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DEMAND HOUSING
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HOUSING WORKS

Testimony on
Governor Spitzer's
FY 2006-07 Executive
Budget Proposal
on Health/Medicaid

Senate Finance Committee
Hon. Owen Johnson, Chair

Assembly Ways & Means Committee
Hon. Herman D. Farrell, Jr.,
Chair

February 13, 2007



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Thank you for the opportunity to testify today on behalf of the clients, staff and volunteers of Housing Works.

Housing Works is the largest community-based HIV/AIDS service organization in New York and in the United States; we are also the nation's largest minority-controlled AIDS service organization.

HIV/AIDS and New York

Twenty-five years into the epidemic, New York has remained the epicenter of HIV/AIDS in America.

Today, between 180,000 and 250,000 New Yorkers are living with HIV/AIDS, according to state health officials. Eight out of ten are Black or Latino, and a majority will experience homelessness or extreme poverty at some point during our diagnosis.

Our state does a better job responding to HIV/AIDS than any other in the nation.

- New York's Medicaid program offers lifesaving medications and health care to those who are very poor; and the federal-state AIDS Drug Assistance Program gets care to most who can work but lack health insurance.
- We've brought down HIV infection rates among injection drug users by increasing access to sterile syringes.
- New voluntary HIV testing initiatives at public hospitals in New York City have demonstrated that we can dramatically increase the number of people who know their HIV status while maintaining informed consent and privacy protections.

Our state has saved the lives and improved the health of hundreds of thousands of New Yorkers living with HIV/AIDS.

This accomplishment has been possible only because of the strong and bipartisan support we've received in the State



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Legislature. Throughout the history of the epidemic, and particularly in the last decade, members of the Assembly and Senate have led the way to improve and protect our state's world-leading effort on HIV/AIDS.

A new direction

Governor Spitzer's FY 2007-08 Executive Budget Proposal sets our state on a positive new direction on health care, Medicaid and HIV/AIDS.

When Housing Works first established a full-time state advocacy operation, we worked to stop devastating across-the-board cuts to AIDS services proposed in Governor Pataki's first budget proposal.

Pataki proposed complete elimination of state funding for programs at the NYSDOH AIDS Institute. He proposed deep cuts to Medicaid and public assistance benefits for poor and disabled New Yorkers. His budget proposals would have abandoned New York's national and international leadership of the fight against the HIV/AIDS epidemic.

Working with allied groups from across the state and with members of both parties in both houses of the Legislature, we helped block this potentially deadly proposal. And we all worked together to improve Pataki's stand on HIV/AIDS during his twelve years in office.

Governor Spitzer's budget proposals on HIV/AIDS are excellent right out of the box:

- The Executive Budget Proposal does not include any cuts to the AIDS Institute, and includes some modest new funding for quality improvement initiatives;
- There are almost no Medicaid cuts that would limit or eliminate services to Medicaid beneficiaries;
- Funding for targeted legislative initiatives on HIV/AIDS were included in the baseline of the



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Executive Budget Proposal, including \$6.5M to fight AIDS in communities of color.

It's important to note that, in the midst of controversy and criticism over "member items" and legislative initiatives, that HIV/AIDS is one of the many areas where legislators have made substantive investments of needed resources to implement public health improvements the prior administration was unwilling to make.

The communities-of-color initiative that Governor Spitzer baselined is a good example of the use of "member items" to improve public health policies and programs in a manner that can survive any level of public scrutiny.

We are gratified that Governor Spitzer and his budget staff have recognized the importance of our state's fight against HIV/AIDS, and of the value of the structural investments the Legislature has made to strengthen this fight.

Medicaid, HIV/AIDS and services to beneficiaries

Medicaid is New York's single most important HIV/AIDS program, providing lifesaving health care and services for up to 100,000 HIV-positive New Yorkers and their families.

At the start, we must say we deeply appreciate Governor Spitzer's forceful public statement that, although our state's Medicaid program is in need of reform and restructuring, 'people on Medicaid are not the problem.'

In prior years, Housing Works has spent much of our time in budget advocacy urging legislators to restore sometimes dramatic cuts targeted at individual beneficiaries.

Governor Spitzer's FY 2007-08 Executive Budget Proposal contains almost no cuts that would hit beneficiaries, a welcome improvement and a positive new direction.

