

# NASTAD AT-A-GLANCE

**Britten Pund**, Director, Health Care Access



# ABOUT NASTAD

# WHO, WHAT, AND HOW

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## **Who is NASTAD?**

Leading non-partisan non-profit association representing public health officials who administer HIV and hepatitis programs in the U.S. and around the world

## **What does NASTAD do?**

Strengthen domestic and global governmental public health through advocacy, capacity building, and social justice

## **How does NASTAD do it?**

Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments and ministries of health

Work with policy makers and public health officials to increase federal support for HIV and hepatitis prevention, testing, education, research, and treatment

# WHAT WE KNOW AND BELIEVE

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## **What we know**

The fight against HIV and hepatitis is a winnable battle.

With the confluence of advances in science and policy and the necessary resources and political will, we have an unprecedented opportunity to achieve large-scale, measurable impact in a relatively short timeframe and drastically reduce health disparities.

## **What we believe**

To achieve optimal health outcomes for everyone regardless of where they live and what they look like, governmental public health must recognize and assert its role in addressing structural inequalities.

A finer focus must be placed on social action, social determinants, and communities that bear the greatest burden of HIV and hepatitis, including gay men/MSM (especially gay men/MSM of color and YMSM of color), people who inject drugs (especially young PWID), transgender individuals, and women and girls.

# OUR MISSION AND VISION

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NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice

NASTAD's vision is a world free of HIV and viral hepatitis

# NASTAD PROGRAMS

# HEALTH CARE ACCESS

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The Health Care Access team provides programmatic and policy technical assistance to health department HIV and hepatitis programs in a number of HIV and hepatitis care and treatment related areas, most specifically Ryan White HIV/AIDS Program (RWHAP) Part B and ADAP programs and implementation in an evolving health care landscape.

# RYAN WHITE HIV/AIDS PROGRAMS

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RWHAPs serve over half of the individuals diagnosed with HIV in the U.S., more than half a million people each year.

NASTAD has extensive expertise providing technical assistance to RWHAP Part B recipients regarding the implementation of critical access, treatment, and support services.

NASTAD works extensively with health departments to establish comprehensive systems of care with the goal of improving health outcomes.



# AIDS DRUG ASSISTANCE PROGRAMS (ADAPs)

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NASTAD is the leading expert on ADAPs which serve over 225,000 clients each year by purchasing medications and/or health care coverage.

NASTAD manages a cooperative agreement from the Health Resources and Services Administration (HRSA) to provide technical assistance to ADAPs to ensure the programs are best positioned to assist clients in achieving optimal health outcomes.

Topics include 340B policy; drug pricing; financial forecasting and cost containment; interactions with other payers and program structure and administration.

# ADAP CRISIS TASK FORCE

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Formed in 2002, the ADAP Crisis Task Force (Task Force) negotiates reduced drug prices for all ADAPs. Task Force membership is comprised of representatives from Arizona, California, Florida, Illinois, Maryland, Massachusetts, New York, North Carolina, Tennessee, Texas, Virginia, and Washington state HIV/AIDS divisions.

**The cumulative savings from 2003 to 2016, totals more than \$3 billion.** Task Force negotiated prices for antiretrovirals average a discount of more than 50% from Wholesaler Acquisition Cost (WAC).

# HEALTH SYSTEMS INTEGRATION

# HEALTH SYSTEMS INTEGRATION TEAM

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Works to bridge public health and health care systems to ensure that all systems and payers are effective partners in ending the HIV and hepatitis C epidemics.

Builds capacity of health department staff to meaningfully engage in implementing health reform, health system transformation and payment delivery reform activities, and to ensure that HIV, hepatitis, and drug user health services and programs remain relevant and sustainable in a changing health care landscape

# HEALTH SYSTEMS INTEGRATION (continued)

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An overarching goal of this work is to identify strategies to ensure that broader health care systems and payers work in tandem with state and local health departments to address social determinants of health and health care disparities and achieve optimal health outcomes for everyone, especially the most vulnerable among us.

Areas of focus include:

- Insurance Coverage and Access
- Provider Sustainability
- Claims Data
- PrEP Financing

# HEALTH EQUITY

# HEALTH EQUITY TEAM

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The Health Equity team works with state and local health departments to achieve optimal health outcomes for everyone, regardless of where they live or what they look like.

