

# AIDS Foundation

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## OF CHICAGO

2006 Policy Priorities:

## Bringing an End to AIDS

Working to end AIDS is a public health imperative that requires a comprehensive set of strategies to address the needs of people living with and at risk for HIV. The AIDS Foundation of Chicago (AFC) created this report to educate policymakers, community groups, and the media on the important steps state and federal officials can take to respond to HIV/AIDS in Illinois.

### **State Policy Priorities:**

AFC calls on state lawmakers to ensure access to life-saving HIV/AIDS medications and care for low-income Illinoisans with HIV/AIDS, expand HIV prevention services among high-risk populations, and address the intersection of HIV and incarceration.

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### **Federal Policy Priorities:**

AFC urges Congress to protect the healthcare safety net for people living with HIV/AIDS by reauthorizing and adequately funding a comprehensive Ryan White CARE Act. Congress should also strengthen and expand Medicaid, enhance Medicare Part D, increase funding for HIV/AIDS housing, and fully fund scientifically proven behavioral and structural interventions to prevent new infections.

### **Statistics:**

AFC provides an overview of the scope of HIV/AIDS in Illinois and revises its estimate for the total number of Illinoisans living with HIV/AIDS to more than 40,000.

## 2006 State Policy Priorities

- 1. Ensure Access to Life-Saving HIV/AIDS Medications and Care:** *In order to maintain continuity of care for current clients and help more people needing assistance, AFC is calling on state lawmakers to increase AIDS treatment funding by \$7 million in FY07. In particular, AFC is calling for an additional \$6 million state appropriation for the AIDS Drug Assistance Program (ADAP) and a \$1 million appropriation to assist HIV-positive Medicare beneficiaries through the Illinois Cares Rx program.*

**ADAP:** For more than a decade, Illinois' ADAP has helped HIV-positive state residents stay healthy and productive. Jointly funded by state and federal sources, the program assists people who lack adequate income and prescription drug coverage to obtain life-extending HIV-related medications. Without new funding to sustain the program, increases in enrollment, program utilization, and medication costs will make ADAP

insolvent in FY07. In addition, new resources will be needed to provide HIV-related treatments for individuals who learn their HIV-positive status as a result of the state's Brothers and Sisters United Against HIV (BASUAH) initiative and other HIV testing campaigns.

**Illinois Cares Rx:** Medicare's new prescription drug program offers the state one way to lower future ADAP costs. By expanding the Illinois Cares Rx program to meet the medication needs of HIV-positive Medicare beneficiaries, the state could shift significant future costs from ADAP to the federal Medicare program. The state would spend 63% less per HIV-positive Medicare beneficiary by shifting costs from ADAP to the Illinois Cares Rx (formerly known as Circuit Breaker).

**Medicaid:** During the fall Veto Session, the Illinois General Assembly authorized the Illinois Department of Healthcare and Family Services (formerly Public Aid) to implement a Medicaid Primary Care Case Management (PCCM) system. AFC urges the state to contract with the existing network of HIV case managers and primary care specialists in order to ensure the specialized needs of people with HIV are met. With access to HIV specialty care and services, people living with HIV/AIDS will achieve better health outcomes and save the state money by needing fewer emergency room visits and inpatient hospitalizations.

### **Democracy 2006**

*AFC encourages all citizens to register to vote and participate in the electoral process.*

#### **Primary Election**

Tuesday, March 21, 2006

#### **General Election**

Tuesday, November 7, 2006

**2. Expand HIV Prevention:** AFC is calling for a minimum increase of \$1 million in state funding for HIV prevention services. The state should direct new dollars to the priority interventions and at-risk populations identified by its statewide and regional planning groups, which include HIV prevention experts, community leaders, and people living with and at risk for HIV.

**Community Planning Needs:** Illinois has taken important steps to respond to the epidemic, including the new BASUAH campaign to promote HIV awareness and testing among African Americans, but more remains to be done. State funding for community-based HIV prevention services has remained stagnant over the past several years and federal resources have declined significantly.

The Chicago HIV Prevention Planning Group and the Illinois Prevention Community Planning Group collect and analyze information on the community areas and target populations throughout the state with the most pressing HIV prevention needs. The data they collect on health disparities help inform public health policy and the distribution of scarce government funding for HIV prevention. AFC recommends that the state collaborate with the planning groups to ensure that critically needed prevention dollars reach the individuals who need services most. A \$1 million increase in prevention funds would augment critical prevention and education services for communities most at risk for HIV in Illinois.

