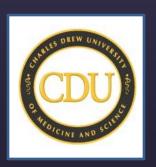
ACA Implementation and HIV in Los Angeles County: Focus on Covered California

Tom Donohoe, MBA
Director, UCLA Pacific AETC
Associate Director, Center for Health Promotion and Disease Prevention
David Geffen School of Medicine at UCLA
Los Angeles County Commission on HIV (The Commission)
August 8, 2013







Educational objectives

- At the end of this workshop, participants will be able to:
 - Explain the basic concepts of Covered California, (the Marketplace) focusing on Los Angeles County.
 - Review the rights, responsibilities, and decisions of impacted consumers in 2013, 14, and 15.
 - Consider the decision-making process for impacted consumers living with HIV.
 - Discuss the role of the Commission on HIV.



Agenda

- Overview and update of ACA/Covered California
- Rights, Responsibilities and Decisions of impacted consumers
 - Case Discussions (Pedro, DeWayne and Tonya)
 - Your Opinions
 - Timelines and HRSA Policy Guidance/Clarifications
- Review ACA/Covered California Implementation Roles
 - Los Angeles County Commission on HIV
 - Division of HIV/STD Programs (DHSP)
 - State Office of AIDS (SOA)
 - RW Clinics/Clinicians/Staff
 - AIDS Education and Training Centers (AETCs)
 - You



Share your ideas, stories, questions, concerns

Contact:

– Maya Gil Cantu, MPH, DREW PAETCMaya@hivtrainingcdu.org

Your ACA implementation concerns for HIV patients in Los Angeles County will also be shared with the Commission on HIV, the State Office of AIDS, and HRSA.



We'd like to thank:

- UCLA
 - Uyen Kao
 - AJ King
- UCLA PAETC
 - Kiesha McCurtis
 - Joel Peisinger
- Drew PAETC
 - Phil Meyer
 - Maya Gil-Cantu
- UCSD PAETC
 - Susan Benson
- DHSP
 - Carlos Vega-Matos

- Policy/Advocacy
 - Aaron Fox, LA GLC
 - Courtney Mulhern-Pearson, SFAF
 - Anne Donnelly, Project Inform
- Benefits Counselors
 - John Riley, APLA
 - Carlos Estrada, UCSD Owen Clinic
- RW Clinicians
 - Derrick Butler, T.H.E., DREW PAETC
 - Ardis Moe, NEVHC, UCLA PAETC
- Consumer
 - Michael Kelley
- Consultants
 - Alan Gambrell, Public Ink
 - Nicolé Mandel, TARGET Center



Which best describes WHERE you work?

```
8%
            Clinic
        a.
45%
            Community-based organization
        b.
5%
            Health department
11%
            University
4%
            Hospital
7%
            Not presently working
        f.
19%
            Other
        g.
```



Which best describes WHAT you do?

```
Clinician (MD, PA, NP, nurse, dentist, etc)
11%
        a.
            Case manager/benefits counselor
        b.
8%
                                                  motora)
20%
            Administrator
22%
            Researcher
6%
            Consumer representative
16%
            Other
17%
        g.
```



How many <u>Covered California</u> trainings or informational sessions have you already attended (last 12 months)?

```
41% a. 0
29% b. 1-2
18% c. 3-4
13% d. 5 or more
```



I feel I can explain <u>Covered California</u> to a friend

12%	a.	Yes100%
15%	b.	Yes75%
12%	C.	Yes50/50
16%	d.	A little bit
45%	e.	No



National <u>Continuum of Care</u>...our "North Star" (formerly 'treatment cascade')





