



RECOMMENDATION OF THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER QUALITY OF LIFE COMMISSION

Recommendation Number: 20170815-3C: Budget Prioritization of HIV Pre-Exposure Prophylaxis Access Services

Whereas, On June 5, 1981, the United States Centers for Disease Control and Prevention (CDC), in its Morbidity and Mortality Weekly Report (MMWR), noted a cluster of five young gay men in Los Angeles, California, who had been diagnosed with a rare form of pneumonia in the period of October 1980 - May 1981, and two of the five men had died; and

Whereas, By December 31, 1981, 270 previously-healthy gay men were diagnosed with rare infections in cities around the nation, and 121 of them had died; and

Whereas, On July 16, 1982, The CDC published evidence of opportunistic infections and immune deficiency in patients with Hemophilia, suggesting the possible transmission of an agent through blood products; and

Whereas, On September 24, 1982, the CDC made its first reference to Acquired Immune Deficiency Syndrome (AIDS); and

Whereas, On January 7, 1983, the CDC's MMWR published the first known cases of immunodeficiency among female sexual partners of males with Acquired Immune Deficiency Syndrome; and

Whereas, On June 20, 1983, the CDC warned practitioners and public health professionals that 21 infants had been diagnosed with opportunistic infections and immune deficiencies, suggesting mother-to-child transmission occurred before, during, or after birth; and

Whereas, On April 23, 1984, U.S.-based researchers validated the prior work of the Pasteur Institute and confirmed the existence of a virus that would later be known as the Human Immunodeficiency Virus (HIV); and

Whereas, In March of 1985, the U.S. Food and Drug Administration (FDA) licensed the first commercial test for HIV infection; and

Whereas, In March of 1987, the FDA approved the first-ever anti-retroviral drug, zidovudine (AZT), as a treatment for HIV, and one month later approved a new western blot blood test that was highly sensitive and more specific; and

Whereas, In May of 1992, the FDA licensed a rapid testing kit that could detect HIV-1 antibodies in ten minutes, and two years later the FDA approved an oral HIV test that required no blood to be drawn; and

Whereas, In June of 1995, the FDA approved the first protease inhibitor, which reduced short-term AIDS-related mortality by 60% in countries that could afford the drug; and

Whereas, In 1996, the FDA approved more advanced forms of testing that identified viral genetic material within days of infection, and the Administration approved the first non-nucleoside transcriptase inhibitor (NNRTI) that further-enhanced patient survival; and

Whereas, In September 1997, the FDA approved Combivir, a multi-drug anti-retroviral therapy to be taken as a single tablet to enhance adherence and therefore patient survival; and

Whereas, In 2001, the World Trade Organization (WTO) adopted the Doha Declaration, which allowed developing countries to manufacture life-saving anti-HIV drugs; and

Whereas, In May 2007, global health authorities recommended standardized provider-initiated HIV testing in healthcare settings; and

Whereas, In 2010, the iPrEx clinical trial demonstrated a reduction in HIV acquisition of 44% among men who have sex with men who took pre-exposure prophylaxis (PrEP); and

Whereas, In July 2010, the White House announced the first National HIV/AIDS Strategy to unify and coordinate public health and clinical responses to HIV; and

Whereas, In July 2012, the FDA approved Gilead Pharmaceuticals' HIV therapy Drug, Truvada, for use as Pre-Exposure Prophylaxis (PrEP) by HIV-negative people at risk of acquiring the virus; and

Whereas, On September 12, 2012, Science Translational Medicine, an inter-disciplinary medical journal, published a study demonstrating PrEP dosing corresponded to reduced HIV-1 risk by 99% at seven once-daily doses per week; and

Whereas, In December 2013, a consortium of stakeholders in San Francisco announced their intent to develop a "Getting to Zero" plan to eliminate new HIV-related infections and deaths; and

Whereas, In April 2014, Washington State became the first to deploy a PrEP Drug Assistance Program, which serves as both a communicable disease control resource and a mechanism to contain the lifetime cost of \$326,500 per new diagnosis; and

Whereas, On October 14, 2014, New York Governor Andrew Cuomo announced the Ending the Epidemic Task Force. New York City's Health Department later reported that new HIV diagnoses dropped below 2,500 for the first time since mandatory reporting of HIV incidence began in 1983; and

Whereas, On November 17, 2014, the Texas Department of State Health Services, released a formal PrEP Position Statement, and endorsed provider education and patient access to PrEP; and

Whereas, On June 8, 2015, the Los Angeles County Board of Supervisors approved a new plan to align with the National HIV/AIDS Strategy and distribute PrEP County-wide; and

