It’s this simple: State operations cost $26 billion per year, but the state is projected to collect revenue totaling just $13 billion in the fiscal year that begins July 1, 2010. Unless lawmakers identify new revenue to close this colossal deficit, hundreds of people will lose life-saving HIV medications, thousands will be denied essential services, and tens of thousands will go without prevention services. This will undoubtedly result in more HIV and STD infections and more preventable deaths. We can ensure this crisis never comes to pass: here’s how.
Fundamental revenue reform is a tall order for state lawmakers in an election year, but there is no other acceptable solution to this crisis.

Without fundamental revenue reform, the future of HIV services will be jeopardized along with other basic services such as Medicaid, transportation, education, public health, housing, and other vital services needed by vulnerable children, disabled, elderly, unemployed, and chronically ill Illinoisans.

Quite simply, a fair and balanced income tax increase is needed in Illinois to sustain vital public services. Combined with measures such as an expanded Earned Income Tax Credit, revenue reform will benefit most residents, particularly low-income families.

Without revenue reform, deep service cuts will put ADAP—and the lives of its thousands of recipients—in peril beginning July 1.

The economic recession has already threatened services for the 4,100 recipients of the AIDS Drug Assistance Program (ADAP), which provides HIV medications for those who cannot afford their lifesaving therapies. In the past 18 months, the number of HIV-positive people needing medication assistance has spiked dramatically, forcing deep funding cuts in other HIV programs to bolster ADAP’s struggling budget.

While saving ADAP, severe reductions in other HIV activities come at a cost. Fewer testing, prevention programs, sexually transmitted disease (STD) services, referral resources, supportive housing, and healthcare, among other services, means more HIV transmission, more late testing, and more delayed care, compounding future costs.

In this struggling economy, it’s more important than ever that people with and at risk for HIV have access to critical services.

Illinois’s gains in fighting HIV/AIDS over the past two decades could well be undone by a thousand service cuts—hurting those least prepared to deal with them. Stayed tuned to AFC’s action alert network (aidschicago.org/action) for breaking budget news. Join us for grassroots actions, Lobby Days, and other visibility-raising activities to send lawmakers a strong message in support of budget and revenue reform.
2009 Illinois HIV/AIDS Legislative Highlights:

Lawmakers Embolden Efforts against Sexually Transmitted Diseases
Illinois Governor Pat Quinn signed into law SB 212 (P.A. 96-613), a measure championed by Sen. Dave Koehler (D-Peoria) and State Rep. Sara Feigenholtz (D-Chicago). The law will help curb rates of sexually transmitted diseases (STDs) by allowing medical providers to supply antibiotics to STD patients for their partners without a prior medical examination. Recommended by the U.S. Centers for Disease Control and Prevention (CDC), widespread use of Expedited Partner Therapy (EPT) will help reduce the risk of HIV transmission and decrease health problems for women related to undiagnosed STDs. The bill passed the Senate 48-6 and the House 111-4.

Lawmakers Approve Drug Overdose Prevention Act
Individuals who inject drugs are at increased risk for HIV and viral hepatitis infection. They can also overdose at high rates, often dying as a result. HB 497 (P.A. 96-361) sponsored by Rep. David Miller (D-Dolton) and Sen. Donne Trotter (D-Chicago) allows wider prescription of naloxone, a safe and effective drug-overdose antidote. By putting naloxone in the hands of individuals who are most likely to witness and safely respond to an overdose, the law will save hundreds of lives. Teaching injectors to save lives is often an important first step in reducing needle-sharing and unprotected sex, important HIV-prevention interventions.

Repeal of Principal HIV Notification Law Fails
Lawmakers rejected HB 90, a bill long championed by AFC and other partners. A discriminatory 1980s-era law requires health departments to notify school principals about any HIV-positive students enrolled in their schools. The principal is able to disclose the student’s HIV status to the classroom teacher, school nurse, and other school personnel. The outdated law serves no legitimate public health purpose and puts HIV-positive students at serious risk for HIV-related discrimination. Because universal precautions are required by school personnel to prevent the spread of communicable diseases, principal notification is of no additional public benefit. Strong opposition from school officials to a repeal of the law stymied efforts to end it. AFC will continue to evaluate ways to mitigate the law’s harm toward eventually striking it from Illinois statute.
2009-2010
Six Point Plan to Respond to HIV/AIDS in Illinois

AFC’s Six Point Plan is designed to inform policymakers of priority activities needed to combat the HIV/AIDS epidemic in Illinois. In the sections that follow, we report on 2009 activities and 2010 plans to meet our two-year goals.