Continuum of Care in Los Angeles County

Number of Individuals





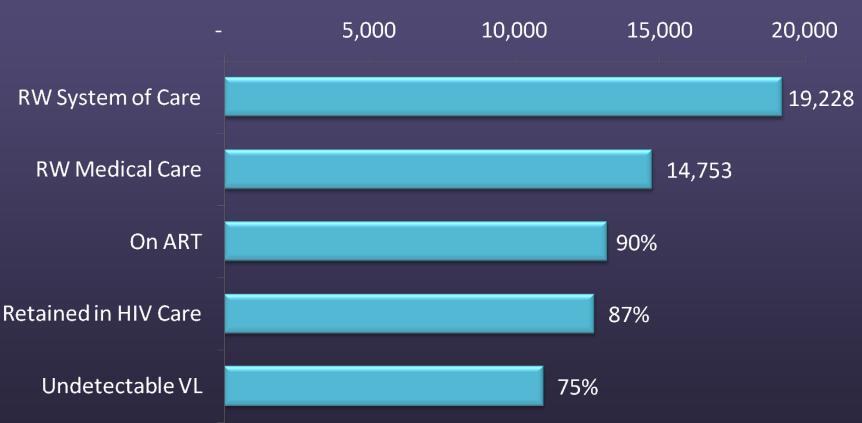
Ryan White "in Care" LAC 2009





Ryan White "in Care" LAC 2010

Number of Individuals





PATIENT PROTECTION AND AFFORDABLE CARE ACT



Health Reform from the Beginning...

1965

2010

2011

Medicare & Medicaid established

Affordable Care Act (ACA) signed into law Supreme Court upholds ACA



Where We Are Now & Where We Are Going

2013

2014

2019

- Outreach/Education
- Assistors/Navigators

Marketplaces
Sign-up starting
October 1, 2013

Health Insurance (Marketplaces & MediCal expansion) coverage begins January 1, 2014

ACA fully implemented



Affordable Care Act (ACA) & HIV Services

- Elimination of pre-existing condition exclusions
- Expansion of Medicaid to nondisabled adults with incomes of up to 138% of FPL
- Subsidies to purchase insurance through exchanges for people with income 100-400% FPL
- MORE PEOPLE WITH HIV (PWH) ARE ELIGIBLE FOR MEDICAID/MARKETPLACE EXCHANGES





State-Based Marketplace Exchange: Covered California (CoveredCA.com)





COST-ESTIMATE CALCULATOR

Starting in 2014, most people will be required to have health insurance. Find out how much your health insurance might cost by using our calculator.

ESTIMATE YOUR COST



NEED HELP NOW?

If you need coverage before 2014, click below.

COVERAGE NOW



2013 Federal Poverty Level

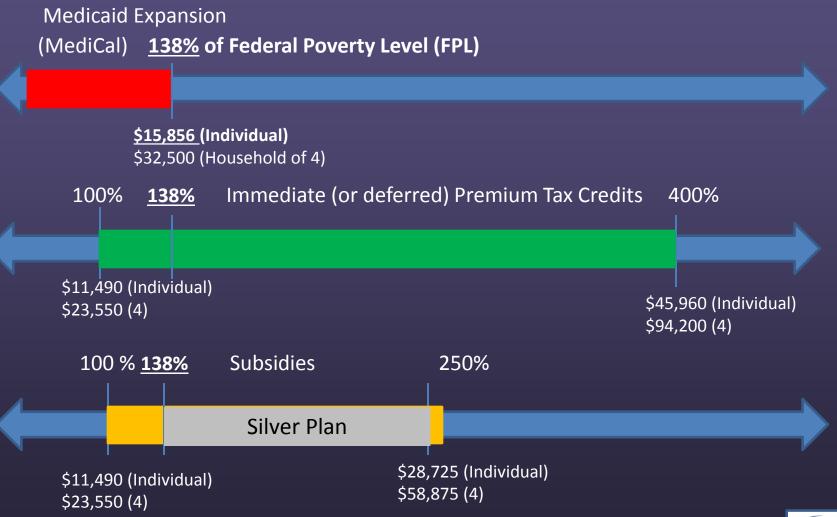
138% FPL=\$15,856

48 Contiguous States and the District of Columbia

	% Gross Yearly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$2,873	\$5,745	\$8,618	\$9,307	\$11,490	\$15,282	\$20,108	\$22,980	\$28,725	\$34,470
2	\$3,878	\$7,755	\$11,633	\$12,563	\$15,510	\$20,628	\$27,143	\$31,020	\$38,775	\$46,530
3	\$4,883	\$9,765	\$14,648	\$15,819	\$19,530	\$25,975	\$34,178	\$39,060	\$48,825	\$58,590
4	\$5,888	\$11,775	\$17,663	\$19,076	\$23,550	\$31,322	\$41,213	\$47,100	\$58,875	\$70,650
5	\$6,893	\$13,785	\$20,678	\$22,332	\$27,570	\$36,668	\$48,248	\$55,140	\$68,925	\$82,710
6	\$7,898	\$15,795	\$23,693	\$25,588	\$31,590	\$42,015	\$55,283	\$63,180	\$78,975	\$94,770
7	\$8,903	\$17,805	\$26,708	\$28,844	\$35,610	\$47,361	\$62,318	\$71,220	\$89,025	\$106,830
8	\$9,908	\$19,815	\$29,723	\$32,100	\$39,630	\$52,708	\$69,353	\$79,260	\$99,075	\$118,890

