

MEETING AGENDA

VIRTUAL:

Thursday, March 9, 2023

2:00 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (February 9th, 2023)
- ◆ Report of Co-Chairs
- ◆ Report of Staff:
 - Ground Rules
- ◆ Presentation:
 - Quality Management, Service Utilization and Client Services Unit Need at Intake
- ◆ Action Item:
 - Prevalence Data and Allocation Policy
- ◆ Committee Reports:
 - Executive Committee
 - Finance Committee – Alan Edelstein & Adam Williams
 - Nominations Committee – Michael Cappuccilli & Juan Baez
 - Positive Committee – Keith Carter
 - Comprehensive Planning Committee – Gus Grannan
 - Prevention Committee – Loretta Matus & Clint Steib
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Please contact the office at least 5 days in advance if you require special assistance.

The next HIPC meeting is

VIRTUAL: April 13, 2023 from 2:00 – 4:30 p.m.

Philadelphia: HIV Integrated Planning Council
Meeting Minutes of
Thursday, February 9, 2023
2:00 p.m. – 4:30 p.m.

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Juan Baez, Allison Byrd, Michael Cappuccilli, Keith Carter, Lupe Diaz, Alan Edelstein, David Gana, Gus Grannan, Jeffery Haskins, Gerry Keys, Pam Gorman, Greg Langan, Shane Nieves, Luis Otaño, Clint Steib, Desiree Surplus, Evan Thornburg, Adam Williams

Guests: Daniel Bracy, Ronda Goldfein, Ameenah McCann-Woods

Excused: Julie Hazzard, Loretta Matus

Staff: Sofia Moletteri, Mari Ross-Russell, Beth Celeste, Tiffany Dominique, Debbie Law, Kevin Trinh

Call to Order: L. Diaz Called the meeting to order at 2:00 p.m.

Introductions: L. Diaz asked everyone to introduce themselves.

Approval of Agenda:

L. Diaz referred to the February 2023 HIPC agenda and asked for a motion to approve. C. Steib asked to add a report of co-chairs of each subcommittee to the agenda. **Motion:** K. Carter motioned; A. Williams seconded to approve the amended February HIV Integrated Planning Council agenda. Motion passed: 12 in favor 3 abstaining. The amended February 2023 HIPC agenda was approved.

Approval of Minutes (January 12th, 2023):

L. Diaz referred to the December 2022 HIPC minutes. A. Williams asked to amend the minutes to include his name as present. **Motion:** C. Steib motioned; K. Carter seconded to approve the amended January 2023 HIV Integrated Planning Council meeting minutes via a Zoom poll. Motion passed: 15 in favor with 2 abstaining. The amended January 2023 HIPC Minutes are approved.

Report of Co-chairs:

L. Diaz reported that she attended the Pennsylvania HIV Planning Group (HPG) meeting in the month of January 2023. She attended the meeting with C. Steib and S. Moletteri. C. Steib gave a brief report on this meeting. C. Steib described the meeting as an orientation to introduce new members to committees. The meeting had a presentation on Health Navigation Services (HNS). C. Steib said the state was revamping the program and said he and L. Diaz would brief the

Planning Council on this topic. C. Steib participated in the workgroup and anticipated that they would finish and roll out the program by the middle of 2023.

C. Steib said the PA's HPG would be closer to Philadelphia in May 2023—they would meet in King of Prussia. The meeting would be open to the public with an option to attend virtually. He encouraged the Planning Council to attend the meeting to see the planning process.

L. Diaz said that C. Steib would be reporting on the HPG meetings for the next HIPC meeting until L. Diaz and S. Moletteri had more experience with the HPG meetings.

Report of Staff:

D. Law recounted the HIPC orientation that happened before the HIPC meeting. She welcomed all the new members. D. Law reminded the new members that they were expected to join at least one subcommittee and encouraged the subcommittee co-chairs to recruit new members.

