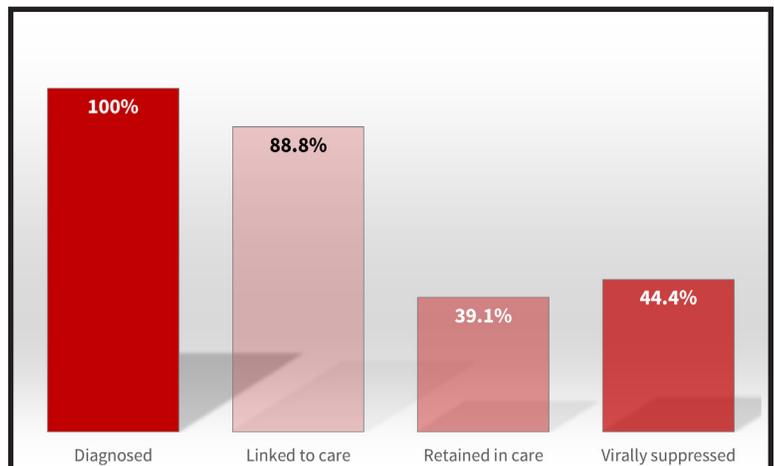


ILLINOIS HIV/AIDS POLICY PRIORITIES, 2017-18

The year 2017 ushers in significant changes in political leadership on the national level. President Trump and the Republican-controlled Congress have pledged to alter the future of health care in America. The effects of this could have drastic impacts on people around the country, and in Illinois specifically. At the same time, Illinois is now in its second year without a state budget, which is devastating vulnerable Illinoisans, including people living with or vulnerable to HIV, and the organizations that serve them.

In the midst of these changes, the AIDS Foundation of Chicago (AFC) is committed to continuing, creating and advocating for sound HIV and housing policy. HIV cases are rising among gay men and other men who have sex with men (MSM) of all races, and especially among young gay men of color and transgender women. Women of color, people who use drugs and people who live in poverty remain hard-hit by HIV. Structural barriers such as poverty, incarceration, homophobia and unemployment continue to impact vulnerable populations and interrupt the work needed to reduce HIV infections and reach viral suppression for those living with HIV.

The **continuum of engagement in HIV care** is a framework for understanding the status of HIV care and treatment in Illinois and nationally. For policy and legislation to be truly effective, it must view change through this lens, with the ultimate goal of helping people with HIV achieve viral suppression. The evidence is nearly iron-clad that when people with HIV are successfully treated and the level of HIV in their bloodstream is suppressed, their risk of transmitting HIV to their sexual partners is nearly impossible. Put another way, providing robust, sustained HIV treatment will prevent new HIV cases in the community.



HIV Care Continuum in Illinois, 2015
from "Epidemiologic trends in HIV in Illinois," Illinois Department of Public Health, February 2017

AFC Strategic Priorities

To realize our mission to mobilize communities to create equity and justice for people living with and vulnerable to HIV and related chronic diseases, we will:

Improve Health Equity. We will increase access to high-quality, comprehensive prevention, care and housing services free from stigma.

Prevent new cases of HIV. We will reduce new HIV infections through innovative approaches to prevention, care, housing and education with a focus on most-impacted populations.

Serve as a collaboration and knowledge center. We will be a thought leader and resource center to create and share best practices, innovations and models.

Be a bold voice for change. We will be a leading voice to mobilize advocate and people living with HIV and related chronic diseases to transform systems, policies and resources.

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AFC's policy priorities are a reflection of our mission and the needs of people impacted by or living with HIV. These policy and legislative recommendations identify needed change in areas where there continue to be proven unmet needs, specifically the HIV continuum of care. AFC puts forth the following recommendations in these areas:

Prevention and Services: Protect and preserve vital HIV/AIDS prevention, education and treatment services, including access to Pre-exposure prophylaxis (PrEP) and male and female condoms.