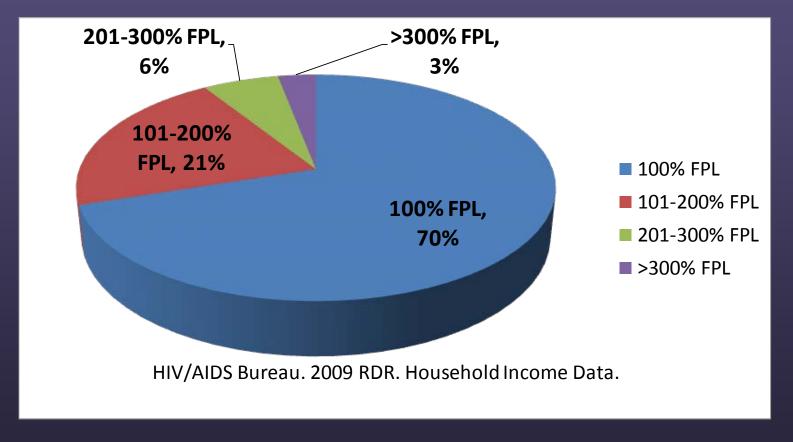


Market Place = Covered California





Income status of individuals who receive Ryan White-funded services in the U.S.





State-Based Marketplace Exchange: Covered California (CoveredCA.com)





COST-ESTIMATE CALCULATOR

Starting in 2014, most people will be required to have health insurance. Find out how much your health insurance might cost by using our calculator.

ESTIMATE YOUR COST



NEED HELP NOW?

If you need coverage before 2014, click below.

COVERAGE NOW



I have already visited the Covered California website and used the premium calculator

23% a. Yes

77% b. No

0% c. I can't remember



What is the penalty for someone who should have had health insurance in 2014 but didn't get it?

- 24% a. A tax penalty of \$95 or 1% whichever is greater
- 15% b. A tax penalty of \$95 or 1% whichever is smaller
- 32% c. There is no penalty the first year
- 29% d. I don't know



TAX Penalty Phase In

	<u>Percentage</u>		Set Dollar
	<u>of Income</u>	or	<u>Amount</u>
2014	1%		\$95
2015	2%		\$325
2016	2.5%		\$695

Whichever is **GREATER**



Counties and Rating Regions

The previous pages highlight which counties are within each rating region, below is a breakdown of where the rating regions reside.





Los Angeles County: Rating Region 16

Plans/monthly\$ -- 40 YO Single (Silver, unsubsidized)

- HealthNet (HMO)/\$242
- Anthem (HMO)/\$259*
- Molina Healthcare (HMO)/259*
- L.A. Care (HMO)/\$265

- Blue Shield (PPO)/\$287
- Anthem (EPO)/\$299
- Kaiser Permanente (HMO)/\$325



Note: HealthNet PPO/Bronze-only/\$301

Los Angeles County: Rating Region 15

Plans/monthly\$ -- 40 YO Single (Silver, unsubsidized)

- HealthNet (HMO)/\$222
- Anthem (HMO)/\$254
- Molina Healthcare (HMO)/\$259
- L.A. Care (HMO)/\$253

- Blue Shield (PPO)/\$252*
- Anthem (EPO)/\$274
- Kaiser Permanente (HMO)/\$294



Rating Region 16

Impact of immediate tax credit

	Metal	FPL	Tax Credit?	Plan	\$\$
40 Year Old	Silver	>400%	No	HeathNet HMO	\$242
40 Year Old	Silver	200%	Yes	HeathNet HMO	\$103
40 Year Old	Silver	150%	Yes	HeathNet HMO	\$40



Rating Region 15

Impact of immediate tax credit

	Metal	FPL	Tax Credit?	Plan	\$\$
40 Year Old	Silver	>400%	No	HeathNet HMO	\$222
40 Year Old	Silver	200%	Yes	HeathNet HMO	\$90
40 Year Old	Silver	150%	Yes	HeathNet HMO	\$27





