



Mailing Address:

c/o Macsata-Kornegay Group
PO Box 15275
Washington, DC 20003

Physical Address:

1724 Florida Avenue, NW
Washington, DC 20009

Chief Executive Officer:

William E. Arnold
Phone: (202) 290-2019
Fax: (202) 506-6504
Email: weaids@tiicann.org

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Community Access National Network

ANNUAL REPORT – 2017

The Community Access National Network (CANN) is a 501(c)(3) national nonprofit organization (formerly incorporated under the “Ryan White CARE Act Title II Community AIDS National Network”) focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN’s mission is to define, promote, and improve access to healthcare services and supports for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking. These services must be affordable to the people who need them regardless of insurance status, income, or geographic location. The coalition-based work is done on behalf of the patient advocacy groups, pharmaceutical partners, and government agencies.

CANN’s programmatic projects include:

- **National ADAP Working Group, or NAWG**
- **Hepatitis: Education, Advocacy, and Leadership, or HEAL**
- **HIV/HCV Co-Infection Watch**
- **Medicaid Watch**

National ADAP Working Group (NAWG)

The Ryan White CARE Act – including the AIDS Drug Assistance Program (ADAP) – remains the cornerstone of the service delivery system for patients living with HIV/AIDS. There is strong speculation the laws that haven’t been re-authorized (which Ryan White is one of them) by the Congress could come under increased scrutiny under the new Trump Administration, which lends to concerns about potential programmatic changes, and future appropriation levels. Fortunately, Ryan White and ADAP still have strong bipartisan support in Washington, DC.

CANN is quite mindful of the ongoing legislative and regulatory changes to the Affordable Care Act (ACA), many of them with potentially devastating impact on our communities. Some states are reconsidering ADAP premium assistance programs used to purchase health insurance because the insurance exchanges are growing unstable in some markets. Some states are reconsidering their Medicaid expansion. And some states are showing early signs of the dreaded ADAP waiting list for services.

To that end, CANN leverages its “National ADAP Working Group” (NAWG) to address this problem by bringing members of the HIV/AIDS community and industry together to engage in conversation about actions surrounding ADAPs. NAWG is the longest-continually serving coalition of the ADAP stakeholders, creating a comprehensive framework to monitor and discuss program and funding. This approach to ADAP advocacy has proven to be very effective, and has resulted in many similar efforts at the state level.

In 2017, NAWG published twelve (12) news distributions, including information and updates on issues relevant to ADAP.

Additionally in 2017, NAWG co-hosted the following events in partnership with the ADAP Advocacy Association:

- AIDS Drug Assistance Program (ADAP) Regional Summit in Raleigh, North Carolina on April 14th.
- AIDS Drug Assistance Program (ADAP) Annual Conference in Washington, DC on September 22nd-23rd.

Information about NAWG is available online at <http://tiicann.org/nawg.html>.

Hepatitis: Education, Advocacy & Leadership (HEAL)

Likewise, Hepatitis C (HCV) infection is the most common chronic blood borne infection in the United States; approximately 3.2 million persons are chronically infected. Approximately 12,000 people die every year from HCV-related liver disease. The number of HCV-related deaths per year has outnumbered those dying from AIDS. These numbers are increasing, too. For example, West Virginia’s rate of new Hepatitis C infections jumped from 3.4% in 2015 to 7.2% in 2016, according to the latest surveillance data.

HCV is a common co-infection in people with HIV/AIDS. The federal response to this emerging epidemic has been characterized as slow, and inefficient. Congress continues to provide inadequate appropriations to address HCV. This trend shows no sign of changing in a more positive direction, either.

HCV advocacy efforts are coordinated through the “Hepatitis: Education, Advocacy & Leadership” (HEAL) coalition. HEAL’s purpose is to raise awareness about viral hepatitis, with particular focus on HIV/HCV co-infection. HEAL has also devoted significant resources to addressing the issue of timely testing, care, and treatment in our nation’s correctional facilities. People living with HCV (and HIV) incarcerated in our correctional system deserve the same level of appropriate health care services and supports.

In 2017, HEAL published twelve (12) news distributions, including newsworthy articles on the latest testing, treatment, advocacy, and policy news. It published 50 blogs – which are available online at <https://communityaccessnationalnetwork.wordpress.com>.

Additionally, HEAL hosted (or co-hosted) the following events:

- Community Roundtable on Linkages to Care for Current/Former Incarcerated Citizens Living with Hepatitis C.
- 2nd Annual National Monitoring Report on HIV/HCV Co-Infection.

Information about HEAL is available online at <http://tiicann.org/heal.html>.

