



New York AIDS Coalition

2010-2011 State Budget Agenda

NYA C Budget Priorities at a Glance

Restoration of AIDS Institute Budget Cuts	Full Restoration...\$12 million
AIDS Institute Consolidation of Programs	Line Out Budget Allocations
Communities of Color	\$2,000,000
Prevention	\$2,000,000
Drug Treatment	Restore Eliminated Measures
Supportive Housing & Workforce Development	Full Restoration
Chemical Dependency Programs	Restore HIV/AIDS specific programs
Transportation	\$1,000,000
AIDS Research Initiative	\$1,000,000
HIV/AIDS License Plates	Generate Revenue
Prison Health	Full Funding
Comprehensive Sex Education	Full Funding
AIDS Advisory Council recommendations	\$12.5 million + Revenue Generation

EXECUTIVE SUMMARY

For nearly two years New York State, along with the rest of the country, has faced an economic downturn practically unrivalled since the Great Depression. The current economic climate has resulted in severe cutbacks to the state budget and significant cuts in HIV/AIDS services. The New York AIDS Coalition (NYAC) is committed to ensuring that HIV/AIDS services, the New York State Department of Health's AIDS Institute, and other state agencies providing services for New Yorkers living with HIV/AIDS will not be negatively impacted by the proposed budget.

Rates of infection continue to climb, particularly among communities of color, women, and men who have sex with men (MSM). Cuts to HIV/AIDS services, though intended to ease the budget crisis temporarily, are clearly fiscal mismanagement. By cutting services and prevention programs, people living with HIV/AIDS could easily fall out of care. Additionally, continued or higher levels of HIV prevention are needed, particularly for groups at high-risk in order to stop the increase of new HIV infections.

NYAC empathizes with the Governor's goal to trim \$8.2 billion from the state budget, but such cuts cannot be made at the expense of New York's most vulnerable residents.



STATE OF THE EPIDEMIC

As the HIV/AIDS epidemic enters its fourth decade there continues to be disturbing trends, particularly among the most disenfranchised New Yorkers. The cumulative number of New Yorkers with HIV/AIDS has risen to more than 181,000 people as of 2007 (the latest year such data is available). This reflects an increase of 58 percent from 2005. New York witnessed 4,810 newly reported cases of AIDS in 2007, accounting for 12.5 percent of the overall U.S. total, as well as nearly 5,200 newly reported cases of HIV. The number of people living with HIV/AIDS in New York is more than 120,000, accounting for over 16 percent of people living with HIV/AIDS in the United States. It is estimated that an additional 30,000 New Yorkers are living with HIV/AIDS and unaware of their status.

Of the new cases, 1,500 were among New York women, representing one-third of all new infections that year throughout the state. The number of women living with HIV/AIDS is greatest in New York, more than any other state, and over 150 percent greater than the number of women in California. Additionally, of women living with HIV/AIDS in New York City nearly 60 percent of them live in either Brooklyn or the Bronx. This is a rate 50 percent greater than men living with HIV/AIDS in New York City.

Other populations in need of specific attention are those living with HIV under 30 and over 50. Among newly diagnosed HIV cases in 2007, those under 30 comprise approximately one-third of all new cases. In the neighborhood of Greenpoint, Brooklyn alone, more than 44 percent of new cases reported in 2008 were under the age of 30. Also, of the men in New York City living with HIV/AIDS over 37 percent are over 50 years of age. As people live longer and funding for prevention initiatives continues to get cut, that number is expected to reach half within the next few years.

RESTORE BUDGET TO 2008-2009 FUNDING LEVELS

The Governor's Executive Budget reflects the third consecutive year of budget cuts to a number of HIV/AIDS services. The budget of the AIDS Institute has been cut five times in just 24 months. These cuts have resulted in a 9 percent decrease in overall spending in the AIDS Institute, from \$132 million in 2008-2009 to \$120 million today, all the while the rate of new infections remain steady.

In addition, federal funding for HIV/AIDS services has either flattened or diminished, putting New York State in an even more difficult financial position. With rates of infection increasing and people with HIV/AIDS living longer, such continued decreases in funding will only further perpetuate the AIDS epidemic in New York.

The Governor's 2010-2011 budget recommendations would slash the Department of Health budget by tens of millions of dollars. This includes decreased funding for the AIDS Institute's general fund by more than 10 percent and the overall AI budget by nearly 2.5 percent from last year's funding levels. It would further reduce the staff size by 1.3 percent.