2014 Standard Benefits for Individuals

KEY BENEFITS	Bronze	Silver (Lower Cost Sharing Available on Sliding Scale)	Gold	Platinum
	Benefits In Blue are Subject to Deductibles		Copays In the Yellow Sections are Not Subject to any Deduct and Count Toward the Annual Out-of-Pocket Maximum	
Deductible (if any)	\$5,000 Deductible for Medical and Drugs	\$2,000 Medical Deductible	No Deductible	No Deductible
Preventative Care Copay	No Cost - at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost - at least 1 yearly visit
Primary Care Visit Copay	\$60 - 3 visits per year	\$45	\$30	\$20
Specialty Care Visit Copay	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$120	\$90	\$60	\$40
Generic Medication Copay	\$19	\$19	\$19	\$5
Lab Testing Copay	30%	\$45	\$30	\$20
X-Ray Copay	30%	\$65	\$50	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
High cost and infrequent services like Hospital Care and Outpatient Surgery	30% of your plan's negotiated rate	20% of your plan's negotiated rate	HMO Outpatient Surgery – \$600 Hospital – \$600/day up to 5 days PPO – 20%	HMO Outpatient Surgery - \$250 Hospital - \$250/day up to 5 days PPO - 10%
Imaging (MRI, CT, PET Scans)	30%	\$250	\$250	5150
Brand medications may be subject to Annual Drug Deductible before you pay the copay	\$50-\$75 after meeting deductible	meet \$250 deductible then pay the copay amount	No Deductible	No Deductible
Preferred brand copay after Drug Deductible (if any)	\$50	\$50	\$50	\$15
MAXIMUM OUT-OF-POCKET FOR ONE	\$6,350	\$6,350	\$6,350	\$4,000
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$12,700	\$12,700	\$12,700	\$8,000

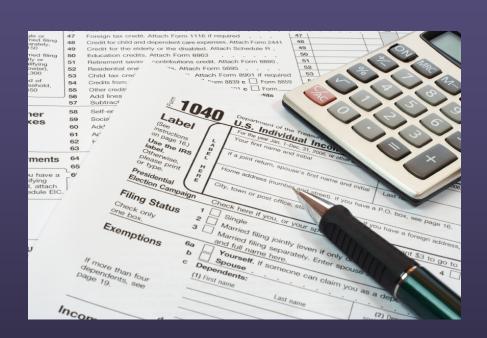


2014 Sliding Scale Benefits | SINGLE PERSON

Silver Plan (Eligible for Federal Subsidy)

Annual Income	\$15,856 - \$17,235	\$17,235 - 522,980	\$22,980 - \$28,725	528,725 - \$45,960
Consumer Portion of Monthly Premium for Silver Plans (Selence poid by Federal subsidy)	\$19 - \$57	\$57 - \$121	\$121 - \$193	\$193 - \$364
	low Sections are Not Subject to oward the Annual Out-of-Pock			o Either a Medical Deductible, tible or Both
Deductible (if any)	No Deductible	\$560	\$1,500 Medical Deductible	\$2,000 Medical Deductible
Preventative Care Copay	No Cost	No Cost	No Cost	No Cost - 1 Annual Visit
Primary Care Visit Copay	\$3	\$15	\$40	\$45
Specialty Care Visit Copay	\$5	520	\$50	\$65
Urgent Care Visit Copay	56	530	\$80	\$90
Lab Testing Copay	\$3	\$15	\$40	\$45
X-Ray Copay	\$5	\$20	\$50	\$65
Generic Medication Copay	\$3	\$5	\$19	\$19
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care and Outpatient Surgery	10%	15%	20% of your plan's negotiated rate	20% of your plan's negotiated rate
Brand medications may be subject to Annual Drug Deductible before you pay the Copay	No Deductible	\$50 then pay the copey amount	\$250 then pay the copay amount	\$250 then pay the copay amount
Preferred brand Copay after Drug Deductible	\$5	\$15	\$30	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$2,250	\$2,250	\$5,200	\$6,350
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,700

Remember!



- The income figure we are using for calculations is PROJECTED INCOME FOR 2014.
- If consumers underestimate this figure now, they may end up owing money back to the Federal government when they report their 2014 taxes (in 2015.)