HIV/HCV Co-Infection Watch

The HIV/HCV Co-Infection Watch is a patient-centric informational portal serving three primary groups – patients, healthcare providers, and AIDS Service Organizations.

It is estimated 200,000-300,000 people in the United States are co-infected with both HIV and HCV infections. Experts believe that about 25% of Americans with HIV also have HCV; conversely some 10% of people with HCV are thought to also have HIV. Without information, and access to comprehensive medical treatment, patients living with HIV and HCV infections are likely to progress to complicated liver diseases, such as cirrhosis of the liver, ultimately leading to liver failure and early death.

In 2017, eleven (11) HIV/HCV Co-Infection Watch reports were published and posted online at <http://tiicann.org/co-infection-watch.html>. Additionally, other valuable resources were made available to the community, including:

- An infographic on HCV and Health Law in U.S. Incarceration Settings
- An educational video about HIV/HCV co-infection available online at http://tiicann.org/video/co-infection_video.mp4.



Medicaid Watch

The Medicaid Watch is a publication of the Community Access National Network (CANN), offering an update on state Medicaid and health-related cuts and expansions. It covers state-level Medicaid eligibility and access news, as well as other state health assistance programs.

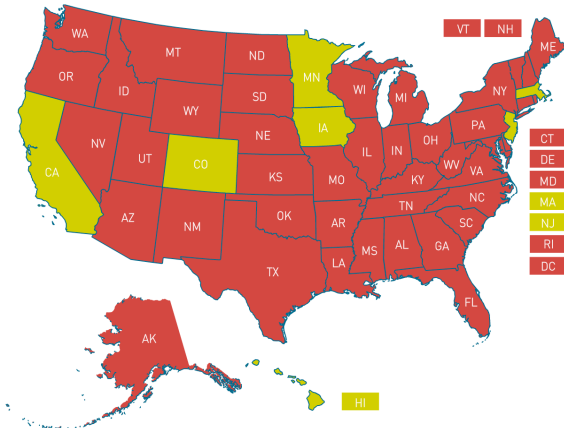
In 2017, eight (8) Medicaid Watch reports were published and posted online.

The Medicaid Watch was temporarily suspended late last year due to the passing of the Medicaid Watch's long-time editor, Thomas P. McCormack.

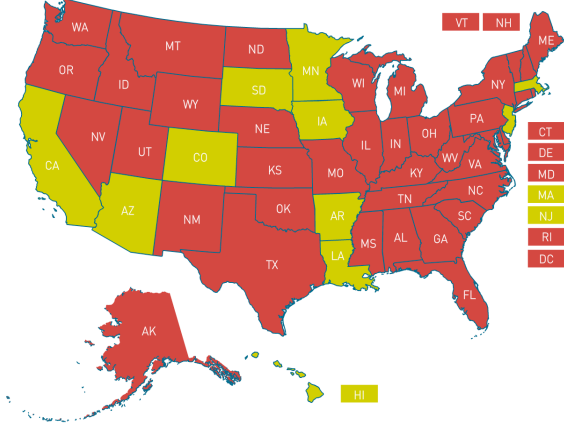
Excerpts from the Annual National Monitoring Report on HIV/HCV Co-Infection

States have continued to expand coverage as newer, cheaper HCV therapies hit the market, but expansion has slowed significantly over the past year. Harvoni, Zepatier, and Viekira Pak are the most covered drugs (29, 28, & 26 states, respectively), while Olysio and Viekira XR are the least covered drugs (19 & 18 states, respectively).

