STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704

October 26, 1989

Libby Denebeim
200 St. Francis Boulevard
San Francisco, CA 94127

Dear Libby,

Your comments at the task force meeting on Tuesday concerned me. I was surprised to hear your remarks regarding the assistance (or lack thereof) from the private sector and the schools as well as the inability of government to change. I disagree with both of these positions and would appreciate the opportunity to sit down and discuss them with you as soon as possible.

I have asked my secretary to call and make arrangements for us to have lunch in the near future.

Sincerely,

Don

Donald P. Francis, M.D., D.Sc.

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Sincerely,

Don

Donald P. Francis, M.D., D.Sc.

STATE OF CALIFORNIA

OFFICE MEMO
STD. 100 (REV. 11-75) 85 35523

DATE
10/20/89

TO:

ROOM NUMBER

FROM:
Donald P. Francis, M.D., D.Sc.
CDC Regional AIDS Consultant
2151 Berkeley Way, RM 715
Berkeley, CA 94704

PHONE NUMBER
(415) 540-2522

SUBJECT:
Early Intervention Legislation

Enclosed is the recently passed California legislation which establishes early intervention as a standard in California and asks for evaluation of it.

As funds become available, the currently funded eight clinics will be expanded.

S. Smith
D.E. Rogers
J. Schindler
S. Bowen
M. Moore

cop to:
S. Smith
cop S. Bowen
S. Schneider
M. Moore
Rosen

Assembly Bill No. 1600

CHAPTER 949

An act to add Chapter 1.4 (commencing with Section 140) to Part 1 of Division 1 of, and to repeal Sections 1632.5 and 1634 of, the Health and Safety Code, relating to AIDS.

[Approved by Governor September 26, 1989. Filed with Secretary of State September 27, 1989.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1600, Speier. AIDS.

(1) Existing law establishes various programs related to acquired immune deficiency syndrome (AIDS).

This bill would require the Director of Health Services to award contracts to early intervention projects to provide long-term services to persons infected with the human immunodeficiency virus, the etiologic virus of AIDS, as specified. The purposes of the projects would be to provide appropriate medical treatment to prevent or delay the progression of disease that results from HIV infection and to coordinate services available to HIV infected persons and to provide information and education, including behavior change support, to HIV infected persons to prevent the spread of HIV infection to others.

The bill would require early intervention projects that are awarded grants to provide specified services. The bill also would require an early intervention project to establish a core case management team for each client, as specified, to assess the needs of the client and to develop, implement, and evaluate the client's written individual service plan. The bill furthermore would require each client to have a case manager to monitor and assist the client through services provided by the project and to provide information, guidance, and assistance to the client regarding other specified services.

This bill would require an applicant for a contract to operate an early intervention project that is not part of a county health department to submit its application to the county health department for review and comment. It would also require the county health department to provide comment on the application to the department within a time period to be specified by the department, thereby imposing a state-mandated local program by creating new duties for county health departments.

The bill would require the director to commence awarding contracts to projects on or before July 1, 1990, and would permit the director to select projects from each of certain specified models. The bill also would require the State Department of Health Services to collect data from the early intervention projects, to assess the

effectiveness of the different models of early intervention projects, and to report its findings to the Legislature on or before January 1, 1992, and on or before January 1 of each subsequent year. The bill furthermore would require the department to continuously collect data regarding the utilization of services from each early intervention project and would require the department to develop and distribute to each early intervention project forms for data collection.

The bill would make findings by the Legislature relating to the above and state the legislative intent that every person with HIV infection have access to services provided under the bill.

This bill would require the department to establish a reimbursement schedule for services provided by early intervention projects, and to implement or cause to be implemented by early intervention projects a sliding fee schedule for services provided by early intervention projects provided to individuals under this bill. It would permit the department to apply for any funds available from the federal government for the reimbursement of services to be provided by early intervention projects. It would require the department to develop and disseminate guidelines to assist early intervention projects in identifying public and private payers of early intervention services; to the extent permitted under existing law, to use Medi-Cal funds to reimburse for services provided by early intervention projects that are covered benefits; to use AIDS vaccine research funding for HIV-related drug treatments and related services provided by early intervention projects, if AB 2251 of the 1989 portion of the 1989–90 Regular Session is enacted; and to use moneys from the General Fund to cover expenses for services provided by early intervention services that are not otherwise reimbursed or covered by a client's private insurance, to the extent moneys which may be utilized for this purpose are appropriated to the department from the General Fund.

