

State of the HIV/AIDS Program Statement – January 22, 2010

-Mildred Williamson

The HIV/AIDS Section of IDPH is responsible for statewide surveillance, evidence-based prevention programming, as well as the coordination of comprehensive care and support services for people living with HIV throughout Illinois. This includes primary responsibility for administering the AIDS Drug Assistance Program (or, ADAP) – which makes life-prolonging medications available for persons living with HIV, who have no other means to obtain them.

ADAP is a program that is a lifeline for working and non-working poor people living with HIV/AIDS who do not qualify for any other health insurance or entitlement programs. Through late 2008, the Illinois ADAP program had an average of 3000 clients receiving assistance for their medications. By December, 2009, there were 4220 people served by the program, the highest number of clients in the history of its existence. This growth will have to be taken into consideration in planning for the FY 2011 budget year for Illinois.

Growth reasons? The good news is that, due to the effectiveness of modern anti-retroviral therapy, people are living longer with HIV with improved quality, and therefore are able to make their annual reapplications. Efforts to increase HIV testing, linkage to care and prevention of interrupted treatment have clearly been successful. However, costs for the medications are rising, and unfortunately, a growing number of people living with HIV who work, have lost jobs, and thus lost health insurance coverage. There are many more HIV positive people who work at jobs without benefits and/or are under insured. People living with HIV are right among all the other millions of people adversely affected by the national economic crisis and growing unemployment.

Rising costs and rising client enrollment have placed a major strain on all program aspects of the HIV/AIDS Section. HIV prevention program grants to local health departments and community based organizations were cut by \$7.5 million in FY 2010, in order to meet demands associated with the spiraling growth of the ADAP program. Even supplemental and carryover federal Ryan White dollars previously designated for enhanced care and support services, were instead used to cover rising costs of the ADAP program. Most recently, an additional \$7.5 million has been made available from the Governor's office, to help us assure that

in the immediate period that there is no treatment interruption for current clients. This support is much appreciated.

Meanwhile, we continue to have an average of 105 new eligible clients each month added to the ADAP program. Federal funding for HIV prevention has remained flat. Federal Ryan White dollars can only be expected to grow by 5%, based upon the most recent four year extension of the program by Congress.

At present, there are fewer HIV prevention programs in operation around the state. Even the successful routine HIV testing initiative in 45 STD clinics statewide, yielding 313 new cases of HIV infection in calendar year 2009, is in jeopardy of being scaled back. Regional HIV prevention and care programs are experiencing cuts as we speak, due to GRF dollars reserved to cover pharmaceutical bills that are now an all-time high of \$4 million each month.

There is great appreciation for the department and highest level of state government support for this program, however, the combination of great success with prevention and care – along with a national and state economic crisis has formed a perfect storm. A strategy must emerge that does not interrupt treatment; nor further erodes HIV prevention, care and support services, must be formed, as quickly as possible.

HIV remains a disease that has biological and socioeconomic drivers. The combined power of science, advocacy and passion has gotten us this far – we need to call upon those strengths to move us forward.