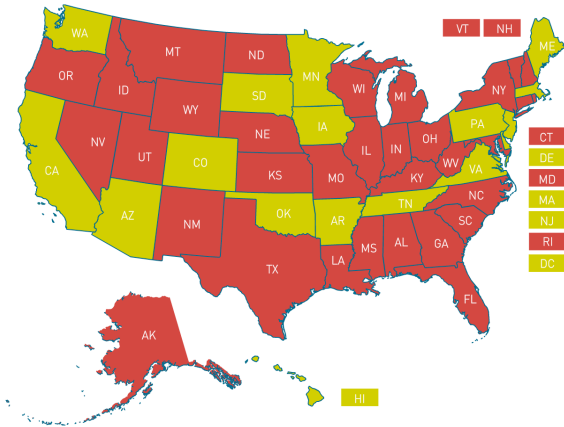
ADAP Expanded Coverage – January 2015



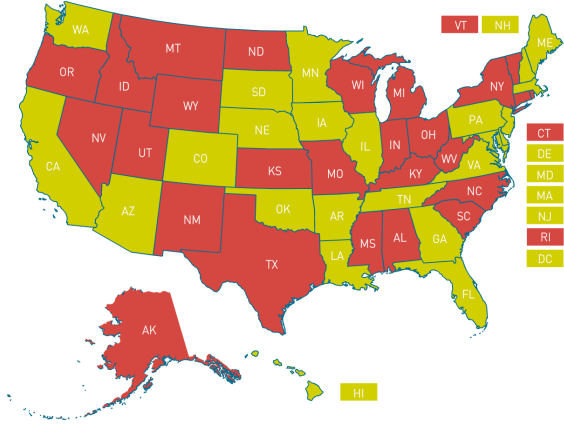
ADAP Expanded Coverage – June 2015



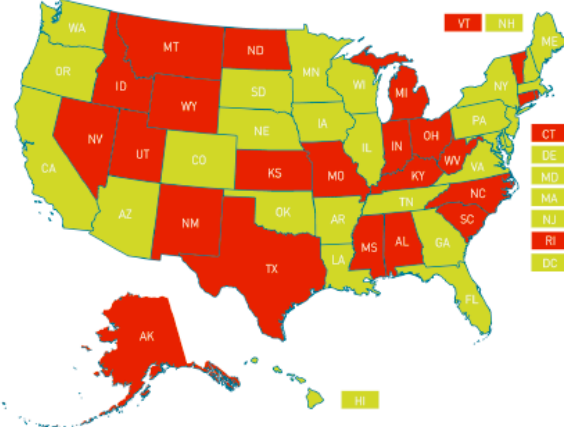
ADAP Expanded Coverage – January 2016



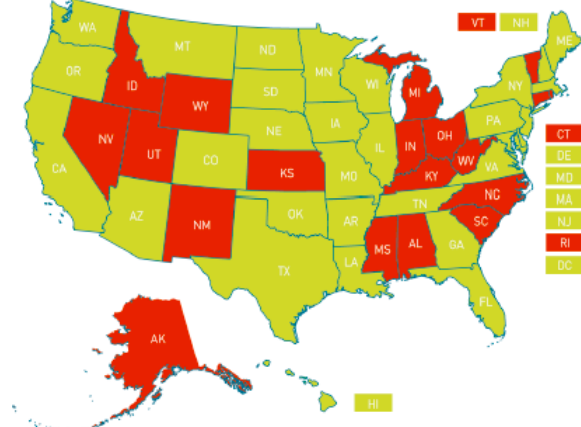
ADAP Expanded Coverage – June 2016



ADAP Expanded Coverage – January 2017



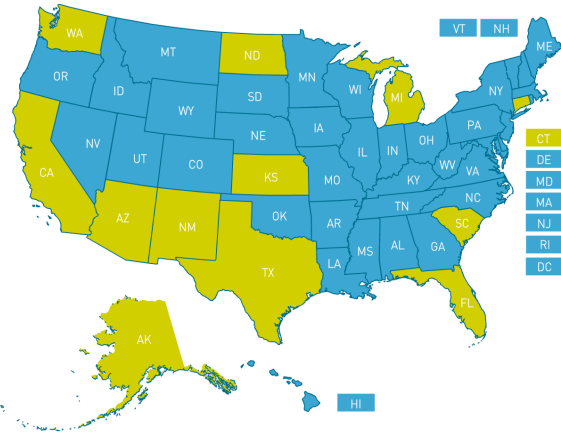
ADAP Expanded Coverage – August 2017



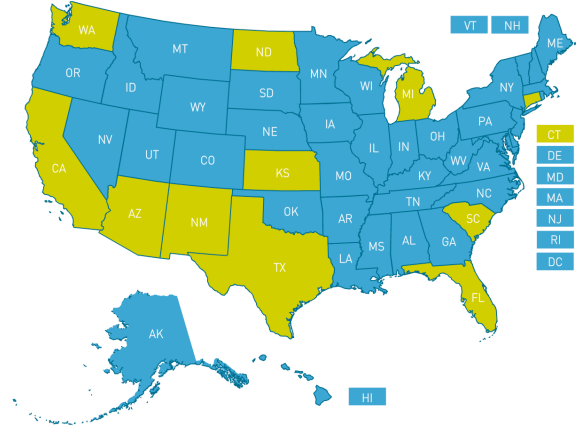
Excerpts from the Annual National Monitoring Report on HIV/HCV Co-Infection

All states currently offer Expanded Coverage for HCV drugs. Medicaid programs quicker to adopt HCV drugs than ADAPs. States with multiple coverage plans are likelier to have plans offering only one or two HCV therapies.