M. Ross-Russell said they would be sending a doodle poll to the Executive Committee to set up a time for an Executive Committee meeting. M. Ross-Russell noted that the new members would hear the Roles and Responsibilities presentation again.

Action Item:

-Year-End Reallocation Request-

A. Edelstein gave a brief overview of the Year-End Reallocation Request. When the end of the fiscal year nears, HIPC usually has services with unspent funding. A. Edelstein and the Finance Committee had voted to bring this request to the larger planning council to reallocate the unspent funds to other services. The Finance Committee reviewed the Reallocation Request in their last meeting and moved to recommend that the full Planning Council approve it.

He reviewed the Reallocation Request statement with HIPC and listed the various services that would be funded with the reallocation. These services are Emergency Financial Assistance, Foodbank/Home Delivered Meals, Medications, Oral Health Care, and Medical Transportation Services. He emphasized funding the programs on the list would directly benefit the consumers without administrative costs.

A. Williams motioned to approve the request. A. Edelstein said that the request does not need a second motion since it came as a recommendation from a subcommittee. S. Moletteri explained the process of recommendations for the new members. Some motions start within another subcommittee. If a subcommittee voted to bring a motion to the larger Council, the subcommittee would motion "with their recommendation for approval." Such a recommendation would not require a motion and second from the Planning Council, but there would still be time for discussion and a vote within the HIPC on the recommended motion.

M. Cappuccilli asked A. Edelstein to explain to the new members why these specific service categories were chosen for reallocation of funding. A. Edelstein explained that the services

provided resources that could be easily consumed. He added much of the resources bought with the funding would be consumables that can be stored and then used when needed. This would give the organization more flexibility in how the funds were spent.

A. Edelstein said that contractors typically do not file invoices immediately. He said they typically file them around May. Until then, reconciliation activities cannot be completed.

M. Cappuccilli asked A. Edelstein to explain to the new members why the funding had to be expended before the end of the fiscal year. A. Edelstein explained that if the funding is not spent down, the government can lessen the full Ryan White Part A award amount. C. Steib noted that the 5 service categories were the ones the Planning Council had voted on last year. A. Edelstein said funding the 5 service categories was typically chosen to reallocate underspent funds due to the aforementioned reasons.

Motion: L. Diaz motioned for HIPC to submit a reallocation request to fund 5 categories: Emergency Financial Assistance, Foodbank/Home Delivered Meals, Medications, Oral Health Care, and Medical Transportation Services, as recommended by the Finance Committee.

S. Nieves: in favor
L. Diaz: abstained
A. Edelstein: abstained
David Gana: in favor
A. Williams: in favor
C. Steib: in favor
D. Surplus: in favor
E. Thornburg: abstained
M. Cappuccilli: in favor
L. Otano: in favor
K. Carter: in favor
A. Byrd: in favor
J. Baez: in favor
J. Haskins: abstained
G. Grannan: in favor
G. Langan: in favor
G. Keys: in favor
P. Gorman: in favor
D. D'Alessandro: in favor

Motion passed: The FY2022 Year-End Reallocation Request was approved. 15 in favor, 0 against, and 4 abstaining.

L. Diaz explained to the new members that the co-chairs abstain during the vote to prevent swaying the other members' votes. A. Edelstein had abstained because he was the co-chair of the Finance Committee and had presented the topic.

-HB 103 Presentation-

R. Goldfein from the AIDS Law Project of Pennsylvania (ALPP) gave a presentation about House Bill 103 (HB 103). She thanked the Planning Council and said she was invited to speak due to the passing of HB 103. She said Pennsylvania was special in that it did not have an HIV criminalization law, unlike the more than 30 other states that did. She explained that other states had variations of laws that penalized a person for intercourse without disclosing their HIV status. R. Goldfein said she and the ALPP had ambivalent feelings regarding an HIV-specific law. An HIV-specific law could target and marginalize a community or it could protect People Living With HIV (PLWH) by providing criteria to judge them fairly.