**The current best available evidence leads us to placing an intense focus on communities that bear the greatest burden of HIV and hepatitis**, including racial and ethnic minority communities and other groups disproportionately impacted by the epidemic, such as gay men/MSM—particularly young Black and Latino gay men—and people who inject drugs.

# CEBACC

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With a special focus on young for Black men who have sex with men (MSM) ages 13–24, the *Center for Engaging Black MSM Across the Care Continuum* (CEBACC) is a national technical resource created for and by Black MSM under a cooperative agreement between HRSA and NASTAD.

Goal is to identify best practices and effective models for HIV care and treatment across the care continuum for MSM in the U.S.

CEBACC offers educational tools and resources to provide competent and high-quality care for Black MSM.



# CEBACC (continued)

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CEBACC is a one-stop shop highlighting successes in the fields, and offering resources to improve health outcomes for Black MSM communities. Most importantly, we're dedicated to doing work that matters.

Two distinct online platforms, [HisHealth.org](https://HisHealth.org) and [WellVersed.org](https://WellVersed.org) provide adaptable, integrative learning opportunities to ensure cultural awareness and keen attention to the overall health care of Black MSM.

# HIV PREVENTION AND SURVEILLANCE

# HIV PREVENTION AND SURVEILLANCE TEAM

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Focuses on technical assistance, policies, and program development for effective HIV prevention and surveillance programs.

NASTAD works with health departments to support peer-exchange and networking focused on effectively managing HIV prevention programs.

# HIV PREVENTION AND SURVEILLANCE (continued)

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NASTAD's prevention program is supported through two main cooperative agreements from the Centers for Disease Control and Prevention's (CDC) Division of HIV/AIDS Prevention (DHAP):

- **Capacity Building Branch, Capacity Building Assistance (CBA) for Health Departments**
  - Provides tailored CBA to health departments around HIV Testing, Policy, Prevention with HIV-Positive Persons, and Syringe Services Programs through trainings, peer-to-peer TA, webinars, and an e-learning platform
- **Office of the Director, TA to Support AIDS Directors and HIV Prevention Program Managers**
  - Provides assistance to health department prevention programs through peer-to-peer TA, mentorship, and networking opportunities including the Gay Men's Health Equity workgroup
  - Highly-Intensive Technical Assistance and Problem Solving (HI-TAPS) program provides comprehensive, long-term TA and networking opportunities using a strengths-based approach to select jurisdictions

# HEPATITIS

# HEPATITIS TEAM

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Focuses on increasing the capacity of state and local HIV and hepatitis health department programs to effectively integrate hepatitis prevention and care services into existing programs and enhance services to populations at risk for infection.

NASTAD works closely with state and local viral hepatitis prevention coordinators (VHPCs), providing technical assistance and advocating on their behalf.

# JURISDICTIONAL APPROACH TO CURING HEPATITIS C AMONG HIV/HCV COINFECTED PEOPLE OF COLOR

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*The Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color* demonstration project aims to

1. Increase jurisdiction-level capacity to provide comprehensive screening, care and treatment for HCV among HIV/HCV co-infected people
2. Increase the numbers of HIV/HCV co-infected people who are diagnosed with hepatitis C, treated, and cured
3. Identify and provide technical assistance for jurisdictions to reach goals (1) and (2)
4. Develop a plan for evaluation of the program impact

# HEPATITIS TESTING PARTNERSHIP

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## *The Hepatitis Testing Partnership*

1. Coalition of key stakeholders including governmental public health, community based organizations, health systems, primary care providers, community health centers, substance use and mental health service providers, advocates, and patients
2. Quarterly conference calls to share strategies, best practices, lessons learned, and materials developed to accelerate implementation of the CDC testing recommendations in jurisdictions across the country



# HEPATITIS APPROPRIATIONS PARTNERSHIP (HAP)

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NASTAD convenes the HAP, a national coalition based in Washington, D.C.

Includes community-based organizations, public health and provider associations, national hepatitis and HIV organizations and diagnostic, pharmaceutical and biotechnology companies from all over the country.

**Works with federal policy makers in Congress and the Executive branch and with public health officials to increase federal support and funding for hepatitis prevention, testing, education, research, surveillance, and treatment.**

# DRUG USER HEALTH TEAM

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Works to optimize health outcomes for persons living with HIV (PLWH) and hepatitis who use drugs by addressing the structural and policy barriers to implementing effective prevention, care, and treatment for persons who inject drugs (PWID).

