



The Potential Impact of Health Care Reform on HIV in the South

The Southern AIDS Coalition (SAC) supports Health Care Reform that 1) results in resources and systems focused to reduce new HIV infections; 2) provides treatment, care, and housing for those living with HIV; and 3) covers all Americans. The response to HIV disease requires proven, evidence-based public health approaches to coordinate payers and providers in the provision of prevention, care, treatment, and housing interventions that maximize individual health and minimize societal cost. SAC's approach to Health Care Reform starts with the need to amass adequate resources for the Southern region to meet the many demands of those living with or at risk of HIV infection.

The Successes in the South

- The Ryan White HIV/AIDS Treatment and Modernization Act of 2006 (Ryan White) successfully increased the proportion of dollars distributed to the South and enhanced access to care. Many programs were able to provide basic core services to a greater number of individuals living with HIV/AIDS consistent with other areas of the country due to the redistribution of funding which occurred as a result of the Act. SAC applauds Congress for the implementation of a public policy that increases the portion of funding that follows the epidemic, making it possible to meet the needs of more people living with HIV/AIDS in the South.
- The evolution of prevention, care, treatment, and housing programs for persons with HIV throughout the South has resulted in multiple best practices, including:
 - effective increases in HIV testing among high risk persons;
 - successful integration of care, treatment and housing services within community-based delivery systems that increases the percentage of persons who stay in care; and
 - effective advocacy targeting state legislatures in an effort to secure additional funding to support HIV interventions as well as legislation that contributes to addressing the HIV epidemic.
- SAC continues to provide opportunities for these best practices to be shared and utilized. The large demand in the South, coupled with disproportionate resources, creates an environment that produces creative and efficient program designs, many of which are well coordinated with existing mainstream resources.

The Needs in the South

- State economies are devastated; the National Conference of State Legislatures indicates that the fiscal year 2010 budgets of the states in the South face at least \$20 billion in deficits (12 of 17 reporting) after inclusion of existing American Recovery and Reinvestment Act (ARRA) funds.ⁱ
- The South comprises 37% of the US Population,ⁱⁱ 46% of the AIDS cases,ⁱⁱⁱ and 55% of the HIV cases^{iv} (34 states reporting).
- In 2007, of the 20 states with the highest AIDS rates, 11 (55%) are in the South.ⁱⁱⁱ
- In 2007, of the 20 metropolitan areas in the U.S. with the highest rates of AIDS, 14 (70%) are in the South; of the ten highest metropolitan areas, eight (80%) are in the South.ⁱⁱⁱ
- The number of persons living with AIDS has increased from 1993 to 2006 at a greater rate in the South than any other region of the U.S.ⁱⁱⁱ
- Although the reported deaths among persons with AIDS decreased between 2003 and 2007, the South's decrease was by far the lowest of any region in the U.S.ⁱⁱⁱ

Mission

The Southern AIDS Coalition promotes accessible and high quality systems of HIV and STD prevention, care, treatment, and housing throughout the South utilizing a unique partnership of government, community, and business organizations.

Alabama
Arkansas
Delaware
District of Columbia
Florida
Georgia
Kentucky
Louisiana
Maryland
Mississippi
North Carolina
Oklahoma
South Carolina
Tennessee
Texas
Virginia
West Virginia

Southern AIDS Coalition
P.O. Box 55703
Birmingham, AL 35255
Patrick Packer,
Executive Director
ppacker@southernaidscoalition.org
205-249-7333

SOUTHERN AIDS COALITION

Continuation of Ryan White

- SAC supports the continuation of the Ryan White program for a minimum of three years with increased funding to address the growing demands. The disbursement of funds must match each state's burden.
- Ryan White is utilized to serve the neediest and has provided an infrastructure, which maximizes access to the Public Health Standards of care. This access is especially powerful given our knowledge of the reduced risks of transmission to others for persons engaged in care.
- Ryan White funding is not adequate at current levels and does not meet the needs of the growing number of individuals living with HIV/AIDS. Health Care Reform must include the continuation of Ryan White to ensure that both those with the highest needs and those who will inevitably have gaps in health care coverage are still able to access care and treatment. This safety net is of critical importance to areas such as the South that historically deal with the challenges of poor health care access, high rates of poverty, financially-strapped state governments, Medicaid and Medicare benefits designed to meet the minimal mandated standards, vast geographic distances, and numerous other factors that increase need.

Prevention of HIV Infections

- At present, the South garners 33% of the Centers for Disease Control and Prevention (CDC) funding while carrying the burden of 40% of individuals living with AIDS in the U.S. SAC requests distribution of CDC funding based on their own documented evidence of HIV disease by region, including immediate release of new funds in the South to mirror the disease burden. These funds should be directed to support the expansion of critical activities such as HIV/STD outreach and prevention, counseling and testing, partner notification and referral services, as well as risk-reduction education.

Housing

- As with health care, a diverse system of federal, state, and local funding combines to address the needs of those who cannot afford a safe, decent place to live. The Housing Opportunities for Persons with AIDS (HOPWA) program is the only federal program that specifically serves those with HIV infection. SAC recommends funding at \$350 million for fiscal year 2010, as appropriated by the House subcommittee. SAC further recommends increased direction in all HUD programs to also serve persons with HIV.
- HOPWA distribution methodology must be updated to reflect prevalence of both HIV and AIDS cases. Current distribution only counts AIDS, and bonuses for AIDS incidence only go to large cities but not states. All new funding should be directed at areas that are currently underfunded under the modernized distribution methodology.

Health Care Reform

- All persons with HIV should have access to a quality standard of care and treatment regardless of their income, race, ethnicity, sexual orientation, location, age, or co-morbidities.
- All third party payers should cover routine HIV testing costs to identify the HIV status of all Americans and to connect them quickly into care.
- Any expansion of Medicaid programs to cover persons with HIV will not be possible in the South unless there are substantial reductions or the elimination of the State's percentage of required match for providing Medicaid for persons with HIV. Many states in the South and across the country do not have any capacity to expand Medicaid access without increased federal funds.
- The participation and roles for state/local health departments and community-based organizations need clarification within Health Care Reform planning and the ensuing implementation.

National AIDS Strategy

- SAC supports President Obama's National AIDS Strategy approach with the understanding that the South will be proportionately represented in the leadership of this initiative and throughout the process. Southern representation should include HIV-disease-proportionate representation of persons living with HIV infection, government leaders of public health programs for people with HIV, community-based leaders and providers, as well as university-based, policy-related researchers representing care, treatment, services, prevention, and housing.

¹¹ State Budget Update, April 2009, National Conference of State Legislatures, Fiscal Affairs Program, www.ncsl.org.

¹² US Census Bureau, 2008 population estimates, www.census.gov - site accessed July 4, 2009.

¹³ AIDS Cases-Centers for Disease Control and Prevention Slide Sets, AIDS by Region, 2008 - slide 2 - www.cdc.gov/hiv/topics/surveillance/resources/slides/aids_regional/index.htm - site accessed July 4, 2009.

¹⁴ HIV Cases-Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 2007, Vol. 19, Atlanta: U.S., Department of Health and Human Services, Centers for Disease Control and Prevention; 2009(27-28); <http://www.cdc.gov/hiv/topics/surveillance/resources/reports> - 34 states reporting.