(2) Existing law requires the Director of Health Services to designate counties to establish followup programs, in not more than 6 counties, for persons who have tested positive for HIV.

Existing law also contains various provisions related to implementation of this program.

This bill would repeal the provisions requiring these followup programs.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates which do not exceed $1,000,000 statewide and other procedures for claims whose statewide costs exceed $1,000,000.

This bill would provide that for certain costs no reimbursement is required by this act for a specified reason.

This bill would provide that, if the Commission on State Mandates determines that this bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to those statutory procedures and, if the statewide cost does not exceed $1,000,000, shall be made from the State Mandates Claims Fund.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) While the number of cases of acquired immune deficiency syndrome (AIDS) continues to mount, researchers have yet to discover a vaccine to prevent infection with the human immunodeficiency virus (HIV), the etiologic agent for AIDS.

(b) Prevention efforts aimed at providing education and counseling to people at highest risk have demonstrated remarkable effects.

(c) Prevention efforts specifically targeted to people infected with HIV have resulted in dramatic decreases in at risk behaviors, especially among gay men. For example, education and counseling have resulted in a 95 percent reduction in annual transmission rates among gay men in San Francisco.

(d) The use of antiviral drugs, such as AZT, and antiopportunistic infection drugs clearly have prolonged the lives of people with advanced conditions related to HIV infections.

(e) Preliminary research suggests that early treatment of infected persons will prevent, minimize, or delay the onset of subsequent severe diseases.

(f) Early clinical intervention can obviate or minimize the need for hospitalization and other expensive care modalities for persons with HIV infection.

(g) For these reasons, early voluntary testing is strongly recommended for all persons at risk for HIV infection, in order to facilitate clinical intervention and early treatment of infected persons.

(h) All public and private providers of services to people with HIV should urge the general public, especially those who have engaged in high-risk behaviors, to seek testing for HIV infection.

(i) As is true with other catastrophic diseases, care and treatment for the spectrum of HIV-related illness is often more costly than necessary. Case management for people infected with HIV can ensure that an HIV-infected person will receive necessary and cost-effective medical services.

(j) Case management can also assist an HIV-infected person to gain access to appropriate private and public health coverage and to support services necessary to prolong life and enhance the quality of life.

(k) Early intervention is effective in terms of both human costs

and economic costs.

(l) The costs of delivering early intervention services should be reasonably shared by the state and federal governments, private health insurers, and, to the extent possible, by the person with an HIV-related condition.

SEC. 2. Chapter 1.4 (commencing with Section 140) is added to Part 1 of Division 1 of the Health and Safety Code, to read:

CHAPTER 1.4. AIDS EARLY INTERVENTION PROJECTS

140. (a) The State Director of Health Services shall award contracts to early intervention projects to provide long-term services to persons infected with HIV. The purposes of the early intervention projects shall be to provide appropriate medical treatment to prevent or delay the progression of disease that results from HIV infection, to coordinate services available to HIV infected persons, and to provide information and education, including behavior change support, to HIV infected persons to prevent the spread of HIV infection to others. The director shall award contracts to early intervention projects from a variety of geographical areas. In selecting projects, the director shall ensure that each early intervention project will respond to the needs of its projected service area, will be sensitive to linguistic, ethnic, and cultural differences, and will accommodate the special needs of clients by taking into account the circumstances that placed them at risk for becoming infected with HIV. The director shall award contracts for early intervention services at a pace that reflects the availability of private, state, and federal reimbursement pursuant to Section 144. Prior to awarding contracts to new programs, the director shall consider utilizing existing services and programs with which it currently contracts, or which are currently in operation, and which provide HIV-related services.

(b) Early intervention projects that are awarded contracts pursuant to this section shall provide all of the following services:

(1) Health assessment of HIV infected persons, including, but not limited to, a physical examination and immunologic and clinical monitoring.

(2) Health education and behavior change support related to reducing the risk of spreading HIV infection to others and to maximize the healthy and productive lives of HIV infected persons.