Linkage to care and retention: Promote and support policies that increase linkage to care and retention to improve the health of people living with HIV and reduce the number of new HIV infections.

Treatment and supportive services: As linkage and retention to care become more important, we must improve or develop legislation and/or policies related to increasing treatment and supportive services so people in care can take full advantage of these services.

Structural barriers: Because individual and structural barriers such as poverty, incarceration, and unemployment can keep people from fully engaging in care, we must aim to remove them.

How we developed the 2017-18 Policy Priorities

During the summer and fall of 2016, AFC staff created and disseminated our Community Engagement Survey, seeking input from community members throughout the state on various policy initiatives. AFC received 132 responses from all over Illinois, and AFC staff then compiled these results to identify the most critical items to take action on. Although limited resources mean that we cannot address every issue, we believe this document represents a comprehensive agenda for improving HIV health outcomes. AFC is grateful for the input from all participants. We also note that AFC will work on issues that are not included in this agenda if unforeseen opportunities emerge to impact the HIV epidemic.

State Budget Priorities

AFC calls on Illinois to protect critical funding for HIV prevention and care services. Upon the swearing in of Governor Bruce Rauner (R) in January 2015, Illinois plunged into a budget impasse created by the expiration of the 2011 state income tax increase, an unwillingness to make unpopular cuts to reflect those lower revenue levels, and the unpopularity of Governor Rauner's "[Turnaround Agenda](#)," reforms he demanded be included in budget negotiations.

State government functions have limped along since July 2016, the first month without a complete state budget, due to court orders, consent decrees, continuing appropriations, bills passed to delay a fiscal reckoning such as authorization for federal grants, and bills passed in order to avoid political anger, such as the K-12 education budget. Until December of 2016, there had not been a bill introduced or voted upon to address the state's revenue deficit via a tax increase or other revenue enhancements, nor has either party proposed the unpopular, drastic and unwanted cuts that would be needed to balance the budget based on current revenues.

To that end, Governor Rauner has proposed three budgets since taking office that drastically cut appropriations to the HIV Lump Sum, which provides state funding for ADAP, HIV prevention and HIV education services, at \$20 million, \$18 million respectively, and \$15 million respectively. The Lump Sum has historically been funded between \$25 million and \$29 million. HIV providers in Illinois have been feeling the drastic, statewide effects of the budget impasse for some time now; please see [AFC's Budget Impasse Brief](#) for more detailed information on how the impasse has affected HIV prevention services throughout Illinois.

Cutting prevention and treatment funding will result in more new HIV infections and increase health care costs for the state. According to the Illinois Department of Public Health, there are nearly 1,700 Illinoisans diagnosed with HIV every year. Every new case of HIV costs over \$400,000 in lifetime medical care, and most of that will be paid by the state¹.

¹ HIV Cost-effectiveness. (2015, September 23). Retrieved from <http://www.cdc.gov/programresources/guidance/costeffectiveness/index.html>

HIV/AIDS is still a serious health problem in Illinois and in particular the African-American community. AFC strongly supports funding the **African American HIV/AIDS Response Act (AAARA)**, designed to increase state aid to combat the HIV epidemic in African-American communities, which has made no grants since 2014 because funding was not appropriated. In the current General Assembly (GA), AFC will oppose any state budget reductions in HIV funding from FY 15 levels and will continue to advocate for increased funding for vital HIV prevention and treatment services. AFC strongly urges Illinois to Invest in **Supportive Housing**. The Rauner Administration has proposed budgets that gut supportive housing funding in Illinois in its budget proposals. AFC believes adequate state funding for supportive housing is critical.