### **Support Needed for Responsible Sex Education**

State lawmakers should enact the Age-Appropriate Sex Education Grant Program Act, **Senate Bill 2267**. Sponsored by State Senator **Carol Ronen** (D-Chicago), the bill would establish a fund for comprehensive and medically accurate sex education projects across Illinois.

Young people need all the facts, including the benefits of abstinence, to make informed decisions about their bodies and lives. Comprehensive and age-appropriate sex education has been shown to delay sexual debut among young people and prepare them to use condoms when they do become sexually active.

To support passage of the bill or for more information, visit [responsiblesexed.org](http://responsiblesexed.org). The Illinois Campaign for Responsible Sex Education is a joint project of the Illinois Caucus for Adolescent Health and Planned Parenthood/Chicago Area.

Mirroring national trends, a majority of recently diagnosed cases in Illinois are among people of color and half of all new infections are believed to occur among individuals under age 25. Unprotected sexual contact remains the leading mode of transmission, especially among men of all races who have sex with other men. Injection drug use accounts for about a quarter of all HIV/AIDS cases. Housing instability and homelessness, poverty, and a history of incarceration are closely associated with high-risk behaviors and acquisition of HIV.

**3. Address the Intersection of HIV and Corrections:** *AFC calls on Illinois to implement current legislation to provide HIV prevention and care services for inmates and their families during the term of incarceration and upon release. The vast majority of people incarcerated return to community life and face enormous obstacles finding safe and affordable housing, gainful employment, essential healthcare, and other needed services. In order to reduce recidivism and prevent the spread of HIV, the state should also expand and improve community re-entry services for HIV-positive ex-prisoners.*

**Implement the African-American HIV/AIDS Response Act:** The African-American HIV/AIDS Response Act, signed into law by Gov. Blagojevich last year, contains important provisions that merit implementation. The General Assembly should appropriate a minimum of \$150,000 each to the Illinois Department of Human Services, the Illinois Department of Corrections (IDOC), and the Illinois Department of Public Health (IDPH) to pilot expanded HIV prevention services in high-traffic state offices; improve HIV services in prison facilities and their visitor centers; assist local jails to devise HIV counseling and testing programs; and convene a statewide HIV and corrections response panel to monitor progress addressing the intersection of HIV and corrections in Illinois.

**Interventions for Inmates and Ex-Inmates:** Public health, county jails, and IDOC officials must work together and collaborate with community agencies to improve HIV prevention and care services for inmates and ex-inmates. Without immediate social services upon release, HIV-positive ex-inmates risk dangerous treatment lapses, housing instability, and behaviors that can put others at risk for transmission. They also run the risk of landing back in jail or prison. IDPH should continue to support community re-entry services—such as case management, healthcare, addictions treatment, housing, job training, and prevention—tailored for ex-inmates with HIV/AIDS. Similar recommendations are expected later this year from the Governor’s Community Safety & Re-entry Commission, which counts as a member AFC Executive Director Mark Ishaug.

## 2006 Federal Policy Priorities

1. **Protect the Healthcare Safety Net for People Living with HIV/AIDS:** AFC calls on Congress to promptly reauthorize the Ryan White CARE Act, the nation's safety-net program for people with HIV/AIDS. Congress must ensure the CARE Act continues to be comprehensive in scope, with each locality determining the appropriate mix of healthcare and essential social services. In addition, the CARE Act and Medicaid must be adequately funded to provide essential services to low-income and uninsured people with HIV/AIDS across the U.S.

**The Ryan White CARE Act:** Congress should include CARE Act provisions that support a full array of essential services including medical, case management, housing, transportation, legal assistance, substance abuse treatment, and food and nutritional counseling, among others. As HIV data is scheduled to be used in funding allocations beginning next year, reauthorization legislation must ensure that Illinois and other affected states do not lose vital funding during the transition from code-based to name-based HIV reporting. To keep pace with the growth of the epidemic and program cuts, AFC will also ask Congress to increase funding for the Ryan White CARE Act by \$641.9 million in FY07, for a total appropriation of \$2.69 billion.

