

- Allows first responders to distribute opioid antagonists to people who have overdosed or are at risk, family members, and anyone who requests them
- Creates bystander immunity from criminal/civil liability (e.g., naloxone)
- Allows OHA to issue standing orders for naloxone
- Allows possession, distribution, and administration without liability
- Allows kits to be available in public buildings and administered without liability
- Allows school employees to administer naloxone without liability or for administration or for failure to administer.
- Allows minors (14+) to obtain outpatient medication or treatment for substance use disorder (excluding methadone) without parental consent
- Removes fentanyl test strips and other hard reduction items from the definition of drug paraphernalia
- Provides civil immunity for a person distributing items exempt from the drug paraphernalia list

- Requires the Oregon Prescription Drug Program to bulk-purchase naloxone to expand access to entities that serve vulnerable populations (e.g., hospitals, schools, substance use treatment providers)
- Requires local mental health authorities to report overdose deaths for people under 24 years of age
- Updates the definition of naloxone in statute

Other opioid-related bills could:
- Require OHA to implement a public health opioid campaign
- Standardize opioid overdose reporting
- Direct OHA to track naloxone and other drugs, as well as deaths from opioid overdose
- Exempt drug paraphernalia prohibiting testing equipment for controlled substances
- Require OHA to study opioid overdose prevention and access to treatment and mental health services

The Oregon State Budget for 2023-2025 has been released. Priorities include housing and mental health and addiction services.

Discussion
- Q: Why do folks want to remove fentanyl test strips from the definition of drug paraphernalia?
    - A: The current classified as paraphernalia in Oregon Statute prevents OHA from purchasing and distributing fentanyl test kits.
- Q: Would these bills improve health and health equity?
    - A: Yes, especially for Black and American Indian communities.

## Background: PEP

Post-exposure prophylaxis (PEP) is a combination of medications that, if taken within 72 hours of a potential HIV exposure, is highly effective at preventing infection. PEP may be prescribed to people who have been exposed to HIV at work, who have experienced sexual assault, or who seek care after high-risk consensual sex or injection-drug use.

People who need PEP commonly face barriers to obtaining, filling, and paying for these emergency medications, especially in rural areas. Many providers aren't familiar with PEP, many pharmacies don't stock the medications, and many people can't afford their co-pay for the drugs. With the 72-hour clock on PEP's effectiveness ticking, people who often have just experienced a trauma are being forced to scramble to obtain this vital HIV prevention tool.

### PEP-related bills

Staff from Cascade AIDS Project shared information about HB 2574. If passed, this bill could help ensure access to PEP across the state by:

- Requiring all Oregon hospitals to have a policy on prescribing PEP
- Mandating that providers in emergency rooms prescribe and dispense at least five days' worth of PEP to patients in the ER, if not medically contraindicated and with patient consent
- Directing OHA to supply rural ERs with a limited number of complete courses of PEP each year
- Prohibiting insurers from requiring cost-sharing for PEP

The first hearing for the bill took place on February 14th. There were a number of testimonies in favor of the bill. A fact sheet about HB 2574 is available here.

Discussion

- Q: Is CAP tracking or supporting other bills?
    - A: Yes. CAP is tracking bills that would restrict gender affirming care.
    - There is also a bill to create an older LGBTQ adults commission, create a bill of rights for LGBTQ people in elder care facilities, and mandate training for facility staff. This bill has not yet been introduced.
        - View an LGBTQ+ Older Adult Survey Report here.
    - Insurers are required to cover PrEP under the ACA, but an employer filed a lawsuit on religious grounds. This lawsuit may make it to the Supreme Court. However, it is possible that Oregon state law will continue to require coverage for all preventive services recommended under the ACA. Learn more about a related bill here.
- Comment: HB 2089 is a threat to Measure 110 dollars
- Q: I am curious about the focus on hospitals. Is it possible to ensure PEP access in urgent care?
    - A: Emergency departments were identified as the best setting for PEP access since they are 1) regulated by the state (unlike urgent care), 2) include a rural classification, and 3) are available to folks at all hours.

## U-U (Undetectable = Untransmittable)

A brief history of U=U

- 2008: The “Swiss Statement” was issued, making the case for treatment as prevention.
- 2005-2015: The HPTN 052 Study provided definitive findings supporting treatment as prevention.
- 2016: The Prevention Access Campaign launched a consensus statement supporting U=U, developed by PLWH and researchers from around the world.

- 2019: Oregon formally signs on to support the Prevention Access Campaign's campaign.

What does U=U mean?
- A person with HIV who takes daily antiretroviral therapy (ART) as prescribed and has an undetectable viral load cannot transmit HIV through sex.

What PLWH in Oregon say about U=U
- The Medical Monitoring Project (MMP) involves a survey of PLWH in Oregon. Three-fourths (78%) of MMP respondents say they have heard that "having an undetectable viral load means you will not pass on HIV to partners."
- Awareness of U=U increased from 67% in 2018 to 89% in 2020. Awareness varied by subgroup:
    - 92% of younger PLWH (18-29 years) were aware off U=U (Awareness decreased with age)
    - 86% of Latiné PLWH
    - 65% of Blacks and African American PLWH
    - 83% of gay, bisexual and other MSM
    - 68% of non-MSM
- People who were aware of U=U were more likely to report willingness to have unprotected sex.

In August and September 2022, MMP staff interviewed 10 PLWH in Oregon. All 10 participants were familiar with the concept of U=U, but seven had not heard the term U=U. Eight said they believed U=U is true, while 2 said they were unsure. Five of the 10 suggested a media campaign to promote U=U awareness.

The Latino Commission on AIDS is having a webinar about U=U campaigns on February 23 at 10:00 a.m. PT.

Discussion: How should we talk about U=U, especially in communities with less awareness?
- People are skeptical. We should take time to explain the studies and data.
- I've heard people say what is U=U? I believe that it should be spelled out Undetectable equals Untransmittable.
- I feel like Undetectable = Untransmittable is a great succinct message for providers, but I think more accessible language would improve understanding for the general public.
- It's surprising how many gay men don't know about U=U.
- We need a way to explain U=U in a way that people can understand.
- Do you think the fact that U=U applies only to sex (versus injection drug use) complicates the messaging?
    - Two members said they think it does complicate the topic.
- Fear drives ignorance.
- Here's a good video resource to share. It is also available in Spanish.

- EOCIL has been sharing materials with QR codes that link to educational resources.
- We also need to educate folks about the fact that ART allows people to breastfeed without transmitting HIV to their babies.
- It would be nice to diversify the people included in HIV awareness ads.
  - Coates Kokes recently took photographs of a wide range of people, with a focus on folks who have been underrepresented. These photos will be on the End HIV Oregon website.
  - A few OSPG members expressed an interest in being in marketing materials.

OHA will continue to explore messaging related to U=U.