Restore the 2011 Income Tax Rate to 5%. While re-establishing the 2011 income tax rate would not solve Illinois' underlying structural issues, it would bring more revenue to the table to address the immediate needs of Illinoisans in most need of assistance. AFC is a part of the Responsible Budget Coalition (RBC), which brings together diverse organizations that serve and represent millions of Illinois residents. This coalition is committed to building the support needed to solve Illinois' budget crisis, save jobs, eliminate the state's long-term structural deficit and make taxes fairer. As a result of the tax rate sliding back to 3.75% in January 2015 and compounded by the lack of an actual state budget since that time, Former Illinois State Comptroller Leslie Munger announced in July 2016 that the state would, despite the passage of the stopgap spending plan, be paying its bills six months behind schedule. She also estimated that the state would have \$10 billion in unpaid bills by the end of December 2016. AFC is committed to ensuring the state's budget is not balanced on the backs of working families and the most vulnerable, including those living with HIV and AIDS.

AFC supports an Illinois constitutional amendment to create a progressive tax structure in Illinois. Illinois' constitution mandates that the state's income tax be at a flat level, or an equal percentage regardless of one's income. Therefore, regardless of whether you make \$5,000 a year or \$5 million a year, you will pay the same percentage in Illinois tax. Many states, and the federal government, utilize a progressive tax that taxes lower-income-earners less, and higher-income-earners more. Moving to a progressive tax would alleviate much fiscal strain on those with lower incomes and make it easier for them to access care.

Prevention and Services

An estimated 43,500 Illinois residents are living with HIV – many unaware of their status. The number of new HIV cases continues to grow – the fastest among youth, and specifically among young African American and Latino gay men and other MSM.

In addition to the confirmed number of HIV diagnoses, many people live with HIV and are not aware of their status. The U.S. Centers for Disease Control and Prevention (CDC) estimates that 15.8% (one in six) of the estimated 1.2 million people living with HIV in the U.S. do not know they are HIV-positive.

AFC will fight to make sure pregnant women receive the most comprehensive HIV testing to ensure that no child is born in Illinois who is HIV-positive. The CDC recommends a repeat test for women in the third trimester of pregnancy if women are determined to be at high risk for HIV, or live in an area of high prevalence for HIV. Illinois is on the CDC's list of high-prevalence areas, because our statewide prevalence of HIV is 1% or greater.

AFC supports state-funding dedicated to help Illinoisans learn about, get access to and afford Pre-Exposure Prophylaxis (PrEP) through the PrEP4IL program. The state has launched a website to help educate people about PrEP, and limited funding is available to assist individuals to afford PrEP. Additional funds are needed to purchase insurance for people who need PrEP and to pay for lab testing and medical visits associated with PrEP, particularly for people in high-deductible plans or without insurance.

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Linkage to Care and Retention

Improving the health of people with HIV and reducing the number of new infections in Illinois will require increased access to HIV medical care and the elimination of barriers that impact the ability of individuals to remain in care. To advance these goals, AFC supports the following initiatives:

Promote passage of legislation that caps copayments on specialty-tier medication and remove barriers to lifesaving medications in Illinois. AFC, in partnership with a variety of chronic disease advocacy groups, is a leading member of the Out Of Pocket Cost coalition, which seeks to remove barriers to critical medications for people with chronic illness due to skyrocketing out-of-pocket costs.

Health insurance companies have increased copayments for many medicines by adding a “specialty tier,” a category of medication, which are needed for life-threatening or debilitating diseases but can cost a patient between 20% and 50% of the drug’s total cost each month. This causes people living with chronic illnesses like HIV, cancer, arthritis, blood disease, epilepsy and others to pay hundreds or thousands of dollars a month to get their medications. AFC supports legislation that would limit out-of-pocket costs for specialty medications to a few hundred dollars a month.

AFC will focus attention on HIV care outcomes in Medicaid and private insurance. Research indicates that health outcomes improve for people with HIV when they receive care from providers who have expertise in HIV care. However, it is challenging for health plan members to find experienced providers, who are often primary care providers, who focus on HIV. AFC will support legislation requiring health insurance plans to create a provider category that highlights qualified HIV providers, as well as legislation that will require Medicaid health plans and private insurance to report on the quality of HIV care provided.