NYAC calls for full restoration of cuts and for spending levels for HIV/AIDS services to return to 2008-2009 budget figures.



AIDS INSTITUTE CONSOLIDATION OF PROGRAMS

Cost savings proposals by the Governor seek to increase efficiencies within various agencies. Part of this includes consolidating the number of various appropriations lines within the AIDS Institute budget from approximately sixty to five. This move purports to reduce administrative costs and possibly result in time efficiencies allowing funding for HIV/AIDS services to flow more quickly to service providers.

NYAC opposes the collapsing of AIDS Institute budget lines from 60 to 5, and recommends LINING OUT all AIDS service budget lines in the NYS Budget. By lining out the various AIDS service appropriations streams, New Yorkers will be able to continue to discern cuts to specific parts of the state budget, and determine impacts on specific programs throughout all geographic regions of NYS, sustaining NYAC and its member organizations' ability to advocate for vital programs for New Yorkers living with HIV/AIDS. Further, this would sustain transparency in the budget and ensure the State Legislature's continued ability to conduct proper oversight.

In addition, the Governor proposes consolidating certain public health services in order to eliminate redundancies within the overall Department of Health. The consolidation of program categories in the AIDS Institute budget precludes our ability to identify exactly which programs will be impacted, or worse, decimated altogether. If enacted by the Legislature, some programs for HIV/AIDS, cancer, and obesity would be merged. The potential impact on HIV/AIDS programming could affect the individual lives of PLWHAs throughout New York State and compromise prevention efforts in all at-risk communities. NYAC vehemently opposes these proposals

COMMUNITIES OF COLOR

African-American, Latino, Native American and Asian-Pacific Islander communities suffer disproportionately from HIV/AIDS, particularly among intravenous drug users and women. Additional funds are still needed to address urgent prevention, case management, outreach and supportive services needs in these communities across the state. \$2 million should be allocated for HIV/AIDS services for communities of color across New York State. NYAC supports using a portion of the funding for communities of color (prevention and treatment/care) for the Communities of Color New York State Coalition initiative. This initiative would target small community-based organizations, with budgets less than \$2 million, serving minority communities and would enable agencies to provide targeted prevention, outreach, and supportive services. Peer education and targeted social marketing campaigns are staples of such initiatives. NYAC supports increasing the Communities of Color initiative by \$2 million. of creative budgeting and hopes the Legislature will instill greater transparency in the budget.

HIV/AIDS PREVENTION

NYAC opposes cuts to prevention services. Unlike previous recent cuts to the AIDS Institute budget, where cuts were made across the board, the Governor's proposed budget for 2010-2011 makes cuts to specific areas, thereby attempting to cut the budget in areas deemed lower on the list of priorities. While such an approach is more sensible, an overwhelming amount of cuts are being made to prevention services, in an effort maintain services for care and treatment. The Executive Budget clearly states, "Emphasis will continue to be placed on prevention and specialized services, which target resources to populations with the greatest risk of infection."



Despite such sentiments, prevention services will take the biggest hit if this budget were to be enacted by the State Legislature, as much as 50 percent of overall cuts, possibly reaching as high as \$2 million. In the absence of a cure for HIV/AIDS, prevention is our only hope of ending the epidemic. NYAC supports a \$2 million increase in prevention funding, truly a fiscally responsible investment, which will ultimately save lives, as well as taxpayers' money.

HIV/AIDS DRUG TREATMENT

A key measure sought by the Governor to generate revenue relates to drug treatment. The budget seeks to eliminate the Preferred Drug Program exemption for anti-retroviral medication, as well as certain anti-psychotic, anti-rejection, and anti-depressant drugs in order to collect supplemental rebates, while leaving the statutory exemption from prior authorization intact.

The Governor further proposes the elimination of the Medicaid wrap for drugs covered by Medicare Part D. Coverage for New Yorkers who are dually-eligible Medicaid enrollees would be discontinued, as these drugs are already covered through Medicare Part D. The Governor seeks to collect approximately \$11 million from these efforts.

The Governor proposes to eliminate the specialty pharmacy designation for HIV drugs and alter the Elderly Pharmaceutical Insurance Coverage Program (EPIC). Similar to the Medicaid proposal, the budget would eliminate EPIC wrap-around coverage of drugs that are covered by Medicare. It would also eliminate hardship language, as well as language that guarantees EPIC enrollees will not walk away from pharmacies without their prescriptions.

