

WHACAN

Washington HIV/AIDS Community Advocacy Network

2012 Washington State Legislative Agenda

Overview: Lifelong AIDS Alliance and WHACAN, (the Washington HIV/AIDS Community Advocacy Network) represent people living with, or affected by HIV and AIDS in Washington.

WE SUPPORT AND FAVOR

We support all revenue options available to the State of Washington and will advocate for any legislation that increases revenue in any way.

WE SUPPORT AND FAVOR

Essential Health Benefit packages for Insurance Exchanges and Medicaid Expansion that include diagnostics, access for all to care, clinical health and mental health services, and needed psychosocial services for persons who are HIV positive, at risk of HIV, or living / at risk with any other chronic communicable disease (Hepatitis, sexually transmitted infections, tuberculosis).

WE SUPPORT AND FAVOR

We support a health home designation included in legislation for Medicaid Expansion and Insurance Exchanges for chronic communicable diseases (HIV, Hepatitis, Sexually Transmitted Infections, and Tuberculosis).

WE OPPOSE

We are opposed to any budget cuts to HIV/AIDS programs. Any cuts to existing programs will jeopardize health and wellness of people living with HIV/AIDS who depend on medications, services and programs to live each day.

WE OPPOSE

- **We oppose elimination of co-pays for medical appointments and lab work.**

Under proposed cuts, people living with HIV/AIDS would have to begin paying for their co-pays on medical visits and routine laboratory tests. Many people living with HIV/AIDS who depend on these programs live on fixed incomes, at or near the poverty level. Additional costs may force people to make choices between care and food, or housing, jeopardizing their health. Ultimately this could result in hospitalizations and increased medical costs.

- **Cuts to Outreach in Pierce County for case finding and connection to care.**

Based on current data, cuts to these programs could lead to as many as 100 new HIV infections in Pierce County through the elimination of outreach programs to target the partners of people testing HIV positive. Each new infection costs an average of \$25 thousand per year in medication costs, and an estimated \$600 thousand over the cost of a lifetime. Money spent on prevention, especially targeted to the sexual partners of people who have recently HIV positive can potentially save more than \$6 million over the coming years.

- **Reductions of payment of WSHIP Basic Plus for EHIP clients.**

As of January 1st, payments are only being made for prescription drug benefit (PDP) for clients of Washington State Health Insurance Pool who use the Evergreen Health Insurance Plan. Access to medication without standard routine laboratory tests clinically required for people living with HIV/AIDS places people in jeopardy of medical complications and ultimately higher medical expenses.

- **Elimination of dental services for people living with HIV in Washington funded by the Department of Health.**

People living with HIV/AIDS have a higher incidence of oral health issues related to the disease. Early diagnosis and treatment of these conditions is critical to maintaining not just oral health, but also to maintaining the appropriate nutrition and caloric intake required to prevent complications to HIV and hospitalization.

- **Cuts to linkage to care for HIV infected prisoners upon release.**

Current cuts would mean that at least 50 inmates discharged each year would not be connected to care in the community. This can lead to a deterioration of the patient's own health, and increased transmission of the virus in the community.

- **Elimination of Ryan White Part B funded community services.**

Under the proposed cuts, all community services funded by Ryan White Part B, except Medical Case Management would be eliminated. These programs include: outpatient substance abuse care, medical nutrition therapy, food bank services, delivery of meals for home bound people, and medial transportation. People living with HIV and AIDS depend on various community services to enable them to maintain health and live independently.

- **Decrease Medical Case Management by 11%.**

Medical Case Management is critical to a number of people living with HIV/AIDS. A further reduction in this service (it has been decreased by 10% in the past two years) will harm the ability of patients to be seen when they are in need of more immediate care. This can lead to an interruption of medication access and adherence issues.

HIV/AIDS impacts all residents of Washington, and in addition to the programs listed above we are also opposed to cuts to other vital programs to the most vulnerable. These include:

- Elimination of the Medicaid Prescription Drug Benefit.
- Elimination of medical benefits for the Disability Lifeline program.
- Elimination of the Washington Basic Health Plan.
- Cuts to non-emergency dental programs.
- Cuts to interpreter services for medical programs.

The Washington HIV/AIDS Community Advocacy Network and Lifelong AIDS Alliance are committed to prevent the spread of HIV, and to provide access to medical, mental health, chemical dependency treatment, and practical support services and advocating for those whose lives are affected by HIV and AIDS.

The Washington HIV/AIDS Community Advocacy Network (WHACAN) is a coalition of more than 100 individuals and organizations from all legislative districts across Washington State.

For more information please contact: Carey Morris at 360/961-7125, BJ Cavnor, Lifelong Director of Policy and Advocacy, at 206/957-1643.

Lifelong AIDS Alliance is the administering agent for WHACAN and fully supports and endorses the 2012 Washington State Legislative Agenda



TALKING POINTS

Access to medication without the routine laboratory tests clinically required for people living with HIV/AIDS places people in jeopardy of medical complications. These tests are recognized as the standard of care in HIV disease management, and are used to measure the effectiveness of a person's medications. The ability to measure the amount of HIV in the community (community viral load) is key to reporting measures by the Center for Disease Control and Prevention, and in preventing the spread of new HIV infections.

Advances in treatment, including early treatment, have a tangible impact on maintaining health, avoiding hospitalizations and preventing new HIV infections. We are opposed to any cuts to critical health programs which fund the prevention and treatment of HIV/AIDS, viral hepatitis and sexually transmitted infections including reproductive health. HIV is a chronic communicable condition, requiring daily medication, regular medical visits and specialized diagnostic tests. HIV is also a public health condition, which for the past 30 years has depended upon the support of state and federal funding to provide for patient needs. The cuts outlined and submitted to the Governor by agency directors will have a devastating impact on the lives of people living with, or affected by HIV/AIDS in Washington.

HIV infection rates have remained steady in Washington. Between the years 2005-2009 there have been more than 560 new HIV cases. Approximately 80% of these cases are new cases in males are men who have sex with men (MSM).