(3) Psychosocial counseling services.

(4) Information and referrals for social services.

(5) Information and referrals on available research for the treatment of HIV infection.

(6) Covered outpatient preventative or therapeutic health care services related to HIV infection, as determined by the director.

(7) Case management.

(c) An early intervention project shall establish a core case

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INTERVENTION PROJECTS

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shall establish a core case

management team for each client to assess the needs of the client and to develop, implement, and evaluate the client's written individual service plan. As needed by the client, the individual service plan shall include services specified in subdivision (b), other support services, legal services, public assistance, insurance, and inpatient and outpatient health care services needs of the client. A core case management team shall include, but not be limited to, a physician and surgeon, a physician assistant or nurse practitioner, a health educator, a case manager, and the client. Case management in an early intervention project shall incorporate an interdisciplinary approach. Other professionals, paraprofessionals, and other interested persons deemed appropriate by the members of the core case management team also may be included. The case manager shall coordinate the objectives specified in the client's individual service plan. The case manager also shall monitor and assist the client through all services provided by the project and shall provide information, guidance, and assistance to the client regarding support services, legal services, public assistance, insurance, and inpatient and outpatient health care services. The project shall designate a sufficient number of case managers to reflect case manager-to-client ratios established by the department.

141. (a) The director shall commence awarding contracts to projects on or before July 1, 1990. In awarding contracts to early intervention projects, the director may select projects from each of the following models:

(1) A privately operated profit or nonprofit clinic which is not licensed as part of a health facility and which provides all of the services specified in subdivision (b) of Section 140.

(2) A publicly operated clinic which is not licensed as part of a health facility and which provides all of the services specified in subdivision (b) of Section 140.

(3) A combination of independent privately operated clinics, publicly operated clinics, and other health care providers which in total provide all of the services specified in subdivision (b) of Section 140.

(4) Any other model which the director considers worthy of receiving funds.

(b) An applicant for a contract to operate an early intervention project that is not a part of a county health department shall submit its application to the county health department for review and comment. The county health department shall provide comment on the application to the state department within a time period to be specified by the state department. The failure by a county health department to comment on an application submitted to it within the time period specified by the state department shall not jeopardize the application, and the state department in a case of this nature may process and award a contract in the absence of comment by the county health department.

(c) An applicant for a contract to operate an early intervention project shall indicate in its application how it intends to coordinate with county health department programs, community-based organizations that provide HIV-related services, and other public and private entities which may provide services to a person who is infected with HIV.

142. (a) The state department shall collect data from the early intervention projects, assess the effectiveness of the different models of early intervention projects, and report its findings to the Legislature on or before January 1, 1992, and on or before January 1 of each subsequent year.

(b) The state department shall continuously collect data from each early intervention project. The data collected may include, but not be limited to, the following:

(1) The total number of clients served.

(2) The number of clients utilizing each service provided by the project.

(3) Demographics on clients in the aggregate.

(4) The source of funding for each type of service provided.

(5) The cost of each type of service provided.

(6) Medical treatment modalities utilized in the aggregate.

(7) Changes in the clinical status of clients in the aggregate.

(8) Changes in behaviors that present risks of transmitting HIV infection of the clients in the aggregate.

(9) The psychosocial changes of clients in the aggregate.

(10) Referrals made by the project.

(11) Perceived unmet needs of the clients served by the project.

(c) The state department shall develop and distribute to each early intervention project forms for data collection that are designed to elicit information necessary for the state department to comply with the requirements of subdivision (b). The data may be used by the state department to comply with the requirements of subdivision (a).

143. (a) The state department shall establish a reimbursement schedule for all of the services detailed in subdivision (b) of Section 140. The amounts to be reimbursed for these services shall be commensurate with the costs of providing these services.

(b) The state department shall develop and disseminate guidelines to assist early intervention projects in identifying appropriate public and private payers of early intervention services. The guidelines shall take into account each client's access to, and eligibility for, private health insurance and public medical assistance. The guidelines shall include, but not be limited to, the reimbursement schedule established pursuant to subdivision (a) and the elements identified in subdivisions (c) to (h), inclusive.