She explained that there were rare news stories where more intentional HIV transmission occurred, but she says most HIV transmissions are accidental. She concluded that the public should not make this group of people criminals based on sensationalism.

Instead of HIV-specific laws, R. Goldfein said that Pennsylvania had sentence-enhancing laws. She briefly recounted one case that ALPP participated in. The case involved a man who sought reprisal with a PLWH after intercourse. The case was defended by L. Krasner. ALPP ultimately was able to have the case thrown out. R. Goldfein explained sentence-enhancing as laws where a PLWH was penalized more severely than a non-PLWH for the same crime.

R. Goldfein briefly reviewed the ALPP PDF on the status of HIV criminalization in PA. The first type of penalty stated if an incarcerated PLWH knowingly or intentionally causes another person to come in contact with their bodily fluids, they could face up to an additional 10-year sentence. Transmission of HIV was not a factor in the sentencing. R. Goldfein explained that the law did not take into account that the person may have an intellectual and developmental disability. Instead of supporting the person, the prison would be punishing them for having HIV.

M. Cappuccilli asked if sentence enhancements were decided by the judge presiding over the case. R. Goldfein answered that the sentence enhancements would most likely be decided by the district attorney. M. Cappuccilli asked if this implied that sentencing was more equal for PLWH in Philadelphia compared to other PA counties. R. Goldfein confirmed this was the case and applauded L. Krasner for his stance on the issue.

The next topic in the presentation was criminal penalties for prostitution while HIV-positive. R. Goldfein explained that prostitution was a misdemeanor in PA but is a felony if someone was a PLWH. The statute did not differentiate between sex acts. Risk of HIV transmission/transmission itself did not factor into the sentencing.

R. Goldfein said challenging this law was difficult because lawyers would need to find a person to consent to litigate their case. R. Goldfein said most sex workers charged with prostitution preferred plea deals because it was their best chance. The use of a condom or other protection was not allowed as a defense in court.

M. Cappuccilli inquired how the authorities would know the person's HIV status. R. Goldfein said there were multiple ways that the prosecutors would know. She explained that the many

people persecuted were previously known to the justice system and have readily available medical records that law enforcement can access. R. Goldfein said that in the past, medical practitioners can be subpoenaed to provide information on their patients. ALPP attempted to persuade medical providers to withhold information but not all medical providers were willing to resist a subpoena.

E. Thornburg added that PLWH may end up in situations where they were required to submit to a medical examination. For example, a sexual assault victim would be required to have a medical examination as part of the investigation process. E. Thornburg decried that the PLWH could be a victim of crime but still be charged with a crime if they engaged in sex work due to their HIV status.

K. Carter asked if a crime victim's status would change if they had just discovered they were HIV positive during the medical examination. R. Goldfein confirmed that not only would the person face potential charges, but they could also face sentence enhancements due to their HIV status.

M. Cappuccilli asked why the Health Insurance Portability and Accountability Act (HIPAA) did not protect PLWH from law enforcement who wanted access to their medical records. R. Goldfein said there was an exception to HIPAA if law enforcement asked for information.

S. Nieves asked R. Goldfein to describe the process of defending a provider if they choose to withhold information from law enforcement. R. Goldfein said if a medical provider receives a letter and a subpoena requesting information from law enforcement, ALPP would instruct them to decline the request. If the medical provider receives a court order to provide information, the medical providers would be obligated to cooperate or face contempt of court.

A. Williams asked if the HIV status of PLWH would become a public record in court. R. Goldfein said protecting a PLWH's confidentiality who was charged with a crime would be impossible since their status would be public record. Once the case became public record, the media were allowed to report on the case including the PLWH's HIV status. R. Goldfein recounted the incident with a young woman who was charged with a sentence enhancement for her HIV status. She said that once the woman's HIV status had become public record, the woman's hometown newspaper had printed her HIV status and her workplace on the front cover. Despite the fact that charges had been dropped, R. Goldfein reported that the repercussions of the trials still follow the woman in her social and professional life.