1. Promote Comprehensive Strategies to Prevent HIV Transmission

In 2008, the U.S. Centers for Disease Control and Prevention (CDC) underscored the nation’s HIV prevention challenges when it reported that an estimated 56,000 individuals become HIV-infected each year, a figure 40% higher than previously estimated. In Illinois, as many as 3,000 or more individuals become infected with HIV annually. To reverse these tragic trends, HIV prevention must be bold, science-based, responsive to the particular needs of impacted communities, and adequately funded.

**Policy Recommendations**

- Prioritize HIV prevention for gay/bisexual men of all colors
- Respond to the intersection of HIV and incarceration
- Address the unique HIV prevention needs of youth, women, and people over 50
- Promote statewide comprehensive, age-appropriate, and medically accurate sex education programs

**2009 Update:** The unprecedented growth in ADAP forced the Illinois Department of Public Health (IDPH) to reallocate more than $4 million away from HIV prevention programs in order to fund medication assistance. The impact on statewide HIV prevention funding alone is devastating. With some regional grants reduced by more than 60 percent, the net result of the service reductions will be more than 23,000 high-risk individuals unable to access HIV prevention services.

On the national level, over two decades of advocacy paid off when Congress and President Barack Obama ended funding for harmful abstinence-only until marriage programs and lifted the long-standing ban on federal funding for syringe exchange program. In addition, the White House Office of National AIDS Policy held meetings across the country on the National HIV/AIDS Strategy, providing opportunities to highlight federal policy and funding gaps to reverse the escalation of HIV/AIDS.
Policy Priorities at a Glance

1. Promote Comprehensive Strategies to Prevent HIV Transmission
2. Prioritize Public Health
3. Break the Cycle of Sexually Transmitted Diseases
4. Improve Access to Healthcare and Support Services
5. Ensure Safe, Affordable Housing for People with HIV/AIDS
6. Build Dignity through Work and Living Wage

2010 Activities: The dire state budget situation means advocates must focus on securing new revenue to restore $7.4 million for support for HIV prevention, housing, and care programs. As state funding is restored, it must be directed to programs with demonstrated effectiveness and targeted toward populations at greatest risk. AFC will also work to pass legislation that will require all Illinois schools to implement age-appropriate, medically accurate, comprehensive sex education programs.

2. Prioritize Public Health

A strong public health sector is essential to the fight against HIV/AIDS, but it remains inadequately funded and staffed. Public health leadership leverages greater cooperation from government and community stakeholders to research, plan, deploy, and evaluate an array of science-based activities to fight the epidemic.

Policy Recommendations

- Invest in core public health infrastructure
- Ensure adequate workforce with requisite expertise
- Ensure strong public health and community stakeholder partnerships

2009 Update: While Illinois made progress filling vacant federally-funded positions in the state public health department in 2009, a delayed and deeply contested state budget nearly shortchanged public health funding. Aggressive public health advocacy and leadership from Illinois Governor Pat Quinn prevented plans to reduce the state’s public health budget by half. Resources were further strained by efforts to vaccinate at-risk groups against the H1N1 flu virus.

2010 Activities: This year, AFC will leverage new partnerships with Illinois Association of Public Health Administrators and Illinois Public Health Association to keep public health in the legislative spotlight and advocate for sustained funding for broad public health programs. Advocacy on the need for new revenue to maintain the state budget will insure that public health programs, including HIV and STD prevention and treatment, are prioritized.
FEDERAL FOCUS

AFC is working with partners across the country to champion final passage for national health insurance reform in 2010. In addition, AFC is closely monitoring the Obama Administration’s efforts to develop a National HIV/AIDS Strategy for the U.S. As one of the leading organizers of the Coalition for a National AIDS Strategy (nationalaidsstrategy.org), AFC and partners are urging White House officials to develop a bold, results-oriented plan to chart a better course fighting the epidemic domestically.

Other priorities in 2010:

- Increased federal appropriations for all HIV programs and services
- Federal investments to create public health and non-profit jobs that benefit populations at greatest risk for HIV/AIDS
- Implementation for core recommendations of the National HIV/AIDS Strategy
- Passage of Early Treatment for HIV Act (ETHA)—as part of health reform or separately—to extend Medicaid coverage to low-income people with HIV before they become disabled
- Achieve full funding for the Second Chance Act, a federal program assisting pre- and post-incarcerated individuals returning to community settings.