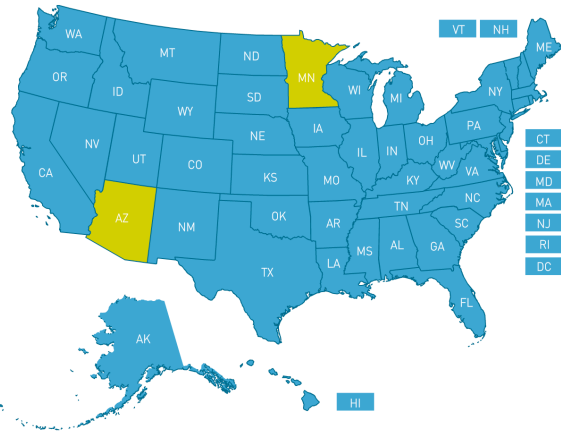
Medicaid Expanded Coverage – January 2015



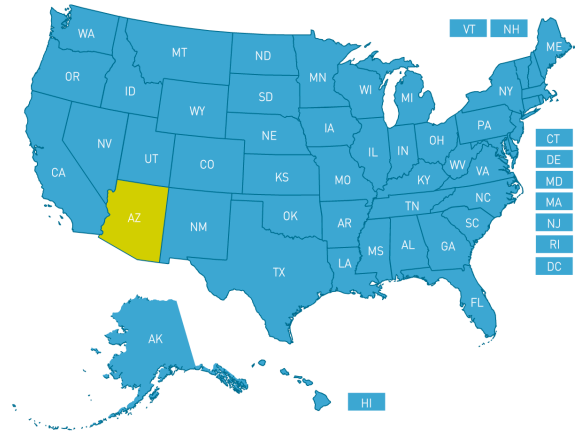
Medicaid Expanded Coverage – June 2015



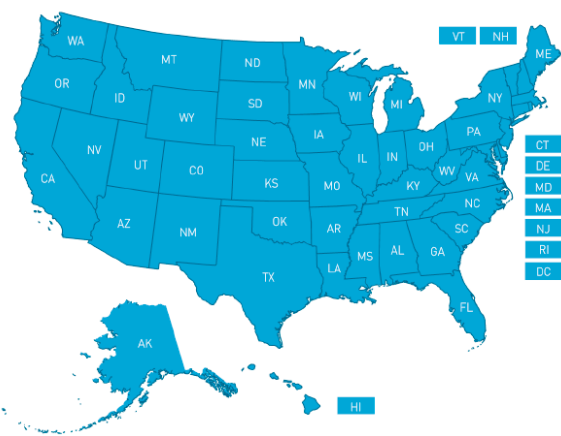
Medicaid Expanded Coverage – January 2016



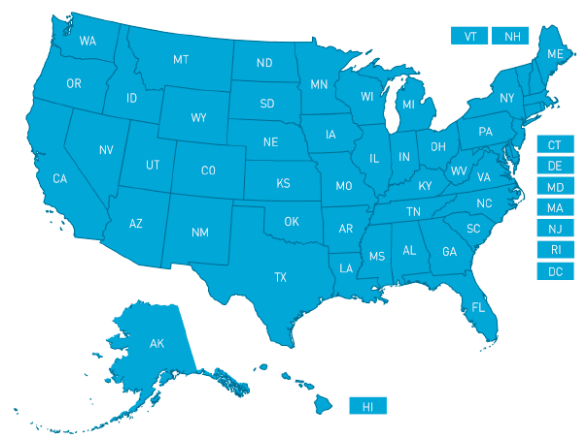
Medicaid Expanded Coverage – June 2016



Medicaid Expanded Coverage – August 2016



Medicaid Expanded Coverage – August 2017

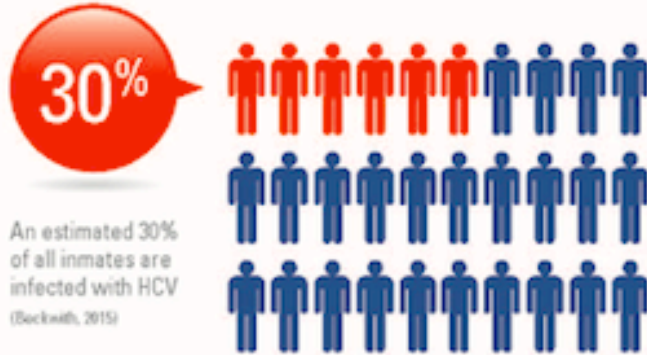


HCV AND HEALTH LAW

IN U.S. INCARCERATION SETTINGS

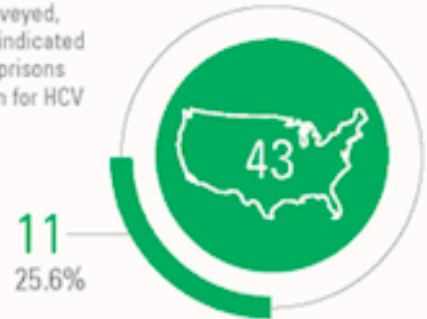
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INFECTED INMATES