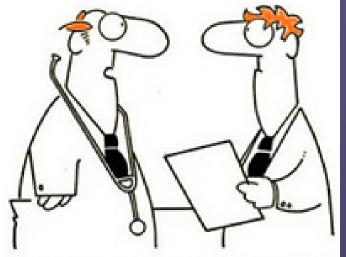


Covered California Network

Organizations may have multiple roles with Covered California:









"more patients use Google for health.

I had to change my name to Dr Google
just to keep the practice open!"

Los Angeles Times







In-Person Assister Certification Process (Process is being refined)

Individual
Assister must be
affiliated with
Assister
Enrollment Entity
(AEE)

AEE ensures that Assister eligibility requirements are completed for affiliated individuals. Assister is eligible to attend training.

Training dates are provided to individual and individual signs up to attend training Individual attends and must successfully complete training. Upon successful completion of training individual must take and pass certification exam Upon passing certification exam individual is certified Assister, receives certification number.



Health Insurance Terminology I

- Premium
- Deductible
- Co-pay/Co-insurance
- Total out of pocket expense
- Premium assistance/tax credit
- Cost-sharing subsidies (Silver Plan)

Tax Time: "Reconciliation"



Health Insurance Terminology II

Qualified Health Plans (QHPs) by Metal Group

Metal	% Total Costs Covered	Deductible?	
Platinu m	90%	No deductible	
Gold	80%	No deductible	
Cilvar	Plan Types		
нмо	Health Maintenance Organization		
PPO	Preferred Provider Organization		
EPO	Exclusive Provider Organization		



Ryan White Core Services vs. Essential Health Benefits (EHB)

Ryan White Core Services

- ✓ Ambulatory & outpatient care
- ✓ AIDS pharmaceutical assistance
- ✓ Mental health services
- ✓ Substance abuse outpatient care
- Home health care
- Medical nutrition therapy
- Hospice services
- Home and community-based health services
- Medical case management, including treatment adherence services
- Oral health care (not standard)

ACA "Essential Health Benefits"

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity & newborn care
- Mental health & substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative & habilitative services
 & devices
- Laboratory services
- Preventive and wellness services
 & chronic disease management
- Pediatric services, including oral & vision care



Ryan White Funds: Payer of Last Resort

Ryan White Program funds may not be used for any item or service "for which payment has been made or can reasonably be expected to be made by another payment source."



July 31 HRSA/HAB Policy Clarifications Listening call to take place August 14

Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid

Policy Clarification Notice (PCN) #13-06 Relates to HAB Policy #'s 10-02 and 7-05

Scope of Coverage: Ryan White Parts A, B, C, D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice reiterates HRSA policy regarding the use of Ryan White HIV/AIDS Program (RWHAP) for premium and cost-sharing assistance for clients eligible for Medicaid. It also provides RWHAP grantees and subgrantees with additional guidance on using RWHAP funds for premium and cost-sharing assistance in the context of the Affordable Care Act.

Background

Under the Affordable Care Act, beginning January 1, 2014, options for health care coverage for PLWH will be expanded through new private insurance coverage options available through Health Insurance Marketplaces (also referred to as Exchanges) and the expansion of Medicaid in States that choose to expand. Additionally, health insurers will be prohibited from denying coverage because of a pre-existing condition, including HIV/AIDS. An overview of these health care coverage options may be reviewed at http://hab.hrsa.gov/affordablecareact/keyprovisions.pdf.





Case Study: Pedro

Pedro is a 28 year phone sales representative who estimates he will be make (\$12,065 or 105% FPL) in 2014. <u>He</u> lives and receives his HIV care at a Ryan White clinic in rating region 16. He has been in the U.S. legally for 7 years. He also receives HIV dental care and case management services through the Ryan White program. He wants to stay at his HIV clinic.

Under the ACA, will Pedro be required to purchase health insurance or pay a penalty?

```
19% a. Yes
```

47% b. No he qualifies for MediCal

20% c. Yes but he will get help with his payment

14% d. I'm not sure





Case Study: Dewayne

Dewayne is a 40 year phone sales representative who estimates he will be make \$19,000 (or 165% FPL) in 2014. He lives and receives his HIV care at the same Ryan White clinic as Pedro in rating region 16, where he was born. He also receives HIV dental care and case management services through the Ryan White program. He wants to stay at his RW HIV clinic.