Springfield Lobby Days, March 16-17, 2010. Register at aidschicago.org/lobbydays
3. Break the Cycle of Sexually Transmitted Diseases

According to CDC, Cook County has the highest number of gonorrhea cases and second-highest number of Chlamydia cases of any county in the United States, and some downstate communities have sexual transmitted diseases (STD) infection rates that rival or exceed those in Chicago. Greater urgency is needed for efforts to prevent, diagnose, and treat STDs in Illinois. Research shows that people with untreated STDs are at significantly higher risk of HIV infection than those without STDs. Conversely, HIV-positive people co-infected with an STD may inadvertently transmit HIV more readily because STDs increase concentrations of the virus in the genital tract.

2009 Update: State enactment of the new expedited partner therapy law (see box on page 3) will give health care providers a new tool to treat STDs. The HIV community also achieved a significant gain when the Cook County Board of Commissioners, led by Commissioner Bridget Gainer, approved new funding to reinstate STD screening for all men at Cook County Jail. Jail officials discontinued STD screening in 2006 for budgetary reasons. Last year also saw the continued erosion of funding for STD treatment services in the City of Chicago and around the state.

2010 Activities: In 2010, AFC will work with partners to educate health care professionals about the new EPT law; monitor the implementation of STD screening at Cook County Jail; and draw the attention of elected officials and other decision-makers to the impact of continued inadequate funding for Chicago, Cook County and Illinois STD clinics.

Policy Recommendations

- Increased funding for STD services
- Expanded prevention, screening, and treatment programs
- Implement innovative strategies, including Expedited Partner Therapy

Report Provides Illinois HIV Policy Improvement Roadmap

In late 2009, the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project released the Illinois State Healthcare Access Research Project (SHARP) report, which was made possible with support from Bristol-Myers Squibb. The report identifies a number of public policy recommendations to improve healthcare access for people with HIV/AIDS. AFC will collaborate with SHARP staff over the next two years to champion the report’s recommendations. The SHARP report recommendations include: securing Medicaid funding for case management services for people with HIV; reducing Medicaid payment delays and increasing reimbursement; obtaining state funding for HIV testing efforts in healthcare settings; and securing additional state funding for case management for people with HIV in housing programs. For more information, visit SHARP online at taepusa.org or at aidschicago.org.
4. Improve Access to Healthcare and Support Services

Essential healthcare and support services needed by people with HIV/AIDS remain in short supply. An estimated one in two HIV-positive individuals in the U.S. is disconnected from HIV-related healthcare that could dramatically improve survival. Because so many barriers affecting people with HIV/AIDS are widely shared by others who are low-income and lack adequate health insurance coverage, comprehensive solutions to the nation’s fragmented healthcare system offer the greatest promise.

2009 Update: Passage of health care reform bills by the U.S. Senate and House represented an unprecedented historical milestone for people with HIV, although the process stalled when Senate Democrats lost the number of members needed to overcome a filibuster. Also at the national level, reauthorization of the Ryan White CARE Act through 2013 stabilized the program and demonstrated the impact the HIV community can have when nationally unified.

At the state level, passage of H.B. 3923, sponsored by State Rep. Greg Harris (D-Chicago) and State Sen. Heather Steans (D-Chicago) will expose health insurance company financial abuses and give consumers critical new rights. In another victory for low-income people with disabilities including HIV in Illinois, the state legislature and governor repealed a provision in the Illinois Cares Rx pharmaceutical assistance program that limited coverage to medications that treat just 11 conditions. Beginning in 2010, the program will provide people with disabilities the same benefits that seniors have received for many years. As previously described, the state struggled to sustain essential ADAP and prevention services in 2009, a trend likely to continue without significant state revenue reform.

Priority Recommendations

- Improve healthcare access for all
- Address the mental health needs of people with HIV/AIDS
- Improve care for individuals dually diagnosed with HIV/AIDS and hepatitis
- Respond to the unmet transportation needs of people with HIV/AIDS
2010 Activities: In 2010, AFC will focus on resolving the ADAP fiscal crisis by urging lawmakers to identify new revenue for the state budget through a modest income tax increase, combined with measures to reduce the impact on low-income families. Without new revenue, ADAP could likely face a significant funding crisis, affecting continuity of care for hundreds of low-income people with HIV who rely on the program for their lifesaving HIV medications. AFC will also continue to highlight the mental health, hepatitis treatment, and transportation needs of people with HIV, implement recommendations of the State HIV/AIDS Research Project report (see box on page 7), and implementation of state-level provisions contained in the national health reform bill, if and when it passes.

