

**TESTIMONY TO THE  
NEW YORK STATE LEGISLATURE**

*Joint Hearing*

**2007 – 2008 Executive Budget Proposal  
Health, Medicaid & Aging**

**February 13, 2007**

*Presented by*

**Daryl J. Cochrane, M.P.A.  
Assistant Director of Government Relations  
Gay Men's Health Crisis**

Chairman Johnson, Chairman Farrell, Chairman Gottfried, Chairman Hannon, and Committee Members thank you for the opportunity to testify at this Joint Legislative Hearing on the Executive Budget. My name is Daryl Cochrane, and I am the Director of State Government Relations for Gay Men's Health Crisis, GMHC.

Gay Men's Health Crisis (GMHC) is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS. GMHC serves one in every five persons diagnosed with AIDS in New York City. As the world's oldest AIDS service provider, GMHC helps more than 15,000 men, women and children and their families each year. GMHC offers a wide range of comprehensive client services, including hot meals program and nutrition services, benefits & entitlements advocacy, health care advocacy, case management, legal assistance, counseling and testing services for HIV and sexually transmitted infection, group counseling services, HIV prevention, outreach, and health education, home-based support, assistance accessing stable housing, substance use counseling and mental health services.

GMHC has been on the frontlines of the AIDS epidemic since its founding over 25 years ago. We remain focused on the communities most threatened by HIV and continue to expand our service provision as the epidemic expands. Our clients reflect the diversity of the HIV epidemic; two-thirds are people of color, 65 percent are lesbian, gay or bisexual, 18 percent are women, and more than half reside outside of Manhattan. 72 percent of our clients have an annual income of less than \$10,000. A majority of GMHC clients, 70 percent, rely on Medicaid, while 15 percent rely on the AIDS Drug Assistance Program, ADAP for their medical care and life-saving prescription drugs. Our budget priorities reflect our mission and the needs of the people we serve.

For nearly a decade, we have testified at budget hearings in support of restorations and baselining of vital HIV/AIDS funding. We are encouraged by Governor Spitzer's first Executive Budget that preserves base funding for community based providers and retains a cost of living increase from last year, both of which help keep New York from slipping backwards in the fight against AIDS.

GMHC's Funding Priorities are a reflection of our mission and the needs of the people we serve. As the world's first AIDS service provider, we also recognize the importance of providing recommendations that address the needs of the broader HIV/AIDS service provider community. These 2007-2008 budget recommendations advocate for funding in areas where there continue to be clear and demonstrated unmet needs, as well as pushing for new funding initiatives to meet emerging concerns as the epidemic rages on. GMHC will continue to be vigilant in advocating for the health care needs of at-risk populations, who are the most vulnerable when cuts to safety net services are proposed.

Additionally, GMHC supports the recommendations of the New York State AIDS Advisory Council, which has worked with the HIV/AIDS advocacy community to develop broad funding priorities that are sensitive to the state's financial limitations.

## Addressing Rising Needs

Funding for HIV/AIDS services has not kept pace with the growing epidemic over the past twelve years. With the exception of his first and last year in office, Governor Pataki cut base funding for HIV/AIDS programs. The epidemic, however, was not static during this period. Community based organizations spent the bulk of their time attempting to restore funding while caseloads continued to increase dramatically. The number of people living with HIV/AIDS is the highest it has been throughout the epidemic, a fact reflected in the growing caseloads of service providers throughout the state. New York leads the nation with the highest number of persons living with AIDS—nearly 74,000 by the end of 2005. Cumulative AIDS cases in New York now totals over 175,000. New York continues to be the epicenter of the HIV epidemic, a distinction none of us would like to have.

While the Governor's budget is certainly a step in the right direction, there needs to be greater emphasis on particular areas of acute need, which reflects both communities that have long been underserved, as well as emerging populations of New Yorkers not previously factored into the state budget. GMHC recommends an overall increase of \$44 million for a variety of programs with varying degrees of priority. Let me now outline our top three priorities for the HIV/AIDS community of New York, totaling \$7 million.