Come to Advocacy Days in Springfield! In 2016, over 4,800 people engaged in direct advocacy from across the state with AFC’s support. We’ll be doing it again in 2017 on Tuesday, April 4 and Wednesday, May 17. Visit aidschicago.org/advocacydays to register and to learn about 2018 dates when they become available.

Treatment and Supportive Services

In the 2017-18 state legislative session, AFC will focus on prevention, engagement and care for key affected populations in the epidemic, such as men of color who are gay or MSM, women of color, transgender women, people living with mental illness and substance use issues, and justice-involved individuals.

AFC will oppose any further cuts to the Medicaid program. Illinois’ budget impasse has forced the state to fund its Medicaid program based on a court order at FY 15 levels. Medicaid has been an essential source of health care coverage for people living with HIV in Illinois. 55% of all people living with HIV in Illinois were covered by Medicaid in 2016 (including people who were previously eligible for coverage and people who gained coverage through the ACA). By the end of 2016, over 20,000 people with HIV covered by Medicaid, a 52% increase from 2013 (before Medicaid expansion launched). As an organization that cares deeply about health care access for vulnerable populations, particularly those living with HIV, AFC believes that Illinois must ensure the efficient and effective operation of the Medicaid program without further cuts in the program.

Protecting Medicaid from federal proposals. With the results of the 2016 General Election, the Republican Party retained control of Congress regained the White House. With that electoral victory, the GOP began work to dismantle the ACA, also known as Obamacare, even before the inauguration of President Trump.

AFC joined the coalition Protect Our Care IL, where we work to protect the ACA, impact whatever replacement to the ACA should be put into place to ensure that no one loses their health care coverage, and to protect the Medicaid program generally from proposed changes to its funding structure that would effectively dismantle the program. AFC will oppose any structural changes to the Medicaid program, such as block-granted or per-capita-capped funding, that diminish benefits or eligibility for Medicaid enrollees.

AFC urges Illinois to adopt “Health Homes” in its Medicaid program. In late 2014, the Illinois Department of Healthcare and Family Services (HFS) released a concept paper detailing how Medicaid Health Homes could be implemented in Illinois. Health Homes are authorized by the ACA to provide care coordination to people with two or more chronic diseases, or one chronic disease and increased vulnerability for another one. Illinois included Health Homes in its 1115 waiver application to the federal government submitted in October 2016, but did not explicitly include people with HIV. Regardless of the fate of that waiver, Illinois should pursue the adoption of Health Homes in its Medicaid program with a focus on HIV and other vulnerable populations.

AFC calls on Illinois to modernize the current Medicaid eligibility and renewal/redetermination process. In 2012, Illinois implemented legislation that aimed to remove ineligible people from the Medicaid rolls. In the process, the state incorrectly cut off tens of thousands of people who in fact belonged in the program. The new Medicaid eligibility redetermination process is inefficient, burdensome, and costly. The problematic process has resulted in unnecessary and erroneous denials of coverage, causing interruptions in life-saving treatment and forcing community-based organizations such as AFC to research, advocate for and rectify these mistakes in Medicaid’s client eligibility status. AFC supports efforts to streamline the eligibility redetermination process to dramatically reduce the number of people whose eligibility is incorrectly terminated.

AFC will oppose state funding cuts to mental health and substance-use programs and services. The convergence of HIV, substance use and mental illness represents a distinct challenge if our goal is to support people living with HIV to fully take advantage of services offered in the HIV continuum of care. Research demonstrates that people living with HIV have dramatically elevated rates of mental illness and substance abuse. Thus, AFC will advocate for adequate funding for mental health and substance use services.