NASTAD partners with federal, state, and local governments and community partners to raise awareness of and take action to address this important population.

NASTAD has produced publications, provided technical assistance to our members, advocated for an effective science based public health approach to addressing the needs of PWID, and created a fellowship to expand the organization's capacity to strengthen health department programming for PWID.

# POLICY AND LEGISLATIVE AFFAIRS

# POLICY AND LEGISLATIVE AFFAIRS TEAM

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Implements NASTAD's legislative and policy priorities on federal appropriations and legislation related to HIV and hepatitis prevention, care and treatment issues.

**These priorities include communication and education activities with Congress, including key appropriators and authorizing committee staff, the White House and key agencies, and national public health policy.**

The team works with NASTAD's various other program areas to ensure that up-to-date information is disseminated and used to educate stakeholders, including Members of Congress and the Administration

# COOPERATIVE AGREEMENT

# PROJECT GOAL

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**Overall Project Goal:** Build the capacity of RWHAP Part B/ADAPs through tools and technical assistance (TA) to support the HIV care continuum by maximizing the impact of Part B/ADAPs in improving the health outcomes of PLWH in a changing health care environment – to reduce HIV incidence, increase access to care, optimize health outcomes, and reduce HIV-related health disparities.

**Target Population:** RWHAP Part B/ADAPs

# STRENGTHENING ADAP ADMINISTRATIVE STRUCTURES

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*Including core standards, comprehensive systems of HIV care, integrated planning processes, continuous quality improvement programs, staffing, policies and procedures, financial oversight and monitoring systems, on-boarding of new ADAP staff, succession planning, peer mentors, emergency preparedness*

NASTAD's centerpiece proposed TA and training initiative for Part B/ADAPs under this new cooperative agreement will be to assess, document, and support proposed core program standards that RWHAP Part B/ADAPs should implement to reduce HIV incidence, increase access, optimize health outcomes, and reduce HIV-related health disparities, especially in serving high-priority public health needs and vulnerable populations

# STRENGTHENING ADAP OPERATIONS

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*Including ADAP financial forecasting, ADAP-generated program income and drug manufacturer rebates, cost-containment strategies*

NASTAD will pursue strategies and activities to help ADAPs maximize cost-containment strategies and ensure they are getting the best price, and explore opportunities to negotiate or gain access to discounts on high utilization, non-HIV specific drugs.

NASTAD will assist states in collecting rebates by providing educational materials and trainings on issues that include rebate policies and procedures, looking to generic medications when possible, understanding and addressing automatic substitution models (brand to generic), and how to examine health plan selection when determining ADAP formulary decisions.



# STRENGTHENING ADAP CAPACITY

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*Including medication assistance and health insurance assistance programs, cost-effectiveness of health insurance plans.*

NASTAD will continue working with HRSA/HAB to conduct assessments of treatment access issues related to health insurance and Medicaid for PLWH.

NASTAD regularly asks RWHAP Part B/ADAP coordinators to respond to short requests for information (RFI) to capture important program issues related to treatment coverage.

Areas of assessment for the cooperative agreement include: comparisons of HIV epidemic demographics with drug coverage for these populations within states; prescription drug cost-sharing requirements; accessibility of drugs, including mail-order requirements, prior authorization issues, and comparison of scope of coverage across the private insurance benchmark plan; discriminatory plan design; the Medicaid expansion benefits plan; and ADAP formulary coverage

# CONDUCTING ON-GOING TA NEEDS ASSESSMENT

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## *Including analyzing TA needs*

After 20 years of providing TA to ADAPs using a wide variety of techniques, modalities and approaches, NASTAD proposes to take a step back and contract with an external evaluator (the Health Institute) in Year 1 of the project period to do an extensive assessment and review of Part B/ADAP staff on how they prefer to access TA.

Methodologies assessed will include, listservs, TA calls, TA site visits, webinars, learning collaborative, communities of practice, etc.

NASTAD will ensure that our TA activities and methodologies are designed based upon the results of the RFI and will propose any changes to be made to methodologies in future work plans developed for Years 2-5.

# CONTACT US

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**Britten Pund**

Director, Health Care Access

**NASTAD**

444 North Capitol Street NW, Suite 339

Washington, DC 20001

Phone: (202) 434.8090

Fax: (202) 434.8092

[www.NASTAD.org](http://www.NASTAD.org)

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