Under the ACA, will Dewayne be required to purchase health insurance or pay a penalty?

```
18% a. Yes
```

- 13% b. No he qualifies for MediCal
- 63% c. Yes but with help with payment/co-pays
- d. I'm not sure



Case Study: Dewayne



SILVER (eligible for Federal Subsidy)

Premium: \$75/month

(of a \$294/month premium--as per Covered California calculator)

Copays:

Primary Care Visit: \$15

Generic Drugs: \$5

Lab Test \$15

Imaging: 15%

Deductible: \$500

Out of pocket maximum: \$2250



Silver Plan copays at different income levels, page 4

Copays by Metal Group, page 5

Northern LA County (15) premiums by age, start page 81

Southern LA County (16) premiums by age, start page 87





Health
Insurance
Companies
and
Plan Rates
for 2014

Making the Individual Market in California Affordable

May 23, 2013

What other help can someone living with HIV expect to get with health insurance premiums and co-pays???



Office of AIDS-Health Insurance Premium Program (OH-HIPP)





Skip to: Content | Footer | Accessibility

Search This site California

Home Programs Services Health Information Certificates & Licenses Publications & Forms Data

en Español

->> Su salud en su idioma

Most Popular Links

- ->> Birth, Death, & Marriage Certificates
- -> Licensing and Certification
- ->> WIC

Quick Links

- ->> About Us
- ->> Decisions Pending & Opportunities for Public Participation
- ->> Diseases & Conditions
- ->> Job Opportunities
- -> Local Health Services
- -> Newsroom
- ->> Public Availability of Documents

Related Links

- ->> California Health and Human Services Agency
- ->> Department of Health Care Services (includes Medi-Cal)
- State Agencies Directory

Home > Programs > Office of AIDS > OA-Health Insurance Premium Payment (OA-HIPP)

Office of AIDS

OA-Health Insurance Premium Payment (OA-HIPP)

OA-HIPP is a program that pays the monthly health insurance premiums for eligible Californian residents with an HIV/AIDS diagnosis. This program is available to individuals with health insurance who are at risk of losing it, as well as to individuals currently without health insurance who would like to purchase it.

Eligibility

To be eligible for the OA-HIPP program, you must:

- 1. Have an HIV/AIDS diagnosis
- 2. Be a California resident
- 3. Be 18 years old or older
- 4. Have an adjusted gross income of no more than \$50,000
- 5. NOT be enrolled in Medicare, Medi-Cal, or the Low Income Health Program
- 6. Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits.

This program is not available to individuals whose insurance premiums are all or partially paid for by their employer.

How to Apply

There are two options:

- 1. Locate an enrollment site near you (PDF) or help enrolling. Or call the Office of AIDS hotline at (800) 367-2467 to find an enrollment site in your area. An enrollment worker will help you with the application process and submit the completed application to OA on your behalf.
- 2. Enroll directly with OA. If you cannot reach an enrollment site or prefer to enroll directly with OA, you can access the application and supporting documentation, or you can call the OA hotline at (800) 367-2437 and you will be referred to someone who can help you request an application packet and/or receive help completing the application over the phone. You will need to submit completed forms with original signatures and documentation directly to OA at:

Insurance Assistance Section California Department of Public Health PO Box 997426, MS 7704 Sacramento, CA95899-7426

About this Program

OA-HIPP clients can remain on the program as long as the services are needed and they continue to meet all the program requirements. Once approved and enrolled in the program, each OA-HIPP client will be required to re-enroll annually and re-certify six months later. If you would like to learn more about the program.



I am familiar with OA-HIPP

```
9% a. Yes 100%
```

b. Yes Somewhat

c. Yes a little

63% d. No



OA-HIPP – Current Eligibility

To be eligible for the OA-HIPP program, you must:

- 1. Be enrolled in the AIDS Drug Assistance Program (ADAP)
- 2. Be a California resident
- 3. Be 18 years old or older
- 4. Have an adjusted gross income of no more than \$50,000
- 5. NOT be enrolled in Medicare, Full-Scope (free) Medi-Cal, or the Low Income Health Program
- 6. Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits.



Case Study: Tonya



Tonya is a single 52 year old hotel worker born and living in south LA. She thinks she will make \$21,027 in 2014 (183% FPL), but has no health insurance. She says she always wanted it, but could never afford the rates for "someone my age." She has not seen a doctor for years, but sometimes goes to an Urgent Care clinic to get antibiotics. She would especially like health insurance now as she recently inherited a home from her parents and worries that just one visit to the ER/hospital could bankrupt her or cause her to lose this home. She believes she is in good health and she feels great.

