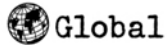
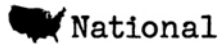


GMHC FOR THE RECORD

Analyzing trends and emerging issues in HIV and AIDS



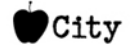
Global



National



State



City

April 5, 2004

Volume 1, Number 10

Congressional Budget Resolutions: More Tax Cuts and Less Domestic Spending

WASHINGTON—For most people, including hard-core policy wonks, eyes glaze over in a stupor when confronted with the arcane details of Congressional budget resolutions. For many years, the resolutions, which are not signed by the President and do not have the weight of law, were more honored in the breach than in the observance. Under the current Bush administration and the current majority leadership in Congress, however, the resolutions have taken on far more importance. The Administration and the Congressional leadership have imposed strict discipline to keep the individual appropriation bills within the parameters set by the annual budget resolutions. Because the impact on actual appropriations is so direct, we are forced to break out of our stupor and pay very close attention to the Congressional budget resolutions process.

The Senate and House of Representatives have adopted their respective budget resolutions, with the House resolution passing on a narrow 215 to 212 vote. A House-Senate conference will attempt to reconcile the two resolutions. If implemented, either resolution would have a debilitating impact on domestic discretionary spending, including spending for HIV/AIDS and other health care programs. In order to offset, in part, extending and making permanent the tax cuts that were passed in 2001 and 2003 and that benefit wealthier Americans, both resolutions call for huge cuts in domestic spending.

The recently passed House resolution is the greater of the two evils. The resolution calls for reducing taxes by \$138 billion over five years. It calls for

increasing military spending by seven percent in FY 2005 while limiting domestic programs to \$369 billion, which is even less than the amount requested by Mr. Bush for FY 2005. With strong grassroots advocacy, including impressive support from the HIV/AIDS community, deep cuts to entitlement programs such as Medicaid were avoided in the Senate resolution. In contrast, the House version includes \$13 billion in cuts to entitlement programs, including Medicaid. The House resolution also makes it easier to extend the tax cuts which are due to expire. The House dropped “pay-as-you-go” rules for tax cuts. These rules require both tax cuts and spending increases to be offset so as to be budget-neutral. The House maintained “pay-as-you-go” for spending increases. The Senate resolution, again with the help of strong advocacy, retains “pay-as-you-go” for both spending increases and tax cuts. While the message is bolder in the House version, both budget resolutions advance the Administration’s goal of using tax cuts to shrink government and to force deep cuts in spending for health care and other domestic programs vital to the needs of most Americans. ■

NYS Consumer Coalition Releases Medicaid Reform Report

ALBANY—Lately “Medicaid reform” has become a buzz-phrase that has advocates both concerned and hopeful: concerned that changes to Medicaid will result in cuts, yet hopeful that reform, if done right, will make Medicaid more efficient, responsive to consumer concerns, and ultimately a better program altogether. Medicaid Matters New York (MMNY), a consumer advocacy coalition in which GMHC participates, recently released a report entitled “Finding a Better Way: Ten consumer-friendly ideas to improve New York’s Medicaid program and save money

for New York taxpayers”. The report outlines recommendations that can improve the state’s Medicaid program including: streamlining the enrollment and renewal processes; increasing health literacy and language access; strengthening Family Health Plus; deinstitutionalizing those in long term care who want to live in the community; incentivizing employer-based insurance; ensuring Health Care Reform Act monies are spent wisely and accounted for; purchasing prescription drugs in bulk, implementing strong consumer protections if a preferred drug list is established; rolling back the Medicare provision that prohibits Medicaid coverage for drugs; and advocating for New York’s fair share of federal support for Medicaid.