AFC supports efforts to increase availability of and lessen costs of life-saving Hepatitis C virus (HCV) medications. About one quarter of HIV-infected persons in the United States are also infected with HCV. HCV is a blood-borne virus transmitted through direct contact with the blood of an infected person. Thus, coinfection with HIV and HCV is common (50%-90%) among HIV-infected injection drug users, according to the Center for Disease Control (CDC). AFC continues to work for increased medical access and treatment for hepatitis C in the state Medicaid program, which is among the most restrictive in the nation and forces people to be extremely sick with advanced stages of liver damage before treatment is available. Early intervention would be far more cost-effective.

AFC supports efforts to increase access to housing for people with HIV and chronic diseases. The first step to improved health is a roof over one’s head, particularly for people who are homeless. Stable housing allows people living with HIV, chronic diseases and behavioral health needs to access comprehensive health care and address their medical needs. AFC will oppose any reductions in housing funding in state and federal budgets and will fight for continued funding of supportive housing, rental subsidies and other housing programs. AFC will work with supportive housing and behavioral health advocates to secure Medicaid funding for housing services, including case management provided to housing program participants, and promote flexibility for Medicaid managed care plans to invest in housing for their members.

AFC continues to support HIV testing, prevention and treatment services for people in prison and jail and those re-entering society. Good prison health is essential to good community health. Although incarceration is devastating

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for individuals and communities, people behind bars have a unique opportunity to receive voluntary HIV testing, learn their status and be linked to care if needed. Programs such as the HIV Community Reentry Project (of which AFC and many organization across Illinois are a part) support HIV-positive people returning to the community from prison or jail. The program provides housing, intensive case management, linkage to care and treatment and other supportive services. Over half of the general Illinois state corrections population returns to prison within one year. However, the Community Reentry Project has a stunningly low recidivism rate of merely 23%. AFC will work to maintain funding for this program in all budget proposals.

AFC also supports implementing STI/HIV education and prevention programs in correctional settings, including the distribution of condoms. Adopting such a program will help stop the spread of HIV, hepatitis C, and other STIs from inmates to other inmates.

Removing Structural Barriers to Care

Due to social disparities and individual and structural barriers such as poverty, incarceration and unemployment, vulnerable people experience barriers to fully engage in care. We must aim to reduce health disparities and remove barriers to care for the most vulnerable individuals and populations in our communities.

Over 30 years in to the HIV/AIDS epidemic, HIV infections continue to increase among gay men and MSM in Illinois, especially among young men of color. As the epidemic continues to besiege communities of color and other affected populations, we must examine how racial, economic and social disparities impact access to treatment and supportive services so people in care can take full advantage of these services.

AFC supports raising the Illinois minimum wage. In November 2014, nearly 66% of Illinois voters statewide supported a ballot referendum urging the Illinois General Assembly to raise the minimum wage from \$8.25 to \$10 an hour. Lifting the minimum wage will immediately help over 400,000 minimum wage workers in Illinois. AFC urges passage of this legislation, which would lift many people living with HIV out of poverty and help many who are vulnerable to HIV.

AFC supports legislation that would fight the public health crisis of gun violence. The similarities in the geographic patterns of HIV infections and gun violence in racially segregated Chicago are astounding. [AFC recognizes that gun violence is a public health crisis that requires community-informed](#), life-affirming action immediately. At AFC, we challenge and address many of the systemic and social barriers to health care access by working to improve health equity. Our goal is to identify, document and solve health care access implementation problems for all communities affected by HIV.

AFC supports the modernization of Illinois' law to allow transgender individuals to change their gender designation on their birth certificate to reflect their lived gender identity without necessarily undergoing surgery. Many transgender individuals must undergo costly surgery before being allowed to change their birth designation.

AFC supports modernizing the existing sexual health education laws to be more culturally competent and medically/scientifically accurate as it relates to LGBTQ individuals and HIV/AIDS prevention, testing and treatment. Current sex education law is not written to be inclusive to all gender identities or sexual orientation.