M. Cappuccilli and K. Carter had asked if scientific evidence was a factor in the creation of these laws. R. Goldfein said they were not science-based laws but that she would expand on this idea later in the presentation.

R. Goldfein reviewed the third sentence-enhancement law in PA. This law had begun as HB103 but evolved into Act 99. The law added a penalty regarding a law enforcement officer coming into contact with bodily fluids. The penalty was a third-degree felony and a second-degree felony if the person was infected with a "communicable disease." R. Goldfein said that the law was created in 2022 to protect law enforcement who feared that protesters were slinging COVID-19.

Act 99 penalizes PLWH further if it was believed that the bodily fluids had the chance to transmit HIV or other communicable diseases. The law was passed by Governor Tom Wolf and has been entrenched into law.

ALPP hoped to create a multi-pronged strategy to address these sentence-enhancement laws. R. Goldfein said they would first create a panel of scientific experts who can explain the mechanics of transmission to courts and authorities. The second prong would be to create a panel of defense lawyers who can safeguard individuals from having their privacy infringed.

A. Williams asked if HB 103 was being used to penalize PLWH who were victims of police brutality. R. Goldfein said this was a difficult question. She acknowledged that while there were well-intentioned law enforcement, she said the likelihood of law enforcement using this law as reprisal was probable.

G. Grannan asked if law enforcement compliance with mask mandates and other forms of protection affected how the law had functioned. R. Goldfein explained that the law did not specify the person in contact with the bodily fluids and their own protection. Rather it was a punishment for the activity of the defendant. The fact that the law enforcement officer was wearing protection has no bearing in a case. The fact that the event had occurred was the focal point of the law.

K. Carter asked if the sexual activity of the law enforcement officer was relevant in these types of cases. R. Goldfein said HB 103 was created to protect law enforcement and was supported by police unions. These unions are powerful and would support a law that would be favorable to law enforcement. As a result, there had been cases that had examined the law enforcement officer's sexual history but these cases were rare.

C. Steib asked if the ALPP network would be independent of their roles on the Planning Council or be counted as an individual activity. R. Goldfein said she would defer to M. Ross-Russell for the answer to this question. M. Ross-Russell said it would be an individual activity. S. Moletteri agreed on the grounds that such involvement would be political activity and therefore not directly HIPC-related.

A. Williams believed their roles on HIPC and as advocates for the PLWH community did intersect with their roles on the ALPP network. M. Ross-Russell clarified that it was decided in the Bylaws that members of HIPC cannot speak for the whole of the Planning Council. In addition, all actions by Planning Council members would need to be acknowledged and approved by the Planning Body. M. Ross-Russell added there was a thin line between advocating and lobbying. She wanted to research the legalities and limitations before she could give a definitive answer on what HIPC members can do with movements like ALPP's network.

Finally, ALPP wanted to start a legislative campaign. R. Goldfein said PA had a slim democratic majority in the State House of Representatives for the first time in a long time. She said the majority would not last forever and they needed to capitalize on this as soon as possible. She said the ALPP can start campaigning towards making sentences involving communicable diseases that reflect evidence-based science.

R. Goldfein said that the ALPP was still in the opening stages of this endeavor. She encouraged Planning Council members to support the ALPP. R. Goldfein said they could contact her and J. Baez if they were interested in supporting ALPP's cause.

R. Goldfein turned to the Planning Council for more questions and comments. A. Byrd noted how some law enforcement officers extort sex workers in exchange for allowing them to continue their work. She wondered how this would factor into the new law. C. Steib said the PA HPG had sent a letter to Gov. T. Wolf regarding HB 103. The letter was ignored and the law was passed.

