Illinois Annual HIV/STD Conference

A-B-Cs of AIDS Policy

... And Why Ryan White Doesn’t “CARE” Anymore

David Ernesto Munar
AIDS Foundation of Chicago
October 2007
Today’s talk will cover...

- Advocacy
- Budget Priorities
- Care & Prevention
- Your Input

This presentation will be posted this week at www.aidschicago.org
Advocacy

Your Voice Matters!

- Participate in democracy
  - Register to vote
  - Vote on Feb 5 (primary) and Nov 4 (general)
- Educate your elected officials
  - Illinois Lobby Days: April 1-2, 2008
  - AIDSWatch: April 28-30, 2008
Learn About the Candidates

health08.org

aidsvote.org

www.nationalaidsstrategy.org
Advocacy Made Easy

1. Learn who represents you: go to www.vote-smart.org
2. Join a network: go to www.aidschicago.org
3. Communicate with elected officials
4. Build relationships
5. Involve others
6. Rinse and repeat
Budget Priorities

Expanding access to HIV/AIDS prevention, care, housing, research, and other essential activities often involves addressing budgetary issues and priorities.
Federal HIV/AIDS Funding Sources

- Medicaid
- Medicare
- Ryan White
- VA
- OPM-FEHB
- Other

Est. Federal Spending
# Federal Funding Trends

<table>
<thead>
<tr>
<th></th>
<th>FY99</th>
<th>FY01</th>
<th>FY02</th>
<th>FY03</th>
<th>FY04</th>
<th>FY05</th>
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<td><strong>HIV Prevention</strong></td>
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<td>$282</td>
<td>$286</td>
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<td>$300</td>
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**Notes:**
- Amounts in millions and rounded
- FY08 is not finalized
- SE=Senate; HS=House
# State HIV/AIDS Funding

<table>
<thead>
<tr>
<th></th>
<th>FY06</th>
<th>FY07</th>
<th>FY08 (after vetoes)</th>
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<tr>
<td>IDPH, HIV/AIDS General</td>
<td>$549,900</td>
<td>$458,800</td>
<td>$557,300</td>
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<tr>
<td>Minority HIV/AIDS Prev &amp; Outreach</td>
<td>$3,150,000</td>
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<tr>
<td>AIDS/HIV Education, Drugs, Services</td>
<td>$15,657,100</td>
<td>$18,157,100</td>
<td>$17,501,200</td>
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<tr>
<td>HIV and Corrections</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
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<tr>
<td>African-American AIDS Response Fund</td>
<td>$3,000,000</td>
<td>$3,000,000</td>
<td>$3,000,000</td>
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<tr>
<td>BASUAH</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
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<tr>
<td>Children’s Place</td>
<td>$752,700</td>
<td>$752,700</td>
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<tr>
<td>Chicago State</td>
<td>$400,000</td>
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<tr>
<td>Hotline ; Hep; STD</td>
<td>$563,500</td>
<td>$209,700</td>
<td>$365,600</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$23,073,200</strong></td>
<td><strong>$30,128,300</strong></td>
<td><strong>$29,726,800</strong></td>
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</table>

Care Issues

Where do HIV+ people receive their care?

Medicaid reform?

What about recent changes to the Ryan White Program?
Healthcare Access for An Estimated 1 Million Americans Living with HIV

- 20% Medicaid
- 3.5% Medicare
- 6.5% Dual Eligible
- 10% ADAP/RW
- 15% Private Insurance
- 45% Not In Care
Medicaid Reform

Early Treatment for HIV Act (ETHA):
- More co-sponsors needed
- Would move more HIV+ people into Medicaid
- Would relieve the strain in Ryan White systems

Learn more:
www.taepusa.org/etha.html
Ryan White Program

- The **Ryan White Comprehensive AIDS Resources Emergency (CARE) Act** was first created by Congress in 1990.

- Congress creates new programs by enacting a time-limited “**authorizations**,” usually capped at 5 years. Such laws are reviewed and amended through “reauthorization.”