### Community Based Services

Community Service Providers (CSPs), Multiple Service Agencies (MSAs), and Community Development Initiatives (CDIs), the state's network of HIV providers, have been offering a continuum of services including HIV prevention and support services since their inception. Yet for many years, community based funding has not increased even as providers faced increasing needs, particularly in the areas of homelessness, mental health, poverty, and substance abuse. Additionally, providers of HIV/AIDS services across the state are feeling a decline in philanthropic giving, and cutbacks in federal and local funding in a number of areas.

CSPs, MSAs, and CDIs all have proven effectiveness in service delivery and provide a wide range of support services, including hot meals, nutrition advisement, harm reduction and substance abuse counseling. They have been on the frontlines since the beginning of the epidemic, providing a continuum of HIV/AIDS services. At GMHC, we continue to see a significant increase in demand for services—an increase of nearly 30 percent in new clients just in the past two years alone. As services have had to expand to meet rising needs, so should the resources that support these vital programs. ***GMHC supports a \$2 million increase for CSPs and an accompanying \$2 million for MSAs and CDIs.***

### HIV Prevention Services for MSMs of Color

The Federal Centers for Disease Control and Prevention (CDC) reports that the rate of new (2004) cases of HIV infection among the Black and Hispanic communities account for 70 percent of all new infections, while those same populations account for less than 30 percent of

the overall population in the U.S. In particular, nearly one-half of all Black MSMs are infected with HIV. At GMHC alone, nearly 60 percent of men identifying as gay or bisexual are of color.

The state must protect those most at risk, and ensure targeted community based prevention education and counseling that speaks directly to New Yorkers in the communities' hardest hit by this disease. Prevention messages and services to African-American, Caribbean, Puerto Rican, Dominican, Colombian, and a whole host of Black and Latino sub-populations is desperately needed.

New York should put new state funding toward primary prevention efforts that is targeted to the most vulnerable populations including Black and Hispanic Men who have Sex with Men.

***GMHC calls for \$2 million in new funding for HIV Prevention initiatives for MSMs of Color.***

## **Legal Services**

Advice and/or representation in a variety of fields is critical to the continuum of care for many people living with HIV/AIDS. Some of those services include immigrant legal rights, landlord/tenant advocacy, family and domestic unity law, permanency planning and employment discrimination, SSI/SSDI, bankruptcy and private disability insurance. Without these complex services, which often alleviate obstacles to accessing quality treatment and housing, many PLWAs would face repercussions in their health, as well as further jeopardize their financial well-being.

In particular, there is a growing number of immigrants living with HIV/AIDS who are unfamiliar with the legal landscape of the United States, therefore creating a situation where thousands of people are not receiving adequate legal or health care. Further, undocumented immigrants are often afraid to access health services for fear of deportation and federal law prevents those of us funded by the Ryan White CARE Act from providing services to this growing population. Also, we are further barred from providing services to a great number of homeless clients due to recent changes in federal regulations. New money from the state would free us from such restraints and allow us to fight for those most in need. ***GMHC supports the allocation of \$1 million of new money for Legal Services.***

The aforementioned priorities represent three distinct categories of need.

- 1) an expansion of core services that are already stretched near the limit
- 2) new funding to target a specific population of New Yorkers to prevent the spread of HIV, and
- 3) new funding for one of the top non health care related issues directly tied to the well-being of New Yorkers living with HIV/AIDS.

The following eight funding priorities represent additional needs that should be taken into account in this budget process.

## **HIV Prevention Services for Communities of Color**

As was already mentioned, the rate of HIV infection among women of color is widely disproportionate. Therefore more targeted prevention to this community must be implemented.

Further, at the same time, the CDC has shifted priority away from primary prevention methods and toward secondary prevention (prevention for those already HIV+) leaving behind thousands of New Yorkers at risk of getting HIV. The state must step up to the plate, and ensure the continuation of vital community-based prevention education and counseling to New Yorkers in the communities' hardest hit by this disease. This includes Latina-American, African- and Caribbean-American women, the growing number of Latino injection drug users, and Black and Latino Men in other high-risk areas.

New York should put new state funding forward for primary prevention that is targeted to those most at risk for HIV infection including the entirety of the Black & Hispanic communities.