C. Steib had also asked if ALPP would be willing to present at the PA HIV Planning Group (HPG). R. Goldfein said she would be happy to present at the PA HPG meeting. C. Steib added that the AIDSWatch conference was in Washington D.C. in March 2023. C. Steib said this presentation would be an opportunity to educate state representatives about this topic.

C. Steib asked if it would be useful to send health alerts to representatives and law enforcement with information about HIV transmission. R. Goldfein said ALPP was creating an educational program and was deciding the best way to reach out to people. She listed the challenges of the education program such as identifying persons who would be receptive to their message.

S. Nieves asked if these laws were targeting HIV specifically or communicable diseases in general. R. Goldfein said she believed the laws were targeting PLWH. She said she had not seen other laws targeting other communicable diseases such as ringworm. R. Goldfein thanked the Planning Council for inviting her and left the meeting.

Discussion Items:

-HIPC Roles and Responsibilities-

M. Ross-Russell would give the HIPC members a review of the HIPC Roles and Responsibilities. This served as a review for older HIPC members as well as reinforce concepts introduced at the HIPC Orientation for new members.

M. Ross-Russell defined Community Health Planning as “the deliberate effort to involve the members of a geographically defined community in an open public process designed to improve the availability, accessibility and the quality of healthcare services in their community as a means towards improving its health status.” She said that Community Health Planning must provide ways to identify community needs as well as allocate resources and resolve conflicts when they arise.

The Planning Council allows for multiple opportunities for the public to become part of the decision-making process. M. Ross-Russell said that all allocations have to be based on documented needs. Documented need assessments could be surveys, focus groups, town halls, etc. M. Ross-Russell said the Planning Council works with other funded providers such as health departments at the state level, maternal and child health providers, and dental service providers.

M. Ross-Russell said the Planning Council was required to have at least one-third of its membership be PLWH who are unaligned. She defined unaligned as members who were not a part of an organization funded by Ryan White, meaning they were not hired by such an organization and/or were not board members. M. Ross-Russell emphasized that having unaligned members was important because they did not have a conflict of interest that an employee or board member would have. As a goal, the Planning Council hoped to have at least half its membership be PLWH.

G. Grannan asked if the 33% PLWH membership composition was a goal or a requirement. M. Ross-Russell clarified that it was a legislative requirement to have 33% of the membership be PLWH. She added that having 50% of the membership be PLWH was a goal that HIPC strived for. The goal existed within their bylaws.

M. Ross-Russell said the HIV Program Legislation required Eligible Metropolitan Areas (EMA) to have been established by the Chief Elected Official (CEO). In Philadelphia, the CEO was the mayor of Philadelphia. EMAs must have at least 2,000 AIDs cases in the most recent 5 years. M. Ross-Russell said this definition had not been updated since 2013 and that was why the definition specifies AIDs instead of HIV. As of 2023, there were 24 EMAs.

Transitional Grant Areas (TGA) were established after 2006. TGAs were required to have between 1,000 and 1,999 AIDs cases in the most recent 5 years. There were 28 TGAs in 2023. M. Ross-Russell said there were 54 EMAs before 2006. This changed when the definition of an EMA was redefined. In 2013, the Division of Metropolitan HIV/AIDs Program (DMHAP) recommended that TGAs have planning councils. All planning councils were expected to meet the requirements specified in the legislation and in DMHAP policies and guidelines. M. Ross-Russell said there were other areas such as an Emerging Area. These areas had to have 500 to 999 cases of AIDs within the most recent 5 years.

M. Ross-Russell emphasized that the required number of PLWH in each planning council was to ensure that PLWH had a voice in decisions that would affect them.

M. Ross-Russell gave an overview of the Ryan White HIV /AIDs Program (RWHAP) and defined Community Planning as a process involving different stakeholders and requiring input from the community who have lived experience. She said RWHAP was designed to meet the goals of the National HIV/AIDs Strategy (NHAS) and ensure that EMAs were following the HIV Care Continuum (HCC). M. Ross-Russell said that EMAs and TGAs aimed to ensure that at least 85% of the individuals within their jurisdictions knew their HIV status. M. Ross-Russell said that EMA, TGAs, and RWHAPs obtained data from multiple sources and based their decisions using this data.