However, Tonya does not know that she is living with HIV and hepatitis C.



Tonya signs up & chooses a QHP and PCP in Covered California. Do you think she will be tested for HIV as part of her routine care with her provider in 2014?

```
54% a. Yes40% b. No6% c. Not sure
```



Will Tonya will be tested for hepatitis C as part of her routine care with her provider in 2014?

22% a. Yes

70% b. No

c. Not sure



I can explain <u>Covered California</u> to a friend

18%	a.	Yes100%
19%	b.	Yes75%
21%	C.	Yes50/50
34%	d.	A little bit
8%	e.	No



Resources





This Site ▼ Search

About HAB

Deliver HIV/AIDS Care Get Help

Manage Your Grant Data

News & Publications

Global HIV/AIDS

Ryan White & the Affordable Share 🖨 🖾 🗉 🖭 🖽 Care Act: What You Need to Know

Potential Impacts of the Affordable Care Act on Ryan White Providers in 2014 webcast Tuesday, May 7, 1 pm ET

The Affordable Care Act (ACA) is an historic opportunity for people living with HIV (PLWH), including those currently receiving services through the Ryan White Program, to increase their access to affordable, quality health care. Many Ryan White cients will gain access to health insurance or see their current health insurance improve. These trans ill require thoughtful and careful coordination between the federal government, state and local nents, Ryan White Program grantees, and clients.

omprehensive care for our clients. We HRSA will continue partnering with you to ensure uninte invite you to use this site as a resource to help guide you approach full implementation of the law in 2014. We hope that you will find the information provided on this site useful and if you don't find an answer to your question, let us know by emailing RWP-ACAQuestions@hrsa.gov.

Guidance

Key Provisions of the Affordable Care Act for the Ryan White Program (PDF - 900 KB)

Outreach, Enrollment and Benefits Counseling

Essential Community Providers

new Coordination between Medicaid and Ryan White HIV/AIDS Programs (PDF - 113 KB)

Eligibility 101 on-demand webinar

Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program (PDF - 18 KB)

Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements (PDF - 37 KB)

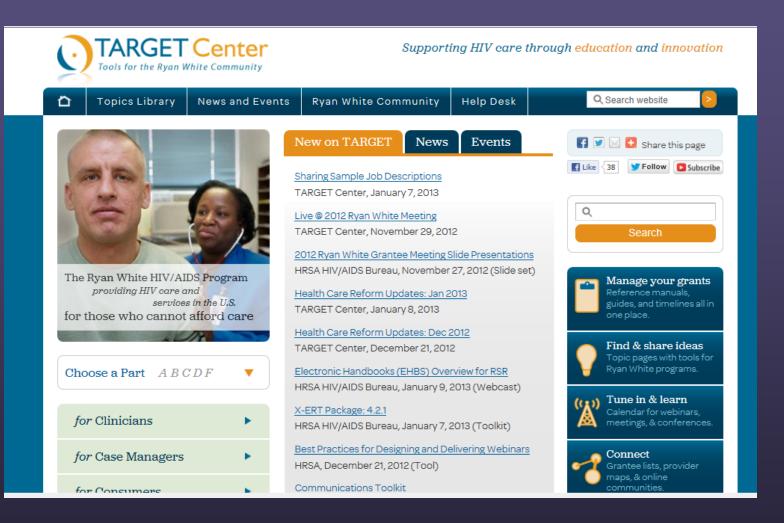
For additional tools, go to the TARGET Center &

Learn More		
HealthCare.gov		
How the Affordable Care Act Helps People Living with HIV/AIDS: 2011 and Beyond		
Insurance Enrollment Options - Current		
Get Ready to Enroll		
Education and Outreach Materials (ZIP - 8.3 MB)		
Medicaid Managed Care Technical Assistance Center for States		

E-mail Updates To sign-up for updates, please enter your contact information below.		
*E-mail Address		
Submit		



HRSA: TARGETHIV.org





Share your ideas, stories, questions, concerns

Contact

– Maya Gil Cantu, MPH, Drew PAETCMaya@hivtrainingcdu.org

Your ACA implementation concerns for HIV patients in Los Angeles County will also be shared with the Commission on HIV, the State Office of AIDS, and HRSA.







Thank you!