***GMHC urges the State to allocate \$4 million in new funding for HIV Prevention initiatives for Communities of Color.***

## **LGBT Health and Human Services Network**

The "Network" is a group of 52 nonprofit LGBT organizations that provide health and social services to LGBT New Yorkers, including youth, seniors, people of color, and women. GMHC was pleased that Governor Spitzer included \$2 million in new funds (\$6 million total) for LGBT services. We join our LGBT Network partners in requesting new legislative funding of \$4 million for a total of \$10 million for LGBT services. This funding increase will only begin to adequately address the needs of New York's LGBT community. Still, it will allow Network organizations to keep their doors open and allow the Network to support the growing number of LGBT New Yorkers and continue serving its clients and constituents statewide.

## **Funding HIV Related Services for Women**

By a wide margin, New York State continues to lead the nation in the number of women living with AIDS. At the end of 2005, over 22,000 women were living with AIDS in New York State. Further, the severe impact of the HIV epidemic on New York's women of color is striking. Black and Hispanic women account for only 29 percent of the New York female population yet, together they represent 86 percent of New York women living with HIV/AIDS.

Alarming, HIV is impacting young girls more and more; sexual transmission has become the major risk for young and adolescent women. According to the New York State Department of Health, between 2001 and 2003 newly diagnosed HIV cases among 13-19 year olds, was split nearly equally by gender; 48 percent were female and 52 percent male. Females are 43 percent of new infections of young adults aged 20-24.

Despite these rising HIV infections and AIDS diagnoses among women and young girls in New York State, funding for the Women, Children, Youth and Family Services portfolio of the New York State Department of Health-AIDS Institute, which includes family-centered and adolescent health, HIV prevention services and support for families in transition, has not kept pace. It has been twelve years since the portfolio has seen an increase in state funding.

The New York State AIDS Advisory Council released a compelling and alarming report entitled "Women in Peril-HIV&AIDS: The Rising Toll on Women of Color". The information released in this report demands immediate action, and GMHC joining with other community based organizations and individuals, is motivated to advocate for state action. ***GMHC urges the State to act and allocate \$10 million for the Women, Children, Youth and Family Services Budget.***

### **Services for Older Adults Living with HIV/AIDS**

As the AIDS epidemic has shifted to various communities and as people living with HIV/AIDS live longer, specific needs have arisen with the growing number of PWLAs over 50 years of age. Nearly one-third of all of GMHC's clients are now over fifty, with another 22 percent between 45 and 49. Most in this age category had previously identified as having HIV or AIDS, though a portion of those are newly identified as infected. GMHC and other AIDS service providers are beginning to cope with this new community with unique needs. Assistance with Medicare, Medicaid, prescription drugs, and housing are just a few of the concerns facing this population. Knowledge of medication interactions, along with an acute need for mental health services due to social isolation and depression are highly needed for this relatively new population. Treatment education services specific to older New Yorkers living with HIV/AIDS is urgently needed. ***GMHC urges the State to allocate \$1 million for Older Adults living with HIV/AIDS.***

### **Expanded Syringe Access Program**

We applaud the Governor for wanting to make this successful program a permanent feature of the New York State health care system. The program, due to sunset in September, has proven effective and in less than a decade has seen the rate of transmission through this mode drop 75 percent. Despite its successes amongst pharmacists, there is a clear ongoing need for education and outreach to other health professionals serving clients who can benefit from ESAP. The maintaining of current demonstration projects and the development of additional projects across the State is vital to the programs continued success. ***GMHC urges the State to permanently continue ESAP and to allocate \$500,000 in new funding for its expansion.***

### **Housing is Prevention**

There is established research showing that stable housing is an effective structural intervention in any HIV/AIDS prevention and care strategy. Research shows that housing works to reduce HIV/AIDS transmission; facilitate access to medical care; improve health outcomes; reduce harmful drug use, violence, incarceration and other public and private harm; save taxpayer dollars and protect and stabilize individuals, families and communities. Data from the New York City HIV/AIDS housing needs assessment further supports this. GMHC as a participant in a

coalition of NYC HIV/AIDS Housing community groups is united in requesting that \$10 million be allocated in the state budget for emergency rental assistance for HIV infected persons and their families to be utilized by those in need around the state.