The next slide in the presentation was a chart detailing the Roles and Responsibilities of the Planning Council, Recipient, and CEO. M. Ross-Russell explained that the CEO has the power to establish the Planning Body and determine who is placed in the Planning Body.

The Recipient carried out the needs assessment. They monitor contracts and evaluate the effectiveness of the planning activities. This was a joint responsibility shared with the Planning

Body. M. Ross-Russell explained that some of the duties of the Planning Body were to allocate resources, do comprehensive planning, and assess the effectiveness of the administrative mechanism. M. Ross-Russell defined assessing the effectiveness of the administrative mechanism as ensuring that the funds were distributed in a rapid way. She said that at the present moment, 90 days was the approximate time that contracts should be fulfilled and that agencies could invoice.

M. Ross-Russell explained the procurement process. If the recipient was to perform a Request for Proposal (RFP), the Planning Body was only given limited information. M. Ross-Russell explained that this was because there were providers of these services on the Planning Council and it would be unfair to provide them an advantage compared to other providers.

Committee Reports:

-Executive Committee-

L. Diaz said the Executive Committee did not have a report yet.

-Finance Committee-

A. Edelstein referred to the Data Issue Memo (PDF). He gave an overview of the Prevalence Data issue with the PA Department of Health. More specifically, HIPC had an issue with the data recorded between 2018-2020. Prevalence numbers were 4,245 in 2018, 4,761 in 2019, and 4,248 in 2020. The Office of HIV Planning (OHP) and HIPC had questioned why the numbers just decreased one year following an increase the previous year.

HIPC sent a letter to Dr. Obiri to ask for more clarification on the data in September 2022. Dr. Obiri replied, but his response was felt to be unsatisfactory and did not resolve or fully explain the issue.

In January 2023, the person responsible for the data retired. The data issue has not been resolved. Dr. K. Brady had promised to follow up with Dr. Obiri for more information.

M. Ross-Russell had an update on the situation. She had received an email from Dr. Obiri who asked to schedule a meeting for next week. Before they could finalize the meeting date, M. Ross-Russell wanted to confirm that all the essential people would be present on the same date. M. Ross-Russell was waiting for the AIDS Activities Coordinating Office (AACO) to communicate their schedule.

K. Cater asked if there was a deadline to resolve the situation and if there was a contingency plan if the situation could not be resolved. A. Edelstein replied that they had preferred to see how PA State would respond before making a decision. If they were unable to find a solution, A. Edelstein said they would need to find an alternative way to decide allocations.

M. Ross-Russell stressed the importance of cooperation with the PA Dept. of Health and the NJ Dept. of Health. She had promised that she would keep the Planning Council updated on the situation.

K. Carter asked if they could go back to the old form of reporting data. M. Ross-Russell said that over the years, the CDC had changed the way they had reported the information. Some health departments adapted to the new methods more quickly than others. M. Ross-Russell said the important thing to remember was how much faith they had in the final result and not just the process of how the data was collected.

-Nominations Committee-

M. Cappuccilli did not have a report. The Nominations Committee did not have their regular meeting due to the Orientation.

-Positive Committee-

K. Carter welcomed all the new members to the Planning Council. He did not have a report. He said the next Positive Committee meeting was on February 13, 2023 and encouraged new members to contact S. Moletteri for more information.

-Comprehensive Planning Committee-

G. Grannan welcomed all the new members. He explained that the Comprehensive Planning Committee's role was to reconcile the plans that OHP creates with the data they receive. He encouraged all interested members to attend the meeting on February 16th, 2023 at 2 p.m. He instructed interested members to contact S. Moletteri for the invitation to the meeting.