NYAC opposes these and any other actions that will no doubt result in a disruption of drug treatment for people living with HIV/AIDS.

SUPPORTIVE HOUSING & WORKFORCE DEVELOPMENT

In addition to the services provided by the AIDS Institute and the Department of Health, a significant portion of HIV/AIDS services are funded through New York State's Office of Temporary and Disability Assistance (OTDA).

Several programs in OTDA's budget were reduced from 10 to 28 percent. This directly affects HIV/AIDS services for supportive housing and workforce development. Such severe cuts in this agency's budget would eviscerate the HIV Welfare-to-Work Program. Funding has been reduced for the HIV Welfare-to-Work program by \$129,000. With the unemployment rate at more than 10 percent in New York City and above 8 percent in other metropolitan areas across the state, workforce development programs are needed now more than ever. Particularly given the high rate of poverty among those living with HIV/AIDS, it makes no sense to cut funding for programs designed to assist people to help themselves in the pursuit of gainful employment. Such employment could result in much-needed health insurance, as well as lead to the means to secure proper nutrition and housing, that could ease the minds and lives of many New Yorkers living with HIV/AIDS. NYAC supports full restoration of cuts to supportive HIV/AIDS services.



CHEMICAL DEPENDENCY AND TREATMENT PROGRAMS FOR PLWHA

In addition, a number of HIV/AIDS services are also housed within the New York State Office of Alcoholism and Substance Abuse Services (OASAS). Proposals to the OASAS budget would completely eliminate funding for chemical dependency treatment programs geared specifically for New Yorkers living with HIV/AIDS and those at highest risk for spreading the disease. Injection drug use remains one of the leading causes of HIV transmission, particularly among communities of color and New Yorkers living Upstate. Further, the crystal meth epidemic continues to fuel the disease among gay and bisexual men. These factors specific to certain populations cannot be ignored and treatment programs cannot be discontinued for those at highest risk of transmission. NYAC opposes cuts to HIV/AIDS services for chemical dependency treatment.

TRANSPORTATION SERVICES

In many rural areas and smaller city regions throughout New York State, access to care has been hampered by the difficulties of obtaining adequate transportation to and from medical visits and other supportive services and is especially challenging for people living with HIV/AIDS. Non-existent or extremely limited public transportation systems, coupled with considerable travel distances to healthcare service providers present a formidable barrier for many people living with HIV/AIDS who desperately need these services to manage their illness and maintain their overall health. Most counties in rural areas lack the needed specialists; therefore, patients must travel long distances to access care. Medicaid restricts the use of medical transport and will not provide taxi service to appointments outside the consumer's county of residence. This barrier can impede a patient from receiving necessary care. Another concern is the lack and/or restricted availability of intra-county transportation in rural areas. Further, a physician certification of need is required to obtain Medicaid-covered transportation.

We recommend the development of new pilot transportation initiatives based on locally-identified resources, to remove these barriers and make healthcare more accessible. NYAC recommends that \$1 million be added to the 2010-2011 State Budget for a transportation initiative.

REVENUE GENERATION

AIDS RESEARCH INITIATIVE

In response to the declining federal commitment to fund HIV/AIDS research programs, there is an urgent need for New York State to develop its own AIDS Research Initiative and move to the forefront of AIDS research. The program would dispense peer-reviewed, merit-based AIDS-related research grants to nonprofit institutions to focus on infection trends, prevention strategies, treatments for those living with HIV, basic clinical science and behavioral/social science projects. The concept is modeled on the highly successful California HIV/AIDS research program. By establishing a research initiative, New York could further benefit from an influx of federal funding to enhance the research effort, much like the experience of similar programs in Massachusetts and California. For every dollar invested in those states they received \$7 back in federal funding. The partnerships and linkages created by this initiative would, not only serve to garner federal research dollars, but would also act to create jobs. This is a clear example where a little investment will reap great rewards. NYAC



strongly supports the creation of a New York State AIDS Research Initiative and investing \$1 million to establish the program.