- Ryan White was **reauthorized** in 1996, 2000, and 2006. The next scheduled reauthorization must take place by September 30, **2009**.
Current Structure – [goodbye titles]

- **Title I (Part A):** 22 Eligible Metropolitan Areas (EMAs) and 34 Transitional Grant Areas (TGAs) in US and PR. Title I funds core medical services and support services.
- **Title II (Part B):** 50 States, the District of Columbia and U.S. territories for core medical services and supportive services. Funds AIDS Drug Assistance Program (ADAP) - provision of HIV meds in all states & territories.
- **Title III (Part C):** medical services to community-based health centers
- **Title IV (Part D):** for women, children and families
- **Part F – AIDS Education and Training Centers, dental, Special Projects of National Significance (SPNS)**
2006 Major Changes


- Reauthorized for a **3-year period** (expires Sept 2009)

- **Minority AIDS Initiative:** Codified as part of the Ryan White program
Funding Changes

- **Title I and II Funding Distribution:** Funding to be based on total number of living HIV and AIDS cases.

- **Code-based Reporting:** Code-based cases counted for a 4-year transition period (so long as state has shifted to name-based reporting).

- **Rural Funding:** Title II weighed to provide more funding to rural states.

- **Severity of Need Index:** HRSA is authorized to create a Severity of Need Index which must be submitted to Congress for approval.
Title I Changes:

- Title I is now divided into 2 sub-parts
  
  - Eligible Metro Areas – Minimum of 2000 AIDS cases during most recent 5-year period.
  
  - Transitional Grant Areas – 1000 to 1,999 AIDS cases during most recent 5 year period. (Hold Harmless eliminated)
Major changes

Is Ryan White still comprehensive?

- **Core Medical Services:**
  - Applies only to Title I, II and III (not Title IV).
  - 75% of funds must go to core medical services.
  - 25% may go to support services.
  - Requirements can be waived.

So, what are they?
Core Medical Services are:

1. Outpatient ambulatory health services
2. Medications
3. Oral health care
4. Early intervention services
5. Health insurance premium and cost sharing assistance for low-income individuals;
6. Home health care
7. Medical nutrition therapy
8. Hospice services
9. Home and community based health services
10. Mental health services;
11. Sub abuse outpatient
12. Medical case management, including treatment adherence services

the winds of change..
Support services

1. case management, non-medical;
2. child care services
3. emergency financial
4. food bank, home delivered meals
5. health ed, risk reduction
6. legal services
7. linguistics
8. medical transportation
9. outreach services
10. psychosocial support services
11. referral for health care, supportive
12. rehabilitation
13. respite care
14. treatment adherence counseling

the winds of change..
Questions
Brief Highlights in Prevention

• Brief review of federal issues
• Overview of new state testing law
Federal Issues to Watch

- New incidence estimate
- Update on confirmatory testing algorithm
- Updated partner notification guidelines
- Updated testing guidelines in community-based settings
- 23 testing pilot projects to reach African-Americans
- Guidance on HIV testing expansion
HIV Testing Policy

CDC 2006 recommendations:

- Routine voluntary screening for all people ages 13-64
- Annual screening for those at high risk
- Opt-out testing with right to refuse
- No written requirement but informed consent preserved
- No pre-test “counseling”
- Positive results in person
- Link newly diagnosed to care
Editorial in Clinical Infectious Diseases

“HIV disease is a disease of poverty. In the United States, HIV infection disproportionately affects uninsured, low-income persons ... Findings suggest that universal HIV testing also requires universal health care for there to be a significant impact on diagnosing HIV infection at the earliest stage possible. It is a shameful commentary on our own health care system that the average CD4 T-cell count before initiation of antiretroviral therapy in North America is similar to that of some underdeveloped countries in Africa.”

M. Goicoechea and D.M. Smith, appearing in the most recent Clinical Infectious Diseases
Illinois’ 2007 HIV Testing Law

- Public Law 95-0007 (SB 929) goes into effect on June 1, 2008
IL Testing Law: key provisions

1. Testing **only** with the patient’s knowledge and informed consent
2. Patients must be provided pre-test information
3. A patient consent may be obtained verbally or in writing
4. A separate HIV testing consent form is not required
5. Opt-out testing allowed
2007 testing law

6. HIV-positive results delivered in person
7. Counseling and healthcare referrals for those newly diagnosed with HIV
8. Penalties doubled for violating the law
9. IDPH charged with implementation
10. Goes into effect on June 1, 2008
“No one should be tested for HIV without their understanding and consent. This compromise ensures that patients, not their doctors, will continue to make their own decisions about HIV testing.”

