

The AIDS Foundation of Chicago (AFC) estimated the likely short-term and long-term fiscal and population-health impact of decreased HIV-related services as proposed in the Governor's FY 13 budget (\$4 million funding reduction for HIV services, a 14% cut). Based on public health evidence of average HIV treatment costs and anticipated HIV infections that result from those with undiagnosed HIV infection, we estimate that this reduction will **increase costs to Illinois by \$6.9 million in FY 13** because more people will need HIV treatment, and others will be re-incarcerated after re-entry programs are de-funded. In addition, the state will face **an additional \$40 million in lifetime health care costs for people newly infected with HIV** because of the proposed funding cuts.

108 additional people will be newly infected with HIV

- 54 are likely to be African American, 17 Latino, and 37 white, based on the racial/ethnic distribution of HIV new cases in Illinois
- 38 infants will be born with preventable HIV-infection because 150 HIV-positive pregnant women won't get intensive case management
- 38 additional people will be newly infected because 6,467 fewer HIV tests and other services will be offered
- 32 people will be newly infected because 1,262 drug users won't get counseling & supplies

563 people with HIV will lose life-supporting services

- 563 low-income people with HIV will lose access to food, dental, primary physician care, medical case management, transportation, mental health and substance abuse treatment, likely worsening health outcomes and increasing health care costs

114 people with HIV will lose housing

- 114 highly vulnerable people with HIV will lose access to housing, resulting in homelessness and less adherence to medications. They will face worse health outcomes and higher health care costs.

255 people with HIV will be re-incarcerated at a cost of \$5.6 million

- 255 people with HIV who left prison or jail will be re-incarcerated at a cost of \$5.6 million per year (23% recidivism rate for participants vs. 51% general IDOC recidivism rate) because of funding cuts to a reentry program for people with HIV
- 150 people with HIV released from prison or jail will not receive case management, housing, primary medical care, and mental health services, making them less likely to access HIV treatment

Examples of methodology used to determine estimated impact of HIV funding reductions

Thanks to the Illinois Department of Public Health, we used the following methodology to estimate the impact of funding reductions:

108 additional people will be newly infected with HIV:

- 54 are likely to be African American, 17 Latino, and 37 white. Methodology: This statistic is based on the racial/ethnic distribution of HIV new cases in Illinois (CITE)
- 38 infants will be born with preventable HIV-infection. Methodology: Without HIV treatment, 25% of infants born to women with HIV are likely to be infected (CITE). Intensive case management, which helps highly vulnerable women with HIV access treatment, would be cut by half.
- 38 additional people will be newly infected because 6,467 fewer HIV tests and other services will be offered. Methodology: People who don't know they have HIV are more likely to transmit the virus because they don't take preventive precautions. 1.1% of people tested are found to be HIV-positive (IDPH data), meaning that of the 6,467 people not tested for HIV, 71 with HIV will not be identified in FY 13. 8% of undiagnosed people transmit HIV annually (CITE), leading to 11 new HIV cases (71 people with HIV not identified x 8% transmission rate). Additional new HIV cases result from funding cuts to partner services and fewer people with HIV linked to treatment.

563 people with HIV will lose life-supporting services: Methodology: IDPH data indicates that state GRF funding provided supportive services to 1,126 people with HIV. A 50% cut in funding would eliminate services to half of them.

114 people with HIV will lose housing: This figure is based on IDPH data.

255 people with HIV will be re-incarcerated at a cost of \$5.6 million. The Corrections Reentry Project helps people with HIV returning from prison and jail live stably in the community. The program has a 23% recidivism rate for participants compared to a 51% general IDOC recidivism rate (Source: IDOC). Funding reductions to the Corrections Reentry Project would result in 255 people returning to prison or jail, requiring an additional \$5.6 million in IDOC spending for increased medical care and other costs associated with housing an inmate or detainee.