### **AIDSWatch 2006**

Washington, DC

*HIV/AIDS Lobby Days  
on Capitol Hill*

**Monday to Wednesday**

**May 8 – 10, 2006**

Learn more at [napwa.org](http://napwa.org)

**Strengthen Medicaid:** The recently approved \$39 billion cuts over five years to Medicaid and other vital services will likely result in cost containment measures for states already dealing with resource constraints for healthcare. As a result, state Medicaid programs could increase cost sharing, limit services (such as prescription drug coverage) or cut services, drastically affecting access to care for people with HIV/AIDS and putting increased pressure on other vital programs supported by the inadequately funded Ryan White CARE Act.

Congress should work to expand coverage for Medicaid, the largest source of federal funding for HIV/AIDS care in the United States, by appropriating additional funds and advancing the passage of the Early Treatment for HIV Act (ETHA). ETHA would allow states to cover non-disabled people with HIV under their Medicaid programs, saving the state money and keeping people healthy and in the workforce.

**Enhance Medicare Part D:** Federal policymakers should endorse two policy changes regarding Medicare, the federal health insurance program that covers nearly 42 million

disabled workers and retirees, including an estimated 100,000 people living with HIV/AIDS. State ADAP expenditures made on behalf of Part D beneficiaries should count toward “true out of pocket” costs, helping beneficiaries obtain comprehensive coverage and allowing states to further stretch their limited ADAP dollars. In addition, AFC will seek to nullify the requirement that ADAP clients who are Medicare eligible must purchase Part D in order to maintain ADAP coverage. This requirement creates another financial burden for people with very limited means and can result in treatment interruption.

- 2. *Prevent New Infections:*** *Entangled in a cultural war over ideology and politics, federal HIV prevention strategies are ill equipped to adequately stem the spread of HIV. AFC will continue to call for federal support for scientifically proven behavioral and structural interventions to decrease the number of new infections in the U.S.*

**The Microbicide Development Act:** Named one of the "10 most promising biotechnologies for improving global health" at the 2004 International AIDS Conference, microbicides are a class of products under development that women and men could apply topically to prevent transmission of HIV and other sexually transmitted infections. A safe and effective microbicide could avert 2.5 million new HIV infections globally over three years. Enacting the Microbicide Development Act will help ensure that the United States' commitment to microbicide research and development is increased substantially, helping to bring a safe and effective microbicide to market by the end of the decade.

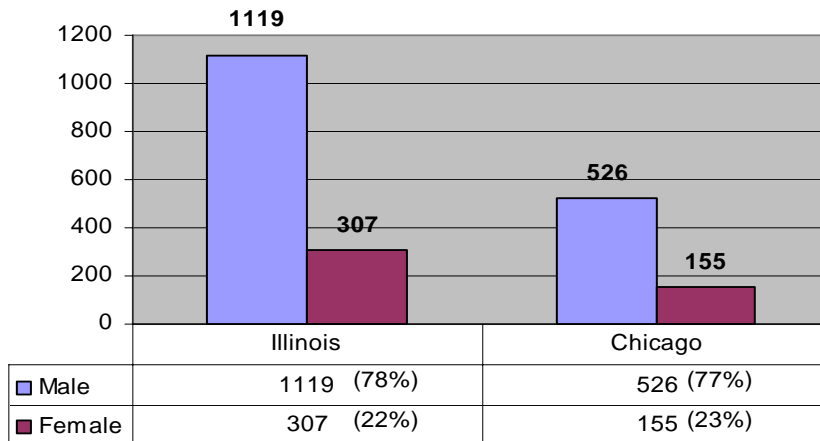
**Centers for Disease Control and Prevention (CDC) Programs:** AFC will continue to advocate with members of Congress and the CDC for federal leadership responding to the prevention needs of at-risk communities. Community-based organizations are best suited to reach people at risk for HIV but remain under-utilized, under-funded, and hamstrung by a litany of onerous new requirements and mandates. Congress should increase funding at the CDC for domestic HIV prevention services by \$300 million and direct all new resources toward cost-effective and proven behavioral interventions targeting high-risk groups.

