



2007–2008 STATE FUNDING PRIORITIES

About Gay Men’s Health Crisis

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 six persons confirmed diagnosed with AIDS in New York City. As the world’s oldest AIDS service provider, GMHC helps over 15,000 men, women and children and their families each year. GMHC offers a wide range of comprehensive client services, including hot meals, benefits/entitlements advocacy, health care advocacy, case management, legal assistance, HIV counseling and testing, individual and group counseling services, prevention education, home-based support, and mental health services.

GMHC has been on the frontlines of the AIDS epidemic since it began, focused on the communities most threatened by HIV and expanding our service provision as the epidemic expands. The number of GMHC clients has increased by over 50% just since 2000. Our clients reflect the diversity of HIV; 68% are people of color, 63% are lesbian, gay, bisexual, 21% are women, and more than half reside outside of Manhattan. Nearly one-third of our clients are 50 years of age or older, while 28% of all new prevention clients are under 30. Of our total clients served we continue to see a larger proportion living in poverty. Approximately 72% of the clients we serve are living an annual income of less than \$10,000. Over 70% of GMHC clients rely on Medicaid, while 15% rely on the AIDS Drug Assistance Program, ADAP for their medical care and life-saving prescription drugs.

GMHC Funding Priorities

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 NYS AIDS Advisory Council who have worked with the community to develop broad funding priorities that are sensitive to the state's financial limitations.

GMHC 2007–2008 Budget Recommendations

Top Priorities

Community Based Services	New money for CSP's and MSA/CDI's	\$ 4,000,000
Prevention Services for MSMs of Color	New money for Black & Latino MSMs	\$ 2,000,000
Legal Services	New money for legal care of PLWA's	\$ 1,000,000
Subtotal	Top three priorities	\$ 7,000,000

Additional Immediate Funding Priorities

Prevention Services to Communities of Color	Additional funding for targeted prevention	\$ 4,000,000
LGBT Health & Human Resources Network	Additional funding for expanded services	\$ 7,500,000
HIV Services for Women	Women, Children, Youth & Families Budget	\$10,000,000
Crystal Meth Prevention Initiative	Increase funding over current budget	\$ 1,200,000
Housing is Prevention	Emergency rental assistance for PLWA's	\$10,000,000
Expanded Syringe Access Program	Additional funding for project expansion	\$ 500,000
Youth Prevention Services	New money for youth ages 17 to 24	\$ 2,000,000
Services for Older Adults Living w/ HIV/AIDS	New money for prevention people over 50	\$ 1,000,000
Workforce Development	New money for skills training & placement	\$ 800,000
Subtotal	Additional Priorities for NY AIDS Community	\$ 37,000,000
TOTAL	ALL NY State Immediate Funding Priorities	\$ 44,000,000

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 getting funds restored while caseloads increased 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 total 172,377. New York continues to be the epicenter of the HIV epidemic.

Governor Spitzer has an opportunity in the beginning days of his new administration to help New Yorkers who are most vulnerable and give much-needed assistance to people living with HIV/AIDS at a level reflective of the current epidemic. GMHC proposes the following state budget measures that would go a long way toward accomplishing that goal.

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 providing 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 and provided increased services. 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 29% in new clients last year compared to 2004. As services have had to expand to meet rising needs, so should the resources that support these vital programs. **GMHC strongly urges Governor Spitzer to allocate \$2 million 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 accounts for 70% of all new infections, while those same populations account only for less than 30% of the overall population in the U.S. In particular, 46% of Black MSMs are infected with HIV. At GMHC alone, men of color who self identify as gay or bisexual account for approximately 40% of all male clients. Also within our agency nearly 60% 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 strongly urges the Governor to allocate \$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, many PWLAs would face repercussions in their health, by placing further obstacles to their access to treatment and housing, as well as further jeopardize their financial wellbeing. 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 hundreds 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 regulations. New money from the state would free us from such restraints and allow us to fight for those most in need. **GMHC strongly urges the Governor to allocate \$1 million for Legal Services.**

HIV Prevention Services for Communities 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 accounts for 70% of all new infections, while those same populations only account for less than 30% of the overall population in the U.S.

