FCAA ADVOCACY NETWORK: January Webinar

January 30, 2017
Logistics

• Please help us by muting your own phones (*6)

• There will be a Q&A after the presentations. If you have a question in the interim, please:
  • Type it in the chat feature on your screen
  • Tweet them to @FCAA
  • Email them to sarah@fcaaids.org

• The webinar will be recorded for internal purposes (not available on public website)

• This discussion is limited to funders, invited speakers and partners only.
Agenda

2pm  Welcome and overview of FCAA Advocacy Network and today's call
    • John Barnes, FCAA and Greg Millett, amfAR

2:05  Update on Trump cabinet confirmation hearings
    • Asal Sayas, amfAR

2:10  Update on budget priorities of the new administration (PEPFAR & Global Fund)
    • Chris Collins, Friends of the Global Fight

2:20  Brief Q&A
    • moderated by Greg Millett

2:25  Status of ACA repeal efforts
    • Amy Killelea, NASTAD

2:35  Combatting efforts to defund Planned Parenthood. What funders can do NOW!
    • Dr. Raegan McDonald-Mosley, Planned Parenthood

2:45  Funder discussion: What are funders hearing and doing? What is needed from FCAA?
    • Moderated by John Barnes, FCAA

3:00  Adjourn
Update on Trump cabinet confirmation hearings

Asal Sayas
Chris Collins
President, Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Washington, D.C. | January 30, 2017
Update on Budget Issues: PEPFAR & Global Fund

- Administration: hopeful and concerning signs
- Congressional dynamics
- The 150 account
- Timeline, FY 2017 CR and FY 2018 appropriations
- Mexico City
Presidential Memorandum
Regarding the Mexico City Policy

MEMORANDUM FOR THE SECRETARY OF STATE
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE ADMINISTRATOR OF THE UNITED STATES AGENCY
FOR INTERNATIONAL DEVELOPMENT

SUBJECT: The Mexico City Policy

I hereby revoke the Presidential Memorandum of January 23, 2009, for the Secretary of State and the Administrator of the United States Agency for International Development (Mexico City Policy and Assistance for Voluntary Population Planning), and reinstate the Presidential Memorandum of January 22, 2001, for the Administrator of the United States Agency for International Development (Restoration of the Mexico City Policy).

I direct the Secretary of State, in coordination with the Secretary of Health and Human Services, to the extent allowable by law, to implement a plan to extend the requirements of the reinstated Memorandum to global health assistance furnished by all departments or agencies.
Thank you!
Affordable Care Act: Threats & Advocacy Priorities

Amy Killelea, JD
Director, Health Systems Integration
NASTAD
ACA State of Play

- Repeal of major portions of the ACA through the budget reconciliation process has begun
  - House and Senate passed 2017 budget resolutions in January, instructing four committees to develop reconciliation bills that would de-fund major portions of the ACA
  - Timeline for reconciliation bills out of the four committees is not set in stone, and bills are expected by end of February
- Whether repeal by reconciliation will be accompanied by immediate “replace” legislation is not yet clear; recent bills indicate potential piecemeal replace strategy
- Massive advocacy campaign underway to force Republicans to present their replace plan before repealing major portions of the law

2017 open enrollment efforts should continue; ADAPs and Ryan White assisters should work to enroll eligible individuals into QHPs
Executive Order 13765

What it means (and doesn’t mean):

- Does not change any provision of the ACA, which is still law of the land
- Directs HHS & other agencies implementing the ACA to use discretion (within bounds of law and Administrative Procedures Act) to ease “regulatory burden”
- Cannot alter ACA regulations (e.g., benefits, non-discrimination, and individual mandate) without formal rule-making and notice and comment period, BUT agencies may use discretion to do things like expand hardship exemptions for the individual mandate or expand use of 1332 waivers
- Signals priorities on ACA and sends a message to issuers that could damage the 2018 QHP market
ACA State of Play

- Republicans have not yet coalesced around a “replace” strategy or policy framework, and it’s easy to see why.

  - It is impossible to keep the popular provisions of the ACA (e.g., prohibitions on pre-existing condition exclusions) without some of the unpopular provisions.
  - Republicans have not yet indicated consensus for what replacement of the ACA will look like.