### **Youth Prevention Services**

Recent data illustrates that new HIV infections among those age 13 to 24 number nearly 2,200. This brings the total number of People Living With HIV/AIDS who were infected during that age period to over 40,000. The number of new GMHC clients under the age of 30 increased at a rate 250 percent greater than the current overall client base. Enhanced HIV testing and prevention services for those who are at risk for HIV or unaware of their status is paramount in stopping the spread of HIV. Counseling and mentoring in a safe environment goes a long way toward reinforcing healthy behaviors among young people, and ensuring efficacy later in life. ***GMHC urges the State to allocate \$2 million toward specific prevention services aimed at our State's youth.***

### **Workforce Development**

One of the key factors toward ensuring greater health and a continuation of an individual's treatment is the ability to be self-sufficient when at all possible. For those re-entering the workforce after a lengthy hiatus due to illness or transitioning into the workforce for the first time, a high level of skill development is required. Employment counseling, job readiness, placement assistance and retention services are vital components to success in the workplace and ongoing financial health. Such stability leads to a Person Living With HIV/AIDS ability to manage their disease better, delay the need for public assistance, and contribute to society in a meaningful way. Such programs directly enhance an individual's physical, mental, and financial well being. ***GMHC urges the State to allocate \$800,000 toward Workforce Development.***

### **Medicare/Medicaid**

Lastly, I cannot leave today without discussing the largest provider for people living with HIV/AIDS – Medicaid. This program is the very fiber of the health care safety net for a majority of GMHC clients. However, for many of New York's most vulnerable this net is fraying. Approximately three out of every four GMHC clients who walk through our doors live below the poverty level. Often times they are forced to choose between paying rent, eating, or taking the life-saving regimen of medications needed to maintain good health. We advocate for the elimination of co-pays which will prevent patients from making the horrible choice between eating and seeing a physician or accessing prescription drugs, simply because they cannot afford a co-pay. Such co-pays, though nominal to many New Yorkers, is quite substantial for those living in poverty. Also, the pooling of the various government health care plans to negotiate lower prescription drug costs will further work to make overall health care more affordable. These two cost-saving policies, if enacted can save a person hundreds, or perhaps thousands of dollars each year allowing them to better focus on their health care.

Further, GMHC urges the state to abide by its promise and re-instate the Medicaid wrap for Medicare Part D dual eligible beneficiaries. In addition, we urge the legislature to reject the Governor's proposal to use 'cost' as a factor in Preferred Drug List decisions. While we recognize that anti-retrovirals are exempt from the PDL, many prescription drugs taken by persons with HIV are new and/or costly. We do not believe that persons with HIV/AIDS should be denied access to drugs prescribed by their physicians simply based on cost. We call on the state to renegotiate the F-SHRP waiver and reinvest the savings back into the Medicaid program. And finally we ask the state to demand medical treatment and care for all residents of New York regardless of immigration status. These changes will have a significant impact on the budget and is a win-win for all New Yorkers, both protecting our state's most medically vulnerable and saving the state millions of dollars overall.

The aforementioned is the extent to which we at GMHC believe would begin to adequately address the needs of those New Yorkers infected and affected by HIV/AIDS. There are certainly many other legislative fixes that would go a long way in preserving the health care safety net and granting all New Yorkers full civil rights, however that is for another hearing.

Again, the Governor's proposed budget goes a long way in maintaining and improving the lives of persons living with HIV/AIDS, however more can be done. The areas I have just outlined illustrate the most acute needs.

Additionally, New York State will sustain significant losses in federal funding through the newly reauthorized Ryan White CARE Act. It is the duty of this body and the Governor to step in and pick up the pieces and not allow people to fall through the cracks.

New York State must continue to be at the forefront of combating the epidemic of our lifetime. It is the responsibility of AIDS service organizations such as ours and our elected officials to do everything in our power to continue and, hopefully one day, finish the fight against HIV/AIDS.

On behalf of GMHC, I look forward to working with you and I am happy to answer any questions you may have. Thank you for this opportunity to address you.