- 3. *Expand HIV/AIDS Housing:*** *As part of the National AIDS Housing Coalition, AFC will advocate for an additional \$135 million for Housing Opportunities for People with AIDS (HOPWA) services in FY07.*

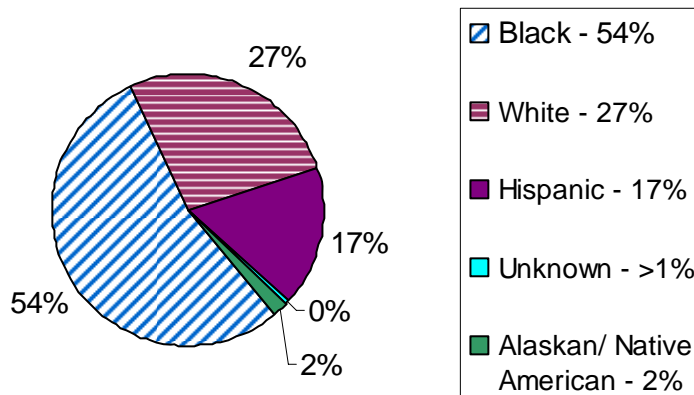
The prevalence of HIV/AIDS is nine times greater among homeless individuals or those with unstable housing in comparison to those with stable, adequate housing — making housing an important HIV prevention strategy. Congress should increase HOPWA funds to reduce program waiting lists, expand the capacity of communities to develop new housing, provide rental assistance, and ensure that thousands of low-income people living with HIV/AIDS displaced by Hurricane Katrina receive vital housing assistance.

# HIV/AIDS in Illinois

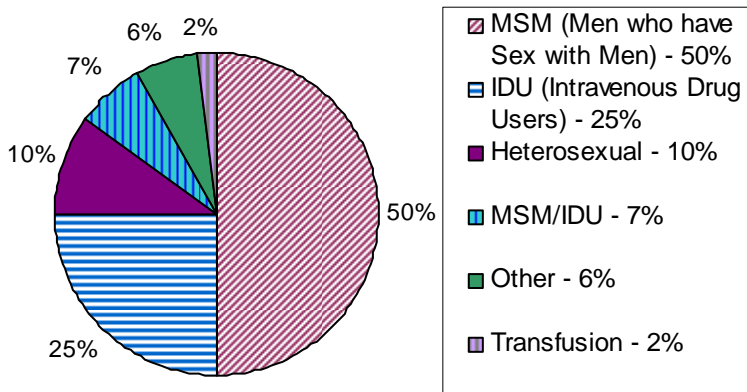
2004 Illinois AIDS Cases by Gender



Illinois AIDS Cases by Race/Ethnicity in 2004



Illinois Diagnosed AIDS Cases by Mode of Transmission in 2004



Sources:  
 U.S. Centers for Disease Control and Prevention  
 Illinois Department of Public Health  
 Chicago Department of Public Health  
 Kaiser Family Institute: State Health Facts

## New Estimates:

### AFC Raises Estimate of Illinoisans Living with HIV/AIDS to 40,000 – 42,000

In July 2005, the federal Centers for Disease Control and Prevention (CDC) released new data estimating the number of people living with HIV/AIDS in the U.S. According to the study, an estimated 1 million to 1.2 million people were living with HIV/AIDS in the U.S. as of 2003. The CDC's previous figures estimated between 850,000 and 950,000 people living with HIV/AIDS as of 2000.

Since 2002, AFC had projected the number of Illinoisans living with HIV/AIDS at 35,000. Based on updated national data, AFC estimates 40,000 to 42,000 Illinoisans were likely living with HIV in 2003.

This estimate includes 26,617 reported living HIV/AIDS cases in 2003, approximately 10,000 HIV-positive Illinoisans who do not know their status, and 3,000 to 5,000 individuals with known but unreported HIV diagnoses.

Given that national projections for 2004-05 remain unavailable, the actual number in 2006 could likely be higher than 42,000.

AFC thanks the Florida Department of Health for lending us its methodology for ascertaining statewide estimates.



*Caring for Our Communities*  
**Illinois HIV/AIDS Lobby Days**  
**Tuesday and Wednesday, February 28 – March 1, 2006**  
Springfield, Illinois | [aidschicago.org](http://aidschicago.org)

*The AIDS Foundation of Chicago (AFC) thanks members of its Policy/Advocacy Committee, Statewide Advocacy Network, and participants in a priority-setting session at the 2005 Illinois HIV/AIDS conference for their input in the development of these priorities.*

*AFC's mission is to lead the fight against HIV/AIDS and improve the lives of people affected by the epidemic.*

**AIDS Foundation**  
**OF CHICAGO**

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