Source: Vox News
Republicans Have Laid out Framework for Potential ACA Replacement

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<th>Eliminate Medicaid Expansion</th>
<th>Medicaid Block Grant or Per Capita Cap</th>
<th>Weak Pre-existing Condition Protections</th>
<th>Changes to Subsidies that Hurt Low-income People</th>
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Insurance commissioners want to maintain stability in the Marketplaces; in spring of 2017, they will be working with plans to apply for certification in the 2018 plan year

Governors (via NGA) will be weighing in on ACA repeal/replace legislation

Hospitals have generally supported ACA coverage expansion and will be wary of repeal efforts that scale back those coverage gains

Insurance lobby wary of wholesale repeal

Constituents who will be most impacted by ACA repeal are continuing pressure with elected officials, particularly certain Republican Senators
Planned Parenthood: What’s At Stake

Dr. Raegan McDonald-Mosley, Chief Medical Officer
Planned Parenthood Federation of America

January 30, 2017
Planned Parenthood Today

1 National Office
56 Affiliates
642 Health Centers

Care. No matter what.
Health Care

2.5 million patients

642 health centers

An estimated 1 in 5 women has visited a Planned Parenthood health center

Planned Parenthood Patients...

84% age 20 and older

75% with incomes at or below 150 percent of the federal poverty level

60% who access health care through publicly funded programs like Medicaid and/or Title X

23% who identify as Latino; 15% who identify as Black

Number of STI/STD tests & treatments provided by Planned Parenthood health centers each year: 4,200,000

Number of HIV tests conducted each year: 652,000

STIs diagnosed, enabling people to get treatment & learn how to prevent the spread of STIs: 172,000
2014
Affiliate Medical Services Data

- 31% Contraception
- 13% Other Women's Health Services
- 7% Cancer Screening and Prevention
- 3% Abortion Services
- 1% Other Services
- 45% STI/STD Testing & Treatment
Fifty-four percent of Planned Parenthood health centers are in health professional shortage areas, rural or medically underserved areas.

Planned Parenthood health centers provide primary and preventive health care to many who otherwise would have nowhere to turn.

Planned Parenthood health centers located outside of Health Professional Shortage Areas, Medically Underserved Areas or Rural Areas are omitted from the above map. To access the complete list of Planned Parenthood health centers, please visit our website at www.plannedparenthood.org/health-center
Other Providers Can’t Meet the Need

• In **21 percent** of counties with a Planned Parenthood health center, Planned Parenthood is the only safety-net family planning provider.

• In **68 percent** of counties with a Planned Parenthood health center, Planned Parenthood serves at least half of all safety-net family planning patients.

• In a study of Community Health Centers, **69 percent** reported referring their patients to family planning providers like Planned Parenthood.

• Planned Parenthood health centers are **far more likely** to use rapid-result blood testing for HIV than any other publicly-funded family planning provider (78% vs 29-34%).
Timeline of Defunding Threat

**December 2016 – March 2017:**
- Budget Reconciliation
- Defund Planned Parenthood from Medicaid
- 51 Votes Needed

**April 2017 – September 2017:**
- FY17 Appropriations
- Defund Planned Parenthood from Title X, CDC 318, Ryan White, etc.
- 60 Votes Needed

**September 2017 – December 2017:**
- Reconciliation & FY18 Appropriations
- Second Opportunity to Defund Planned Parenthood
- 51/60 Votes Needed
What you can do to help Planned Parenthood.

• **Stand With Planned Parenthood**  
  (ex: publish a statement of support or write an op-ed)

• Engage Grantees and Ask Them to Stand With Planned Parenthood

• Call Your Senators
Thank you.

Raegan McDonald-Mosley, MD, MPH, FACOG
Chief Medical Officer
Email: Raegan.McDonald-Mosley@ppfa.org
Funder Discussion

• What are you hearing from your grantees?

• What strategies are you exploring?

• Where are opportunities for collaboration?

• What can FCAA do to help you?
Stay Involved!

• Visit http://www.fcaaids.org/what-we-do/advocacy/network/ for upcoming network events and resources

• Remaining questions? Share them with us by email sarah@fcaaids.org or via Twitter @FCAA

• Interested in helping plan future Network activities? E-mail John Barnes at john@fcaaids.org