Federal Issues

AFC continues to be deeply engaged in national HIV policy issues. We urge the Trump Administration to prioritize HIV/AIDS strategy during its term. Additionally, in the coming years, we pledge to:

Strengthen health care reform and fight efforts to scale it back. A [recent report](#) by the Kaiser Family Foundation demonstrates that the Affordable Care Act (ACA) has improved health care access for people living with or vulnerable to HIV. AFC opposes efforts by Congress and President Trump to scale back the ACA. We urge the federal government to take strong steps to improve access to HIV treatment and medication and HIV prevention tools (such as PrEP) in the ACA, including requiring marketplace plans to cover all HIV medications that are widely accepted in treatment guidelines; taking prompt action against discriminatory practices that discourage people with HIV from enrolling in a plan; prohibiting high out-of-pocket costs for HIV medications that have no generic equivalent and are included in treatment guidelines; ban changes to medication coverage and cost after someone has enrolled in a plan; and make cost and coverage information for HIV medications easily accessible online.

Work to ensure that any ACA replacement provides at least as many Americans with health care coverage. No replacement should leave out Americans who have relied upon the ACA for their health care coverage. Any ACA replacement plan must provide health insurance coverage that is as comprehensive, or better than, the current existing provisions under the ACA, to as many or more people.

Oppose dramatic changes to the funding structure of the Medicaid program. Block grants or per-capita limits are bad policies because they would severely cut Medicaid and thus block health care access for Illinois' Medicaid consumers, harm the state budget and destabilize health providers. We will oppose and fight all proposals and policies to move to block grants or per-capita limits to the Medicaid program.

Advocate for increased federal funding for vital HIV prevention, care and housing services. AFC will work to ensure that the annual federal budget and appropriations process results in funding levels that allow the U.S. to take advantage of scientific advances to end the HIV epidemic and that are responsive to the goals of the National HIV/AIDS Strategy, health care reform and the needs of vulnerable populations. This includes funding for the Ryan White Care Act, HIV/STI prevention at the U.S. Centers for Disease Control and Prevention, and other critical areas.

- **Advocate for increase funding for supportive housing services.** AFC will also call on Congress to provide at least flat funding Homeless Assistance Grants program within the Department of Housing and Urban Development (HUD) in FY 2018, Fund Department of Veteran Affairs homeless assistance programs at the level necessary to house every homeless veteran by the end of 2017, increase HUD's ability to serve and stably house low-income individuals through adequate funding of Housing Choice Vouchers, and increase the use of Medicaid to provide supportive services.
- **Support funding in the federal budget to accompany the modernized the federal funding formula for HIV/AIDS housing.** The funding formula for the Housing Opportunities for People with AIDS (HOPWA) program was updated by the federal government in the summer of 2016. AFC supports allocating federal funds to accompany this formula change. Moreover, federal funding for HOPWA must not be reduced through the annual appropriations process.
- **Educate policymakers on the impact of health care reform on the Ryan White HIV/AIDS Program.** AFC supports a timely reauthorization of the Ryan White HIV/AIDS Program, which provides a vital safety net for low-income people living with HIV who are uninsured or under-insured. AFC will work with local and national advocates to achieve a strong vision of the Ryan White Program in completing coverage for people with HIV.
- **Support strong, sustained National Institutes of Health (NIH) funding, which is a critical national priority that helps achieve the National HIV/AIDS Strategy.** AFC commits to preserve funding for HIV research because the benefits are far-reaching. New prevention options reduce the number of Americans who become infected and accelerate our achievement of an AIDS-free generation. Investments in HIV research also fuel biomedical advances and breakthroughs that have profound benefits far beyond the AIDS epidemic and deepens our understanding of other complex biomedical mysteries. NIH's HIV research funding also creates jobs that will be essential to future discoveries.

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We invite you to join us as we fight for these policy priorities over the next two years. Go to aidschicago.org/advocate to sign up for Online Action Bulletins and newsletters on health care reform, prevention treatment advocacy and HIV justice!

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