[We do join with other allies in the disability advocacy community to urge the Legislature to review the Governor's proposal on Level 1 services for home-bound Medicaid beneficiaries.



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These services do allow many New Yorkers with disabilities - particularly parents with young children - to live with their families in their own communities, outside high-cost institutions and nursing homes.

NYSDOH staff have assured advocates that they don't intend to limit services to these individuals and families, but to reform and improve payment mechanisms. Careful legislative oversight is necessary to ensure that these promises are kept.]

We support the dramatic improvements Governor Spitzer has recommended for Medicaid and other public health care programs, including:

- reducing paperwork requirements and "churning" to ensure coverage for 800,000 New Yorkers who are eligible for Medicaid but not enrolled;
- coverage expansion to bring 400,000 uninsured children into Child Health Plus;
- targeted initiatives to improve care and coordination for Medicaid beneficiaries with multiple disabilities and chronic health conditions;
- targeted public health initiatives on children's health and health care quality.

We also continue to support efforts to reduce the high cost of prescription drugs, including medications for HIV/AIDS, and we hope to work with the Spitzer administration and with the Legislature to expand these initiatives in a manner that will allow reinvestment of savings into frontline HIV prevention and care programs.

Structural funding reforms

Housing Works also supports the direction Governor Spitzer has taken in his effort to reform and restructure health



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care expenditures in Medicaid and other public health care programs.

Governor Spitzer is moving health care spending in a new direction - and we think it's a good one.

The FY 2007-08 Executive Budget Proposal moves health care money towards patients and front-line care providers, and away from big institutions that don't serve many Medicaid beneficiaries.

More resources on the front lines, better access for patients and a stronger focus on preventive and primary care: that's going to strengthen our fight against HIV/AIDS.

While hospitals and nursing homes have been and remain a crucially-important resource for poor and low-income New Yorkers living with HIV/AIDS, they have not been the primary sites of treatment and care for HIV/AIDS for many years.

Outpatient primary health care - whether in clinics run by hospital networks, by nonprofit community-based organizations, or by private doctors - is where most HIV/AIDS care happens now: and it's still in short supply in many of New York's poorest neighborhoods.

These areas are exactly where our state's HIV/AIDS epidemic is hitting the hardest: among low-income people of color, both women and men who have sex with men; among those who are homeless, mentally ill and chemically dependent; and among active drug users.

Despite the investment of billions of state and federal dollars in 'transitional' assistance during the past decade, many hospitals and hospital networks have neglected the areas of our state where most Medicaid beneficiaries - and people living with HIV/AIDS - reside.

The Spitzer administration's budget and health care policies are designed to improve access to primary and preventive care for Medicaid beneficiaries, and to shift



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institutional funding towards hospitals, networks, clinics and nonprofit groups that are serving high numbers and high percentages of Medicaid beneficiaries.

Housing Works supports structural reform efforts based on these priorities.

We urge legislators to look behind claims that all health care cuts will hurt Medicaid beneficiaries and to examine the actual and structural impact of redirecting public investments towards those institutions that are actually serving the poor and disabled New Yorkers who rely on Medicaid and other public programs for survival.

And we urge legislators to support and extend efforts to invest in front-line community-based care.

For example, Governor Spitzer's budget proposal would continue new rate increases for community-based providers of some AIDS, mental health, and substance abuse services during the proposed one-year freeze on hospital and HMO rates.

We urge legislators who represent community-based nonprofit groups to investigate ways in which Medicaid savings could be further reinvested where they'll do the most for Medicaid beneficiaries. We recognize that hospital and nursing home interests will be pressing for restorations, but it's possible that money could do more for Medicaid beneficiaries somewhere else.

Universal access: ensuring an effective fight against HIV/AIDS everywhere in New York

And one place where new public health care investments might do the most good is to ensure universal access to HIV prevention, treatment, care and support everywhere in New York.

New York remains the epicenter of HIV/AIDS in America, with more HIV infections and AIDS cases than any where else in the nation. Communities of color in our state are the

hardest hit: eight out of ten HIV infections and eight out of ten AIDS cases are among Blacks and Latinos.

The HIV/AIDS epidemic in New York has been accelerated by poverty, racism, discrimination based on sexual orientation, widespread homelessness, untreated mental illness and chemical dependency, and - perhaps most importantly - lack of reliable access to basic health care and services among high-risk populations.

Any effort to fight HIV/AIDS that fails to address these important factors isn't looking at the whole picture.

