

AIDS Foundation OF CHICAGO

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Testimony Before the Illinois House Human Services Appropriations Committee, Hearing on Funding for HIV Services, January 22, 2010

Submitted by Director of Government Relations John Peller

The Illinois AIDS Drug Assistance Program (ADAP) has long been the cornerstone in the state's fight against HIV/AIDS. But today, the nation's economic crisis and state fiscal meltdown is weakening this foundation and threatening to collapse the state's HIV prevention and care system.

Our state's leaders have a remarkable legacy in ADAP. For more than a decade, ADAP has been a reliable, stable source of assistance for thousands of low-income people with HIV who have no other way of obtaining the lifesaving HIV therapies. Under stewardship from the state, Illinois has avoided ADAP eligibility cuts and waiting lists that have plagued other states. The medications provided through the program meet the most important needs of people with HIV to maintain their health. The program's eligibility level allows assistance to be provided to the lowest income residents as well as under-insured and un-insured middle-class workers, recognizing that few people can afford medications exceeding \$18,000 a year.

Perhaps most importantly from the taxpayers' point of view, ADAP is extremely well run. It's efficient, doesn't waste money or medications, and strong safeguards are in place to prevent fraud and abuse.

The AIDS Foundation of Chicago thanks Governor Pat Quinn for sustaining state support for ADAP. Without the Governor's commitment of additional state funding mid-year, ADAP would likely have faced financial collapse, disrupting HIV care for thousands of medically vulnerable clients. We praise the leadership of the Illinois Department of Public Health for their hard work juggling competing priorities. In our assessment, the state made the right decision in moving quickly to safeguard HIV care for thousands of individuals who have no other means to cover their medication costs.

As more Illinoisans lose employment and corresponding healthcare coverage, and as more people are diagnosed each year with HIV, the number of applicants for ADAP is growing at an alarming rate. Today's economic challenges are especially dire for HIV-positive Illinoisans who need lifesaving treatments to maintain their health and delay the onset of disability or even death. ADAP must be sustained for the more than 4,200 people who are on the program now, and for the estimated 44,000 people living with HIV in Illinois—many of whom may be one paycheck away from needing ADAP.

FY 11 funding request: Please increase ADAP funding by \$10.56 million (for a total state appropriation of \$28.56 million for ADAP). \$7.4 million must be allocated to restore cuts made in FY 2010 to HIV prevention and care services. The total new funding requested is \$18 million.

ADAP is a cost-effective program that keeps people with HIV healthy and productive, out of the emergency room, and off Medicaid. Reflecting national trends in the epidemic, almost two out of three ADAP clients are people of color. Some 38 percent of program beneficiaries are African-American and 26 percent are Latino, while 30 percent are white. The remaining five percent are from other ethnic or racial backgrounds.

We are deeply concerned that ADAP may not be adequately funded to sustain assistance for current clients and those who, facing a new diagnoses or a loss of income and insurance, must turn to the program for help. **AFC estimates that the program will need an additional \$10.56 million in state funding next fiscal to adequately meet the needs of Illinois residents with HIV/AIDS.** Without additional funding, the program will have no choice but implement eligibility cut, a waiting lists, or both—options that could deny HIV treatments for 1,000 or more state resident. These HIV treatment delays or interruptions can lead to serious health consequences for people with HIV, including a weakened immune system, resistance to existing HIV medications, and ultimately, early disability or death.

A strategy of depleting other vital HIV state programs to shore up ADAP's finances must end. While this tactic has been born out of short-term necessity, it could have a long-term impact accelerating the state's HIV/AIDS crisis.

Other services such as voluntary HIV and sexually transmitted disease testing, outreach and education, individual and group interventions for at-risk groups, consumer education about available HIV services, and adherence and treatment education are vital components of the states strategy to end HIV/AIDS. Depleting the supply of these services to safeguard ADAP is short-sighted and could actually result in higher numbers of people needing ADAP in the future.

The need to maintain HIV prevention funding is clear. Over 1,500 people are diagnosed with HIV in Illinois every year. We estimate conservatively that over 23,000 people around the state will lose access to HIV prevention services over the next six months. The result of these cuts will be more cases of HIV and more people who need ADAP.

The need to maintain state support for services for people with HIV is also clear. Without housing, case management, transportation, food and nutrition, emergency housing and utility assistance, many extremely vulnerable people with HIV will be unable to access ADAP in the first place, let alone continue to take medications once started. These supportive services are the glue that holds the system together and helps extremely vulnerable people with HIV maintain their health.

We therefore urge the General Assembly to appropriate \$7.4 million in new HIV prevention and care funding to replace the amount reallocated for ADAP earlier this fiscal year.

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Finally, we urge the legislature to enact comprehensive revenue reform to modernize the state's tax system. Illinois needs a balanced and fair solution to the fiscal crisis, not another year of band-aids. Without new revenue, people in Illinois who are already struggling with the recession will lose state support when they need it most. For some people with HIV, going without services like ADAP could land them in the hospital and cost them their lives. For people at risk of HIV, state cuts could mean missing the chance to access HIV risk reduction counseling and change their behavior; the price they will pay is life with HIV disease and perhaps on ADAP.

Thank you for your past support of HIV/AIDS programs and for ensuring the state's ongoing compassionate response to the AIDS epidemic. And as we always tell colleagues and elected officials in the state and throughout the country, Illinois has one of the best ADAPs in America. One that is both superbly managed and responsive to the specific needs of people with HIV.

Please commit to keeping it that way.