-Prevention Committee-

C. Steib said the Prevention Committee had met the previous week. They recapped their past activities, heard the report on home test kits, and had a presentation from AACO on PhillyKeepOnLoving.

Other Business:

None

Announcements:

E. Thornburg announced that AACO is now the Division of HIV Health (DHH). J. Williams and A. McCann-Woods have started a new podcast. The first episode was on National Black HIV Awareness Day. E. Thornburg had said they would be speaking with J. Williams and A. McCann-Woods on various topics on the podcast regarding prevention and living with HIV. She sent the link to the Planning Council.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion:** K. Carter motioned, and G. Grannan seconded to adjourn the February HIPC meeting. **Motion passed:** All in favor. The meeting adjourned at 4:13 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2023 Meeting Agenda
- January 2023 Minutes
- Data Issue Memo (PDF)

DRAFT

Philadelphia EMA HIV Integrated Planning Council

Meeting Ground Rules

Approved December 2019

Meeting rules for all attendees. The following ground rules apply to meetings of the HIV Integrated Planning Council and its committees. These rules apply to everyone attending meetings.

1. Arrive on time. Call the office at 215-574-6760 if you are running late.
2. Silence your phone. Take any phone calls in the lobby or hallway.
3. Respect others' boundaries and personal space.
4. Don't share others' personal information.
5. Speak respectfully, including volume, tone, and word choice.
6. No personal attacks. Disagreements will focus on issues, not individuals.
7. Wait to be acknowledged by the co-chair/speaker before speaking.
8. Avoid side conversations and cross talk.
9. Ask questions when you need more information.

Meeting rules for members. In addition, Planning Council members must follow these final three rules.

1. The Planning Council addresses the needs of people living with and at risk for HIV as their top priority. Members serve the needs of the community, not their own interests.
2. Members will behave in a way that reflects this responsibility to the community.
3. Every member is responsible for both following all meeting rules and speaking up to ensure that others follow them.

Violations. If an individual violates these rules:

1. First, there will be a warning with a reminder of the rules.
2. After a second violation, there will be another warning with a reminder that the person will be asked to leave if the behavior happens again.
3. After a third violation, the person will be required to leave the meeting.

**Philadelphia EMA HIV Integrated Planning Council
from the Finance Committee
Recommended Policy Language
Thursday, March 9, 2023**

Policy Language as recommended by Finance Committee:

In the case of questionable prevalence data, we will use the alternative method of historical averages until we receive a prevalence data report from the region in question that is deemed satisfactory by the Division of HIV Health's (DHH) Epidemiologist.

HIV Prevalence 2011 to 2020											
YEAR	PA4	Diff	Region %	NJ4	Diff	Region %	Phila	Diff	Region %	EMA	Diff
2011	3,703		14.26%	3,108		11.97%	19,157		73.77%	25,968	
2012	4,004	301	14.79%	3,227	119	11.92%	19,838	681	73.29%	27,069	1,101
2013	4,049	45	14.95%	3,471	244	12.82%	19,564	-274	72.23%	27,084	15
2014	4,161	112	15.34%	3,466	-5	12.78%	19,494	-70	71.88%	27,121	37
2015	4,193	32	15.64%	3,334	-132	12.44%	19,280	-214	71.92%	26,807	-314
2016	4,289	96	16.03%	3,350	16	12.52%	19,113	-167	71.45%	26,752	-55
2017	4,354	65	16.14%	3,420	70	12.68%	19,199	86	71.18%	26,973	221
2018	4,245	-109	15.87%	3,501	81	13.08%	19,011	-188	71.05%	26,757	-216
2019	4,761	516	17.59%	3,515	14	12.98%	18,798	-213	69.43%	27,074	317
2020	4,248	-513	16.08%	3,550	35	13.44%	18,621	-177	70.48%	26,419	-655
AVG.	4,201	61	15.67%	3,394	49	12.66%	19,208	-60	71.67%	26,802	50