At this 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 as a longtime active member of the Network was pleased to see an almost complete restoration of funding in the Executive Budget two years ago. We hope that the State will continue its commitment to the Network by increasing the amount by \$7.5 million, to total \$10 million. 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. **GMHC urges the State to allocate \$7.5 million in addition to the Executive Budget proposal for a total of \$10 million in order for the Network to continue its critically needed and efficiently delivered services throughout the state.**

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 NYS DOH, between 2001 and 2003 newly diagnosed HIV cases among 13–19 year olds, was split nearly equally by gender; 48% were female and 52% male. Females are 43% 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 NYS 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.**

Crystal Methamphetamine Prevention Initiatives

GMHC is encouraged that the Assembly took on the issue of Crystal Methamphetamine, allocating \$800,000 in last year's budget cycle for treatment and prevention, and we applaud your understanding that this epidemic needs specific targeted funding.

Addiction, whether it is to methamphetamine, or other drugs, is primarily a medical issue and should be handled as such by addiction specialists with the proper clinical training and with appropriate peer-based interventions. In New York City, crystal use is a growing, but not new epidemic. Studies have shown rising rates of crystal-meth use among gay men, and men who have sex with men (MSM) over last few years. Various studies show a clear link between crystal-meth use and unsafe sex, and a New York City syphilis study showed that MSM testing positive for syphilis were 2.3 times more likely to report crystal-meth use. Crystal is most commonly smoked however increasing evidence that injection use is on the rise is disturbing because of the increased potential for HIV transmission.

GMHC has been seeing a steady increase of crystal-related issues. The rise in new infections in New York City, among gay men and, in particular, gay men of color, has been a serious and paramount concern throughout our work.

Given that the bulk of this epidemic is in New York City, among gay men and men who have sex with men, we urge funding for this initiative be set at \$2 million this year, and that a significant portion go to Community Based Organizations that work with New York's Lesbian, Gay, Bisexual, Transgender community. Community based organizations have a proven track record of effectively serving the LGBT population, have sensitivity and understanding of the needs of this community, and are properly suited to do this work. **GMHC urges the State to allocate an additional \$1,200,000 toward this growing epidemic, bringing it up to \$2,000,000 total.**

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% 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 Senior Citizens living with HIV/AIDS.**

Expanded Syringe Access Program

With the current ESAP program due to sunset in September 2007, the permanent continuation of it is essential to New York State's efforts to decrease transmission of HIV through injection drug use. The program 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% 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.**

Addenda

The aforementioned needs represent new and expanded funding streams which can be directly allocated from the Governor to the various programs in acute need. Additional funding for HIV/AIDS will also arise through the legislative process and intergovernmental relations with the federal government. These items represent the larger systemic needs through entitlement. This money reflects the ongoing programs on the State level, as well as areas where the State must supplement shortfalls from the Federal government.

A. Ryan White CARE Act

B. Medicaid

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Addendum A

Ryan White CARE Act Reauthorization

For New Yorkers living with HIV/AIDS, the recent Ryan White CARE Act Reauthorization that passed Congress is problematic, limiting and reducing many essential services that are directly related to primary health care. Reductions that will damage New York's comprehensive response to the epidemic are anticipated in services such as meals, social support, mental health and substance use and housing services. In addition, there will be further reductions to the AIDS Drug Assistance Programs (ADAP), New York State's drug assistance program relied on by many of our uninsured. Funding losses may total **over \$25 million annually** under all titles of the CARE Act. **We ask that Governor-elect Spitzer make preparations in the state budget so that life sustaining drugs and services are continued for New Yorkers living with AIDS.**

Addendum B

Medicaid

Medicaid is the largest provider for People Living With HIV or AIDS on the federal or state level. The importance of this entitlement cannot be stressed enough. There are various aspects to Medicaid, which if cut or altered, would have significant budgetary ramifications. The following is the most worrisome of these concerns.