--Ann Hilton Fisher, AIDS Legal Council of Chicago
Changing consent laws ALONE is not enough to help 10,000 Illinoisans who remain unaware of their HIV+ status!
AFC’s Five-Year HIV Testing Expansion Proposal

ILLINOIS NEEDS TO:

- Develop new testing models and **standardized tools**
- Increase **provider training**, education, and technical assistance
- Ensure medical providers are prepared to **link newly diagnosed** to care and that care is sufficiently available
- **Fund testing-expansion** in healthcare settings serving large numbers of uninsured
- AFC requests **$2 million appropriation** to administer 45,000+ tests and diagnose 540-675 new cases per year
### Number Estimated to be Living with HIV/AIDS and Undiagnosed with HIV, 2003

<table>
<thead>
<tr>
<th>State</th>
<th>Low Estimate</th>
<th>High Estimate</th>
<th>Estimated Undiagnosed</th>
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<tbody>
<tr>
<td>Illinois</td>
<td>36,656</td>
<td>41,807</td>
<td>10,452</td>
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<tr>
<td>Ohio</td>
<td>16,853</td>
<td>19,221</td>
<td>4,805</td>
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<tr>
<td>Michigan</td>
<td>14,286</td>
<td>16,294</td>
<td>4,074</td>
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<tr>
<td>Indiana</td>
<td>9,434</td>
<td>10,760</td>
<td>2,690</td>
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<tr>
<td>Missouri</td>
<td>12,956</td>
<td>14,777</td>
<td>3,694</td>
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<tr>
<td>Wisconsin</td>
<td>4,728</td>
<td>5,392</td>
<td>1,348</td>
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<td>Minnesota</td>
<td>4,863</td>
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<td>Iowa</td>
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<td>Nebraska</td>
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<tr>
<td><strong>United States</strong></td>
<td><strong>1,039,000</strong></td>
<td><strong>1,112,000</strong></td>
<td><strong>278,000</strong></td>
</tr>
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At a 1% average yield ...

27.8 million HIV tests will need to be administered nationally to identify 278,000 undiagnosed individuals

- In Illinois, public health system performs about 68,000 tests per year, identifies about 550 HIV+ individuals

- Increase of 45,000 tests per year would allow us to identify another 540-675 HIV+ individuals/year in healthcare settings
Targeted efforts still make sense

- Establishing routine testing will take time, vast new resources, and dedicated outreach to clinicians and healthcare settings
- First priority should go to settings likely to have the highest yield
- E.D. settings and community clinics have documented 1.3% - 2.3% yield
- We must also continue to invest in community and mobile testing and testing promotion campaigns
Logistical and Capacity Challenges

Examples:

- Cook County Hospital ER sees over 200,000 patients each year. Testing each for HIV would cost more than $3 million for test kits alone, not including staff.

- Chicago Department of Public Health STD clinics report having an estimated 200 turn-aways a month.

- Heart of Illinois AIDS Clinic in Peoria tested 36% more HIV+ people in the first 9 months of 2006 than in all of 2005 — clinic officials report no capacity to provide more services.
AFC’s Five-Year HIV Testing Expansion Proposal

*Changing consent laws ALONE is not enough to help 10,000 Illinoisans who remain unaware of their HIV+ status!*

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AFC 2008 Policy Priorities

We need YOUR input
What are Policy Priorities?

The Policy Priorities provide a roadmap for policymakers, AIDS advocates, and the general public on CONCRETE STEPS urgently needed to improve the lives of Illinoisans living with and at risk for acquiring HIV/AIDS.
Ten Steps to Prevent New HIV Infections (2007)

1. Strengthen the Public Health Response to HIV/AIDS
2. Make Condoms Readily Available in Community Settings
3. Make Condoms Readily Available in Jails and Prisons
4. Expand Syringe Exchange Programs
5. Expand the Routine Offer of HIV Testing
6. Expand Voluntary HIV Counseling and Testing in Correctional Settings
7. Provide HIV Treatment and Services to All Who Need Them
8. Expand Hepatitis Awareness, Prevention, and Treatment
9. Support Responsible Sex Education
10. Expand HIV Prevention and Treatment Worldwide, with Special Focus on Women and Girls
Timeline

☐ Collect input – July – October 07

☐ Review and prioritize - December 07

☐ Write plan – December 07

☐ Release plan to the world – Jan 08
Three Questions

- What are the community needs in terms of HIV prevention?

- What are the community needs in terms of HIV/AIDS care/treatment?

- What are the community needs in terms of housing?
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Statewide Advocacy Network

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Thank you

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