(c) Reimbursement under this chapter shall not be made for any services which are available to the client under a private health insurance program. Early intervention projects shall inquire of each

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client as to the client's coverage by a private health insurance policy. Where a client has a private health insurance policy, the early intervention project shall bill the insurer for those services in subdivision (b) of Section 140 that are covered by the client's policy.

(d) The state department shall develop and implement, or cause to be implemented by an early intervention project, a uniform sliding fee schedule for services provided to individuals under this chapter. The schedule shall be based on the client's ability to pay.

(e) The state department may apply for any funds available from the federal government for the reimbursement of those services to be provided by early intervention projects, including, but not limited to, funds available pursuant to Section 2318 of the Public Health Service Act, as added by Public Law 100-607, which provides for the development of model protocols for the clinical care of individuals who are infected with HIV.

(f) To the extent permitted under existing law, the Medi-Cal program shall provide reimbursement to early intervention projects for services provided under this chapter that are covered under the Medi-Cal program. This subdivision shall not be construed to confer Medi-Cal eligibility on any person who does not meet existing Medi-Cal eligibility requirements.

(g) The state department shall use federal and state general funds which are appropriated for the purpose of purchasing HIV-related drug treatments and related services, to reimburse for covered outpatient preventative or therapeutic health care services, as defined by the director, provided that the client is eligible for a federal or state program that subsidizes the cost of HIV-related drugs and related services. If Assembly Bill 2251 of the 1989–90 Regular Session is enacted, the state department shall use the provisions in Chapter 1.85 (commencing with Section 188) of Part 1 of Division 1 to implement this subdivision.

(h) The state department shall use moneys from the General Fund to cover expenses for early intervention services that are not otherwise reimbursed, to the extent that moneys from the General Fund are expressly appropriated to the state department for early intervention services.

144. The Legislature hereby finds and declares that people with HIV infection may not avail themselves of early intervention services unless they are aware of the availability of the services and the efficacy of early intervention in prolonging life. This awareness by HIV-infected persons is critical to maximizing the benefits of early intervention. Therefore, it is the intent of the Legislature that the department includes early intervention education as a component of information and education grants in the first grant cycle following enactment of this chapter.

SEC. 3. Section 1632.5 of the Health and Safety Code is repealed.

SEC. 4. Section 1634 of the Health and Safety Code is repealed.

SEC. 5. No reimbursement is required by this act pursuant to

Section 6 of Article XIII B of the California Constitution for those costs which may be incurred by a local agency or school district because this act creates a new crime or infraction, changes the definition of a crime or infraction, changes the penalty for a crime or infraction, or eliminates a crime or infraction.

However, notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed one million dollars ($1,000,000), reimbursement shall be made from the State Mandates Claims Fund. Notwithstanding Section 17580 of the Government Code, unless otherwise specified in this act, the provisions of this act shall become operative on the same date that the act takes effect pursuant to the California Constitution.

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STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704

October 17, 1989

Shephard Smith
ASAP
Post Office Box 17433
Washington, DC 20041

Dear Shephard:

Thank you very much for honoring me with the Thomas Parran award. Coming from ASAP, I consider it a true compliment for my efforts. ASAP has provided a middle-of-the-road logic to a situation which lacked that. I know what personal sacrifice that has meant for you.

I look forward to continuing our mutual pursuit for better health for all of us.

Again, thank you. I am honored.

Sincerely,

Donald P. Francis, M.D., D.Sc.
CDC Regional AIDS Consultant

DPF/ah

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704

October 17, 1989

Harold Varmus, M.D.
University of California
San Francisco
Department of Microbiology
Building HSE, Room 401
Box 0502
San Francisco, CA 94143

Dear Harold:

Congratulations to you and Mike Bishop for the fine work you both have done over the years. And congratulations for the Nobel Prize that recognizes that fine work.

Sincerely,

Donald P. Francis, M.D., D.Sc.
CDC Regional AIDS Consultant

DPF/ah

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704

October 17, 1989

Mack Bonner, M.D., MPH
Director
Clinical Affairs
National Association of
Community Health Centers, Inc.
1330 New Hampshire Avenue, NW
Washington, DC 20036

Dear Dr. Bonner:

Thank you for your note of 3 August 1989. Enclosed are two articles of interest for early intervention. The one by us will appear in November in JAMA.