Whereas, In 2015, the Austin Ryan White Transitional Grant Area (TGA) witnessed 327 new HIV diagnoses, 80% of which were among men who have sex with men, and 22% of which were among youth ages 13-24; and

Whereas, In 2015, The Austin Ryan White Transitional Grant Area witnessed disproportionately high rates of new HIV infections among Black/African American men, Hispanic/Latino men, and Black/African American women; and

Whereas, In July, 2015, the White House's first-ever update to the National HIV/AIDS Strategy prioritized the expansion of access to pre-exposure prophylaxis as the second Action Step to reduce new HIV infections; and

Whereas, In September of 2015, residents expressed grave concerns that canine heartworm treatments were being prioritized in the FY2016 municipal budget while a new and preventable HIV diagnosis was occurring every 35 hours; and

Whereas, On October 2, 2015, PolitiFact Texas refuted suggestions that rates and incidence of HIV were increasing in previously less-impacted populations; and

Whereas, On January 15, 2016, The Austin-Area Comprehensive HIV/AIDS Planning Council addressed a formal letter to the City of Austin's leadership calling for municipal funding of PrEP access services; and

Whereas, On March 9, 2016, the Health and Human Services Committee of the Austin City Council heard updates on PrEP from the City's Medical Director and from local HIV prevention and care subject matter experts who encouraged investment in science-based biomedical interventions for underserved and vulnerable residents; and

Whereas, On June 23, 2016, The Austin City Council authorized the negotiation and execution of a 36 month contract to provide pharmaceutical relief to canines while Austin's primary point of PrEP access accumulated a multi-month waitlist to deliver PrEP to a US population that has lost approximately 540,000 lives to a preventable virus; and

Whereas, New cases of HIV infection have been reported by residents on prophylaxis waitlists who did not obtain science-based intervention soon enough and became HIV positive while waiting for clinical care; and

Whereas, On September 1, 2016, San Francisco announced that the City achieved two consecutive years of declines in new HIV infections; the lowest number since the epidemic began and PrEP was introduced as a pillar of HIV prevention strategy; and

Whereas, In January, 2017, sexual and reproductive health clinics in London, England, announced a 40 percent decline in new HIV infections among gay men and attributed the success to PrEP; and

Whereas, there is no reliable system for collecting and sharing sex and gender identity (SGI) information in health records, and our nation currently lacks reliable HIV surveillance data for transgender populations; and

Whereas, Economic, social, and biological risk factors suggest transgender women and transgender women of color may be the populations most vulnerable to HIV today; and

Whereas, The 2017 - 2021 Austin-Area Integrated Prevention and Care Plan estimates there are 1,155 undiagnosed people living with HIV who are contagious and highly susceptible to other communicable diseases and opportunistic infections; and

Whereas, The 5 year Integrated Prevention and Care Plan specifies that the first action step to expand local prevention capacity is to fund PrEP for high-risk populations; and

Whereas, Every mode of HIV transmission has stabilized or declined in recent years except for sexual contact between men, suggesting there may be significant gaps in the City of Austin's proposed public health budgets, existing health equity approaches, and municipal HIV, viral hepatitis, and sexually transmitted infection prevention and control strategies; and

Whereas, clinical research, social science research, and technological innovation have improved the lives of 1.1 million Americans currently living with HIV, alleviated human suffering around the globe, and prevented countless unnecessary transmissions;

NOW, THEREFORE, BE IT RESOLVED, that the Austin Lesbian, Gay, Bisexual, Transgender, and Queer Quality of Life Advisory Commission recommends to the Austin City Council to:

Prioritize human health and the reduction of health disparities by allocating funds for competitive proposals to deliver pilot PrEP access services in the Fiscal Year 2017-18 budget at a level equal to or greater than Austin Animal Services' request of a budget increase for drugs and medical supplies in the amount of \$135,788.

BE IT FURTHER RESOLVED, that the Austin Lesbian, Gay, Bisexual, Transgender, and Queer Quality of Life Advisory Commission recommends to the Austin City Council to:

Direct the City Manager to prioritize award of funds to a contractor with demonstrable experience delivering clinical services and evidence-based HIV prevention to LGBTQ communities.

**VOTE OF THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER QUALITY OF LIFE ADVISORY
COMMISSION**

Date of Approval: Tuesday, August 15, 2017

Motioned: Gonzales Seconded: Doughty

For: 10 (Gonzales, Doughty, Curette, Baeza, Estrella, Skidmore, Daniels, Curry, Kitchens, Buls)

Against: 0

Abstain: 2 (Chavez, Wollerson)

Absent: 2

Attest:  _____

Charles Loosen, Staff Liaison