Universal access to prevention, treatment, care and support for people living with or at risk for HIV/AIDS is the core strategy for public health efforts to fight the epidemic worldwide.

This principle has been endorsed by the United States and UN member nations in two declarations on HIV/AIDS in 2001 and 2006.

Housing Works urges legislators to bring this principle of universal access home to our state, to save lives and truly protect communities.

Legislative steps towards universal access

It will take four legislative steps to implement universal access and improve the fight against AIDS in New York:

- A commitment to expanded voluntary HIV testing with informed consent and strong legal protections;
- Statewide expansion of New York City's enhanced AIDS services and benefits for all low-income New Yorkers who are HIV-positive and rely on public benefits;
- Statewide expansion of the New York City Council collaboration with the NYC Communities of Color HIV/AIDS Coalition for targeted increases in funding to front-line HIV prevention, education and testing



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services in communities of color where HIV is concentrated;

- Passage of the Healthy Teens Act to get medically accurate, age-appropriate information on HIV prevention to young people at risk.

A high-profile push for universal access to HIV prevention and health care services should win national attention and praise, similar to that won by recent efforts to implement universal health care in Massachusetts and San Francisco.

If we succeed in winning universal access in New York, our work would be a national model for legislators and activists (particularly in communities of color) struggling with HIV/AIDS, inadequate services and resources, and efforts to split and stigmatize those living with or at high risk for this disease.

Test, treat and prevent

We can't simply expand HIV testing without ensuring that prevention, treatment, care and support are available for those who test positive.

TEST: Universal voluntary testing initiatives will expand the number of New Yorkers who know they're HIV positive - whether we change state law or not.

Expanded HIV testing initiatives can work effectively under current state law: in 2006 HHC hospitals and clinics increased HIV testing by 63% and more than doubled the number of "new" HIV infections found among patients.

Current legal requirements for simple written consent on a postcard and a short, clear discussion of HIV risk factors didn't stop the success. But increased testing did find hundreds of folks who will need HIV education, treatment, prevention, and support services not always available now.

TREAT: New York's Medicaid and ADAP programs for HIV/AIDS are the best in the nation; most people in New York who are



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HIV-positive and poor or uninsured can get the medications and health care needed to survive.

But getting on public benefits and staying on is difficult. And it's tough to stay on your HIV medications if you're hungry, homeless, fighting to keep your children or in need of mental health services. That's why care and support services are an essential component of **universal access**.

New York City's HIV AIDS Services Administration (HASA) is a national model for helping people with AIDS and advanced HIV-related illnesses maintain their health and independence. HASA provides supplemental housing, nutrition and transportation allowances to individuals and families through caseworkers with special training to deal with HIV/AIDS and lower caseloads than regular welfare workers.

Expanding HASA services to all HIV-positive New Yorkers who rely on public benefits will ensure that folks can stick to their medication and health care routines and stay away from high-risk situations that can spread HIV.

PREVENT: New York has won international recognition for HIV prevention initiatives - but basic HIV prevention services aren't available everywhere they're needed. And science-based HIV prevention education isn't available to young people of color who are most at risk for infection.

Since 2001, the New York City Council has worked with the NYC Communities of Color HIV/AIDS Coalition (NYCCOCHAC) to establish millions of dollars in new funding for projects targeted at the "hidden" HIV epidemic in communities of color.

NYCCOCHAC programs identify those New Yorkers in targeted areas who are HIV-positive but do not yet know their status, link them to care and treatment, and work to ensure that they maintain their participation in their treatment and care. And they target those New Yorkers at highest risk for contracting HIV and work to keep them negative.



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Expanding these targeted HIV testing, education, linkage and prevention programs statewide will protect the millions of New Yorkers at risk for infection due to unsafe sex and/or drug use practices. We know how to prevent HIV - we just need to provide universal access to the prevention methods that work.

And education on how you get HIV and how you can prevent its spread is essential to this effort. Passage of the Healthy Teens Act, supported by hundreds of health care, women's, pro-choice and HIV/AIDS groups around the state, will ensure universal access to medically accurate, age-appropriate information on HIV/AIDS to young people at risk statewide.

Housing Works urges the Legislature to make targeted new investments to fight HIV/AIDS this year and in the future in service of the goal of ensuring universal access to HIV prevention, treatment, care and support everywhere in our state.

Thank you for the opportunity to provide this testimony.