I think stressing prevention as part of early intervention will be critical to controlling future HIV spread.

Let's work together to gain the federal commitment for it.

Sincerely,

Donald P. Francis, M.D., D.Sc.
CDC Regional AIDS Consultant

DPF/ah

Enclosures

Thank you
DF to write

National Association of
Community Health Centers, Inc.

August 3, 1989

Dr. Donald P. Francis
Department of Heaith Services
2151 Berkeley Way
Room 715
Berkeley, CA 94704

Dear Dr. Francis: DM

It was a pleasure meeting you during the CDC Site Visit last week. The insights and expertise that you shared with us will be very helpful as we attempt to provide HIV-related services through our community health centers. The experience was both enjoyable and informative for me and I look forward to meeting with you again.

Yours truly,

Mack Bonner, M.D., M.P.H.
Director
Clinical Affairs

1330 New Hampshire Avenue, N.W. Washington, D.C. 20036 (202) 659-8008

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704

October 17, 1989

Roger Black
Institute for Health Policy Studies
University of California
San Francisco
1326 - 3rd Avenue
San Francisco, CA 94143-0936

Dear Roger:

Enclosed you will find one request for computer supplies for our Macintosh computer equipment.

According to our records, Dr. Francis' account has a total amount of $2,328.49. The computer supplies have a total amount of $297.00. This should bring Don's account to a new total of $2,031.49.

Roger, if you have any questions, please call me at 540-2522.

Thanks,

Abbe Havens
Secretary to Dr. Francis

DF/ah

Enclosure

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704

October 10, 1989

Philip R. Lee, M.D.
IHPS
1326 - Third Avenue
San Francisco, CA 94143

Dear Phil:

Could I impose upon you to write a letter of support recommending that I be appointed Assistant Clinical Professor in the Department of Family and Community Medicine at UCSF.

The letter should be addressed to:

Dr. Jack Rodnick
Interim Chair
Department of Family and Community Medicine
University of California
San Francisco
Room AC9
Box 0900
San Francisco, CA 94143

Thank you in advance for your assistance.

Sincerely,

Donald P. Francis, M.D., D.Sc.
CDC Regional AIDS Consultant

DPF/ah

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704

October 10, 1989

Marcus A. Conant, M.D.
350 Parnassus
Suite 808
San Francisco, CA 94117

Dear Marcus:

Could I impose upon you to write a letter of support recommending that I be appointed Assistant Clinical Professor in the Department of Family and Community Medicine at UCSF.

The letter should be addressed to:

Dr. Jack Rodnick
Interim Chair
Department of Family and Community Medicine
University of California
San Francisco
Room AC9
Box 0900
San Francisco, CA 94143

Thank you in advance for your assistance.

Sincerely,

Donald P. Francis, M.D., D.Sc.
CDC Regional AIDS Consultant

DPF/ah

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704

October 10, 1989

Mr. Jeffrey W. House
Vice President and Executive Editor
Science and Medicine
Oxford University Press
200 Madison Avenue
New York, NY 10016

Dear Mr. House:

Please accept my apologies for the delay in reviewing your proposal.

A book to guide AIDS prevention through behavioral change is not a bad idea. A selection of in-depth studies of various approaches in several at-risk (and not-at-risk) communities around the world could be useful. Such a selection, if designed properly, could be very useful to assist those of us in public health who do not have strong behavioral backgrounds.

To be useful to me, there should be several specific chapters.

1. Conceptual basis of human behavioral modification.

2. Examples of other behaviors successfully and unsuccessfully changed.

3. Experience in various world populations with sexual behavioral change.

4. Experience in various world populations with needle use behavior change.

5. Educating low-risk populations.

6. Successes and failures of moving well designed programs through government systems.

To be useful, these chapters should be written by those who have actually done the work.

I frankly don't see much of what my ideal would be in the proposal given here. This looks to me like a lot of words without much practical use. Many of the chapter authors have been quite removed from the actual (in field) programs and, although very able people, could not give the reader much useful information.

In summary, yes, there is a need; no I don't think much of the organization: and no, I don't think the authors are well matched with the topics.

Sincerely,

Donald P. Francis, M.D., D.Sc.
CDC Regional AIDS Consultant

DPF/ah

Enclosure