Co-pays and access for low-income New Yorkers

The very conditions that make Low-income New Yorkers eligible for public health benefits assure that any co-pay, no matter how modest, will place health care out of their reach. Individuals eligible for Family Health Plus must have an annual income below \$10,050. A recent survey by the Community Service Society found that over 70% of low income New Yorkers have less than \$500 dollars in the bank; over 50% have less than \$100. Imposing co-pays on such economically vulnerable and under-resourced people at best deters them from seeking medical services or adhering to treatment and at worst creates insurmountable barriers to adequate care. The Rand Health Insurance Experiment found that co-payments did indeed result in deteriorating status for low-income people in poor health. If New York is truly committed to ending economic-based health care disparities, it must begin by undoing the co-payments that were enacted in last year's budget. ***GMHC urges the elimination of co-payment and renegotiation of FSHRP waiver provisions that requires their full implementation.***

Lower drug costs

Recently, New York became one of eleven states to join the National Medicaid Pooling Initiative. This is a positive step, but we can do much more to lower drug prices. New York has the potential to create perhaps the most powerful bulk purchasing tool on the nation. ***GMHC urges the State to support pooling Medicaid, EPIC, public employee health plans, and other state agencies' purchasing as proposed in A6336/S5029.***

Access to prescription drugs

Last year, Governor Pataki attempted to severely restrict, in some cases even deny, access to prescription drugs in the Medicaid Preferred Drug Program. It is vital that consumer protections, including "provider prevails" provisions be maintained. HIV positive individuals have multiple chronic conditions and complex medication regimens that must be carefully balanced and maintained. Patient needs change over time. Protocols around HIV drug interactions are frequently adjusted as new information becomes available, as do patient needs. Proper management of medication demands deference medical expertise, intimate knowledge of a patient needs, and the ability to access the right drug regardless of cost. ***GMHC strenuously opposes any attempt to restrict access to medication in the Medicaid PDP deemed necessary by an individual's medical provider.***

Medicaid prescription drug coverage for dual eligibles

For some time before the rollout of Medicare Part D, advocates and consumers were assured that Medicaid would step in and pay for drugs which dually eligible beneficiaries could not access through their Part D plans. This Medicaid "wrap" is currently slated to terminate in January 2007. Permanent Medicaid coverage for prescriptions for dual eligibles will be limited to specific drugs, including

antiretrovirals (ARVs). This is insufficient to protect the health of HIV positive New Yorkers who receive both Medicaid and Medicare. ARVs must be carefully and correctly combined with non-HIV medications to avoid negative drug interactions. Drugs considered to be interchangeable for most healthy individuals will produce deleterious effects on the health of a person with HIV if paired incorrectly with ARVs. Incorrect pairings can alter the potency of both the HIV and non-HIV drugs. In addition the permanent wrap for ARVs is not as meaningful as it may appear as the Department of Health and Human Services has already mandated that every ARV be covered by every Part D plan. **GMHC urges the State to stand by its promise to provide an ongoing Medicaid wrap around for Part D dual eligible beneficiaries.**

Fraud

The bulk of Medicaid fraud is perpetrated by institutions (providers, insurance carriers, etc.), not by Medicaid consumers or small community based services. It is critical that efforts to prevent and recover fraudulent Medicaid payments move forward in a way that does not impose further burdens on individual enrollees thereby deterring them from fully utilizing their benefits. Furthermore, any savings accrued from measures to stem fraud must be reinvested into Medicaid, not released into the general fund. This money could, and should, be used to enroll eligible but as yet uninsured New Yorkers into public programs. As it stands, the FSHRP waiver does not allow for this money to be placed back into Medicaid. **GMHC calls for the renegotiation of FSHRP terms that bar recovered and saved Medicaid dollars from being reinvested into the Medicaid program.**

Immigrant Health

In early 2005, GMHC registered our opposition to GMHC the elimination of “ancillary” care (any services that are not classified as emergency care) to undocumented immigrants. Such policies are unprincipled and shortsighted. Public health and medical ethics demand that hospitals must provide treatment without regard to immigration status. **GMHC continues to oppose any denial of medical care and/or treatment to immigrants.**

Primary Care Infrastructure

In addition to safeguarding Medicaid and assuring that eligible New Yorkers are enrolled, it is critical that we protect the primary care infrastructure in underserved poor and low-income communities. The Commission on Health Care Facilities in the 21st Century is set to recommend hospital closings throughout the state. One of the dangers, in any closing of this sort, is that low-income, poor, and/or uninsured New Yorkers who rely on hospital-based sites will have no where to turn for health care. Strengthening our primary care infrastructure will keep New Yorkers healthy, identify health issues early, stabilize chronic conditions, and ultimately prove to be less costly. **GMHC urges the State to call for FSHRP dollars to be invested in comprehensive, culturally competent, community-based primary care.**