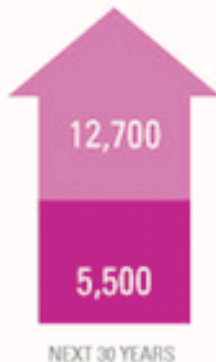
STATE PRISON SCREENING

Of 43 states surveyed, only 11 (25.6%) indicated that their state prisons routinely screen for HCV (Beckwith, 2015)



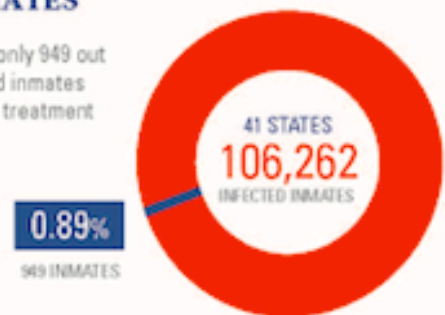
SCREENING GUIDANCE

Newly released Opt-Out HCV screening guidance could prevent 5,500 - 12,700 new infections caused by released inmates over 30 years (if all state and Federal prisons actively adopt and adhere to it) (He, 2016)



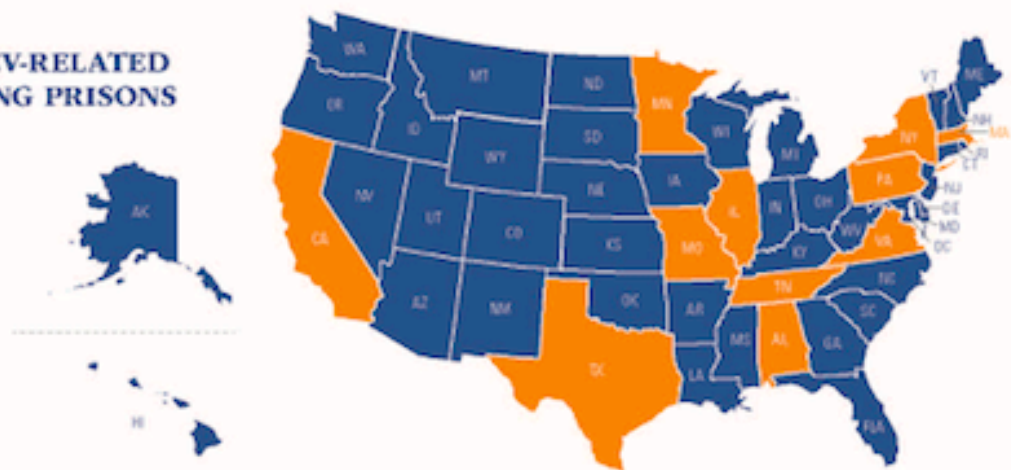
TREATED INMATES

Of 41 states surveyed, only 949 out of 106,262 HCV-infected inmates (0.89%) were receiving treatment (Beckman, 2016)



STATE/FEDERAL HCV-RELATED LAWSUITS INVOLVING PRISONS (2007-2017)

- No Lawsuits in Timeframe
- Lawsuit(s) in Timeframe



Community Partners

- [ADAP Advocacy Association \(aaa+\)](#)
- [AIDS Alabama](#)
- [AIDS Healthcare Foundation \(AHF\)](#)
- [The AIDS Institute \(TAI\)](#)
- [AIDS United](#)
- [Dab the AIDS Bear Project](#)
- [Flowers Heritage Foundation](#)
- [Hepatitis Foundation International \(HFI\)](#)
- [Housing Works](#)
- [National AIDS Treatment Advocacy Project \(NATAP\)](#)
- [National Association of State & Territorial AIDS Directors \(NASTAD\)](#)
- [National Minority AIDS Council \(NMAC\)](#)
- [National Viral Hepatitis Roundtable \(NVHR\)](#)
- [Partnership for Prescription Assistance \(PPA\)](#)
- [Patient Access Network Foundation](#)
- [Southern AIDS Coalition \(SAC\)](#)
- [The Partnership for Safe Medicines](#)
- [Treatment Expansion Access Project \(TAEP\)](#)

Industry Partners



Contact Us

General inquiries: info@tiicann.org

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