As the report makes its way around Albany, MMNY is meeting with legislators to garner support for its recommendations and so far the responses have been positive. With MMNY, GMHC believes that Medicaid reform can and should only happen if consumers are front and center in the policy debate, and their needs and concerns are addressed by those drafting the policies. For a copy of MMNY’s report, please email laurac@gmhc.org. ■

Get on the Bus—March for Women’s Lives

WASHINGTON—On Sunday, April 25, scores of people will gather in Washington, DC to March for Women’s Lives. The March is a collaborative effort - seven leading national women’s rights groups

GMHC FOR THE RECORD

have come together to organize and are working to have one million people march on Washington. The American Civil Liberties Union, Black Women's Health Imperative, Feminist Majority, NARAL Pro-Choice America, National Latina Institute for Reproductive Health, National Organization for Women and Planned Parenthood Federation of America are the principal organizers of the March and have pooled efforts and resources to lay the groundwork.

GMHC, as a co-sponsor of the March, is working with partners in the HIV/AIDS community in New York City to ensure that women with HIV and AIDS, their loved ones and service providers are visible at the event. The voices of women and men living with HIV have a place in the reproductive health, choice and access movement, and will speak volumes about global and domestic AIDS policies, gender and sexuality, access to health care and more.

HIV and AIDS have a very significant hold on women's lives; the proportion of AIDS cases diagnosed among women has steadily increased every year. If the rate of increase is sustained, 50% all AIDS cases will be among women by 2010. For women, especially young women and women of color, HIV disease continues to be a crisis, as women now make up 30% of new HIV cases. With only 7% of the nation's population, New York City has nearly 25% of the nation's AIDS cases among women. HIV and AIDS cases are rising among women of color—reported cases of women with AIDS in New York City show more than 86% are African American or Latina women.

There is a deep interconnection between access to reproductive health and HIV/AIDS. That is why GMHC is committed to making sure that women who are living with HIV/AIDS and their allies are a presence at the March. In the past this event has been called the March for Choice. It has been changed to the March for Women's Lives in order to recognize a broader and more comprehensive agenda of women's health and sexuality issues.

For more information, or to reserve your seat on the bus, please call GMHC at 212-367-1234, or email thomasc@gmhc.org. ■



Generic Antiretroviral

Medications: Healthcare v. Profit

GABORONE—Last week, in Gaborone, Botswana, there was a Conference on Fixed-Dose Combination (FDC) Drug Products: Scientific and Technical Issues related to Safety, Quality, and Effectiveness. The technical-sounding title masked the true role of this meeting pushed for by the United States government: to undermine the confidence in the safety and efficacy of generic antiretroviral drugs, particularly all-in-one or fixed-dose combinations.

Several years ago, the World Health Organization (WHO) established a program to assess quality standards for AIDS drugs. The WHO's drug prequalification program is supported by UNICEF, the World Bank, the Global Fund to Fight AIDS, TB, and Malaria, Columbia University's (mother-to-child-transmission) MTCT-Plus program, many national governments in developing countries, international humanitarian organizations such as Médecins Sans Frontières (MSF), and other programs with experience treating people living with HIV. Key steps in the pre-qualification process include the assessment of product dossiers containing data and information as required in the guidelines, norms and standards of the WHO, for safety, quality and efficacy and the assessment of manufacturers for compliance with WHO Good Manufacturing Practices (GMP)

Details on the pre-qualification process can be found at <http://mednet3.who.int/prequal/siteindex.shtml>. There is also a growing body of clinical evidence from healthcare workers in resource poor settings that these triple combination generics can be used successfully with efficacy and adherence rates equal-to-or-better than in the United States. These single-pill combinations promote adherence, decrease the risk of resistance, and facilitate stock and procurement management, and are widely recognized as a core element in efforts to scale up ARV treatment in developing countries. Most importantly, FDCs, some of which are taken in the form of one pill twice a day, are also by far the least expensive option: today, triple FDCs from generic manufacturers are available for as little as \$140 per person per year. The same combination from brand-name companies

costs a minimum of \$562 per person per year and must be taken in the form of six pills a day.

So, what's going on here? Perhaps the only group that is against generic, fixed-dose antiretrovirals more than the US government is the multinational pharmaceutical companies that make the brand-name versions of these drugs. If treatment is scaled-up in the developing world using generic drugs, pharmaceutical companies lose the chance to sell their own more expensive products. So despite the very serious sounding scientific name of the conference, it's all about money and market share. ■