LICENSE PLATES

For many individuals living with HIV/AIDS, lack of transportation to services is a serious challenge. In areas with inadequate public transportation networks, obtaining health care services is especially difficult. The AIDS Institute Transportation Initiative, which helps to arrange for transportation services to and from medical and supportive service appointments, lacks sufficient resources to respond to the transportation needs of people living with HIV/AIDS throughout New York. Legislation introduced this session (A.0031 9-Magnarelli) authorizes the issuance of a license plate in support of HIV/AIDS awareness, and would provide additional revenue to expand the AIDS Institute's Transportation Initiative for people living with HIV/AIDS throughout New York State. NYAC strongly supports this license plate legislation, which would both generate much-needed revenue for the State as well as promote HIV/AIDS awareness throughout New York's interstates, highways, suburban streets, and rural roads.

NEW LEGISLATION

PRISON HEALTH

After many years, the State Legislature recently passed legislation that gives the Department of Health oversight regarding healthcare practices within the state's correctional facilities. With approximately 8 percent of New York's inmates living with HIV, 12 percent among incarcerated women, far greater than the general population, it is critical that they, and all inmates, receive adequate medical care. In the Central New York region alone, the presence of 16 State prisons accounts for 36 percent of cumulative AIDS cases. With proper oversight by DOH, we can begin to stem the tide of HIV in our state's prison system. The Governor's budget does not sufficiently address this change in healthcare that would impact over 60,000 New Yorkers. Whether money is transferred from the Department of Correctional Services or new money is provided to the Department of Health, proper funding for healthcare oversight is desperately needed. With only half of incarcerated New Yorker living with HIV/AIDS currently receiving proper services, there is no time to waste. NYAC urges the state to fund this legislation to the fullest.

COMPREHENSIVE SEX EDUCATION

For the first time since its introduction, the Healthy Teens Act has a good chance of passing in both the State Assembly and State Senate and being signed by the Governor. The act would establish grants to fund comprehensive sex education programs designed to promote condom and contraception use, delay when young people begin sexual activity, and provide overall education on sex and its risks. The U.S. Centers for Disease Control and Prevention (CDC) has conducted studies that show one in four girls age 14 to 19 are infected with either HPV or Chlamydia. NYAC urges the Governor to set aside funding now so the program can start without delay upon passage.



RECOMMENDATIONS OF THE NEW YORK STATE AIDS ADVISORY COUNCIL

NYAC fully supports the recommendations of the New York State AIDS Advisory Council (AAC). The AAC proposes new funding to strengthen evidence-based prevention programs, enhance access to testing and the comprehensive continuum of healthcare, promote care coordination and community-based services, address the health needs of New Yorkers in our criminal justice system, and support research to advance HIV prevention and care. These recommendations seek to add approximately \$12.5 million of new funding for HIV/AIDS services. Among the specific recommendations of the AAC include the following:

- \$1,750,000 for syringe access and syringe exchange programs;
- \$2,000,000 for increased availability and access to HIV testing;
- \$500,000 for HIV among mature adults; and
- \$1,800,000 for oversight of HIV/Hepatitis C in correctional facilities.

Additionally, the AAC recommends a set of principles to minimize costs and maximize revenue. NYAC urges the Governor and Legislature to adopt all of the budget recommendations of the AIDS Advisory Council.

CONCLUSION

Clearly efforts to stem the HIV/AIDS epidemic in many communities throughout New York State must continue. Prevention must be strengthened and adequate HIV/AIDS services must not be cut. The final 2010-2011 budget should reflect the above priorities and seek to invest in the lives of New Yorkers who are in most need during these difficult economic times.

There is no simple methodology for responding to the State's deficit of \$8.2 billion. Difficult choices must be made and in some way or another, all New Yorkers will feel the repercussions. However, for the New Yorkers who are most vulnerable, who already have compromised immune systems, difficulties securing housing, mental health issues, transportation barriers, and inadequate nutrition, these cuts can mean the end of many lives. In the absence of a cure for HIV/AIDS, prevention is our only hope of ending the epidemic and that investment must be made now.

NYAC calls for full restoration of cuts and for spending levels for HIV/AIDS services to return to 2008-2009 budget figures throughout all HIV/AIDS services. Tens of millions of dollars for HIV/AIDS services have been lost over the last few years and we are all paying the price. Little progress has been made recently in significantly lowering the rate of HIV infection and decreasing the number of AIDS cases. We cannot expect service providers to continue to do more with less. Less is indeed less and to continue the status quo is detrimental to the health and well being of persons living with HIV/AIDS, those at greatest risk, and all New Yorkers.

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