5. Ensure Safe, Affordable Housing for People with HIV/AIDS

Thanks to the Chicago Housing and Health Partnership (CHHP), a multi-year research project led by the AIDS Foundation of Chicago, scientific evidence now exists to substantiate the cost-effectiveness and health benefits of permanent, supportive housing for low-income people with chronic, medical conditions, including HIV/AIDS. While state and federal agencies have thankfully invested in an array of HIV-related housing services, the need for safe, affordable housing continues to outpace available resources.

Priority Recommendations
- Increase housing options for formerly-incarcerated individuals living with HIV
- Tailor services for homeless substance users, including harm reduction housing

2009 Update: During 2009, AFC’s housing advocacy focused on disseminating the results of the CHPP study at the national, state, and local levels. On the national level, advocacy resulted in a funding increase for the Housing Opportunities for People with AIDS (HOPWA) program, and the White House convened a meeting on housing and HIV as part of the National HIV/AIDS Strategy. However, state funding cuts eliminated $3.4 million in funding for services for people with HIV, including housing, because of the need to redirect funding from services to HIV medications.

2010 Activities: AFC will advocate for $3.4 million in new state revenue to restore funding for services for people with HIV, including housing. AFC will explore accessing Medicaid funding to support case management to maximize the health care savings from providing housing to people with HIV.
6. Build Dignity through Work and Living Wage

Thousands of low-income, disabled Illinoisans with HIV need help re-entering the workforce without jeopardizing the very benefits that bolster their health. As antiretroviral medications revitalize many individuals who once were on their deathbeds, government policies make it next to impossible for the disabled to pursue work without destabilizing losses of Medicaid, Medicare, and other benefits. Moreover, the poor economy makes entering the workforce challenging for individuals who, because of illness, have extensive resume gaps; others have few skills or experience to start the path toward economic independence. Gainful employment instills a sense of self-worth and dignity: the very attributes many people with HIV desperately want and need to achieve greater independence.

2009 Update: AFC and partners began an initiative with the Illinois Department of Financial and Professional Regulation to clarify that people with HIV were not barred from certain professions solely because of their HIV status, a first step to bring Illinois into compliance with a ruling by the U.S. Department of Justice that such bans are discriminatory.

2010 Activities: In 2010, AFC will continue to advocate for policies that help people with HIV achieve financial independence through work. As a proposal for new revenue advances through the Statehouse, AFC and allies will work to ensure that low-income workers do not bear a disproportionate burden of tax increases by advocating for an expansion of the state earned income tax credit. AFC will also support efforts by partners to win new benefits for low-wage workers, including paid sick leave.

Priority Recommendations

- Prepare people disabled by HIV/AIDS for work
- Create job opportunities for HIV-affected individuals
- Maintain access to publicly-funded benefits to support the transition to independence
2010 AIDS Foundation of Chicago Events

- March 16 - March 17: Springfield HIV/AIDS Lobby Days
- March 24: Housing Forum, Chicago
- April 26 - April 28: AIDS Watch, Washington, DC
- May 12: Latino HIV Conference
- June 29: Women and HIV conference
- September 16: Communities of Color Collaborative—Gay Men and Men who have Sex with Men
- October 21: Harm Reduction/Injection Drug User Conference
- October 2: AIDS Run & Walk Chicago, Grant Park

Visit aidschicago.org for more information and updates.
FOR THE RECORD

AFC estimates that **44,000-45,000 people are living with HIV/AIDS in Illinois.** As many as 8,000-10,000 Illinoisans may be living with HIV and not know it. An estimated 3,000 people are infected with HIV in Illinois annually.

At the end of 2009, **32,835 people were reported as living with HIV/AIDS in Illinois**, including 16,792 African Americans, 10,424 whites, 4,890 Latinos, and 1,170 individuals of other races.

**Gay men and men who have sex with men (MSM) continue to be hardest hit by HIV.** In 2009, The U.S. Centers for Disease Control and Prevention (CDC) reported that the HIV rate is 50 times higher among gay men and MSM than among other men and women.

In Illinois, **African-American women represent more than two-thirds (70%) of women living with HIV.**

CDC announced in 2008 that an estimated **1.1 million people in the U.S. were living with HIV** at the end of 2006. An estimated **56,000 people were newly infected with HIV in 2006**, 40% more than suggested by previous calculations.

85% of Illinoisans reported as living with HIV/AIDS at the end of 2009 lived in Cook and the Collar Counties, and two-thirds of the statewide total live in Chicago. 15% live downstate.

**Sources:** U.S. Centers for Disease Control and Prevention, Illinois Department of Public Health. Unless otherwise noted, charts show only individuals with known race or mode of transmission. 2009 data is provisional.

Newly diagnosed? Get connected! aidsconnect.net
Activists, get involved! aidschicago.org/action