31

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Testimony on Governor Cuomo's
FY 2014 – 2015
Executive Budget Proposal on Health

Senate Finance Committee
Hon. John DeFrancisco, Chair

Assembly Ways & Means Committee
Hon. H. Denny Farrell, Jr., Chair

February 3, 2014

Thank you for the opportunity to testify today on behalf of the clients, staff and volunteers of Housing Works. My name is terri smith-caronia and I am the Vice-President for New York Advocacy and Public Policy at Housing Works.

Housing Works is a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts.

NOW IS THE TIME TO END AIDS HERE IN NEW YORK STATE.

HIV/AIDS and New York State

Although there are more New Yorkers living with HIV than in any other state in the nation, it is within our reach to end the epidemic that has plagued us for more than 30 years. There is still no cure at hand, but we now have the knowledge and means to *dramatically* reduce new HIV infections and promote

optimal health for those with HIV via concerted and coordinated efforts by and among the community, government, consumers, health care and service providers, and academia. Therefore, we urge Governor Cuomo to create a *Task Force to End AIDS in New York* charged with developing a strategic blueprint and plan in collaboration with the AIDS Institute. In so doing, NYS will serve as a national model for ending the epidemic.

The momentum to bring the AIDS epidemic to a close in New York State already exists. Since the first reports in 1981 of the disease that would come to be identified as AIDS, New York State has made great progress including:

- reducing new diagnosed AIDS cases by 79% between 1993 and 2010,
- lowering the number of new infections per year by 37% between 2002 and 2010 with fewer new infections each year, while nationally there has been no decline in the number of new HIV infections diagnosed each year,

- reducing the number of newly diagnosed HIV cases attributable to injecting drug use by 78% between 2002 and 2010, and
- bringing mother-to-child transmission down by 99%.

Despite this progress, however, HIV still poses a significant threat to the health of New Yorkers. Every day, 11 new HIV infections are diagnosed and nearly five New Yorkers with AIDS die. In 2011, there were 3,752 newly diagnosed HIV cases, 64% of them among gay men. Nearly one-third of newly diagnosed HIV cases has a concurrent AIDS diagnoses or is diagnosed with AIDS within 12 months.

As Health Commissioner Shah stated both earlier in his response to several questions, and as he also reiterated during a speech that he gave last month before the World Bank, "**New York State can commit to an end of the AIDS epidemic by 2020. This is an achievable goal. It is a stretch goal. But the Empire State can lead the way so that this can be a reality for the rest of the country.**"

NYS EXECUTIVE BUDGET: THE GOOD NEWS

Unlike past years, New York State is not in a deficit. This year, the State budget has a whopping $2 billion surplus. Additionally, Governor Cuomo announced no resounding cuts to health and human services; therefore, the programs and services delivered through the AIDS Institute were held harmless.

NYS EXECUTIVE BUDGET: THE OMISSIONS

What was omitted from Governor Cuomo's budget for this year were many of the financial and legislative building blocks on which any effective plan to end AIDS will rest:

- **The long-awaited 30% rent cap was not in the budget.** This rent cap would ensure that poor individuals and families living with AIDS and HIV that receive rental subsidies through the NYC HIV/AIDS Services Administration would have their rents capped at no more than 30% of their income, thereby providing them with affordable and stable housing.

Major benefits of this proposal: *Reduced Medicaid expenditures*: Research has repeatedly demonstrated that increased housing stability is strongly associated with sharp reductions in the medical costs of managing HIV disease. Moreover, stable housing for people with HIV/AIDS has been shown to reduce emergency room use by 35% and hospitalizations by 57%. Studies indicate that same-year Medicaid savings are achievable when vulnerable populations are stably housed. Indeed, housing assistance generates savings in avoidable crisis health services that more than offset the cost of housing interventions. People who have stable housing are also less likely to acquire HIV infection or to transmit HIV infection to others than people who are homeless or unstably housed, regardless of other determinants of risk. Each HIV infection prevented through more stable housing saves over $355,000 in lifetime medical costs.4

Improved HIV health outcomes: Stable and affordable housing is the foundation for effective HIV/AIDS treatment,

care and prevention. Compared with stably housed people living with HIV/AIDS, homeless and unstably housed people with HIV/AIDS are 2 to 4 times more likely to use an emergency room, to have a detectible viral load, and to engage in behaviors that can transmit HIV to others. Receipt of housing assistance is independently associated with entry into appropriate HIV care, access and adherence to antiretroviral therapy, improved HIV health outcomes and reduced HIV risk behaviors – after controlling for other factors that can impact HIV care and outcomes.

- **A $10-million placeholder in the AIDS Institute's budget was also missing from the budget.** That placeholder would serve as seed money to help fund those initiatives that would be part of the plan to include: fourth-generation HIV testing, which reduces detection time, potentially allowing earlier diagnosis; linkage to care; nPEP (non-occupational post-exposure prophylaxis), in which individuals go on HIV meds for a month immediately after

possible HIV exposure to prevent infection; and PrEP (pre-exposure prophylaxis) the scientifically-proven, FDA-approved practice of HIV-negative individuals taking HIV medication daily to reduce the risk of getting HIV up to 99%, among others.

- **Anticipated changes to legislative language that would end the current police practice of confiscating condoms to use as evidence of prostitution was also not in the budget.** The thinking behind the changes is that whether or not prostitution is involved, carrying and using condoms promotes safe sex and public health, and their confiscation, even for law-enforcement-related ends, promotes the opposite; safe sex becomes far less likely if carrying the tools to practice it may be used as evidence for criminal prosecution.

  We are supporting **S.1379/A2736** which provides that possession of a condom may not be received in evidence in any trial, hearing or proceeding as evidence of prostitution, patronizing a prostitute, promoting

prostitution, permitting prostitution, maintaining a premises for prostitution, lewdness or assignation, or maintaining a bawdy house.

Any possible probative value of condoms is far outweighed by the public health benefits of excluding them as evidence.

While condoms are routinely confiscated and vouchered as arrest evidence, and may be used by prosecutors in plea negotiations, they are rarely actually introduced at trial, in part because prostitution-related cases seldom go to trial.

In the rare cases where condoms are introduced, any possible probative value is far outweighed by the negative public health consequences of their use as evidence. Condoms are not an element of any prostitution-related offense; not one of New York's prostitution-related laws mentions condoms. In one case where prosecutors attempted to introduce condoms as evidence of prostitution, the judge told the prosecution,

"I'll tell you again, in the age of AIDS and H.I.V., if people are sexually active at a certain age and they are not walking around with condoms, they are fools."

In the criminal justice system, the use of any type of evidence must be determined by weighing the potential harm that occurs from its use and the benefits provided. In New York, categories of evidence are routinely excluded as a matter of public policy, with laws excluding testimony regarding a rape victim's sexual history providing but one of many examples. Law enforcement efforts should not interfere with the right of anyone, including sex workers, to protect their health. The value of condoms for HIV and disease prevention far outweighs any utility in enforcement of anti-prostitution laws

- **Likewise, legislative language that decriminalizes syringe possession was missing.** These legislative changes remove the limit on the number of syringes that an individual can have in his or her possession.

We are supporting **S.832**. This bill would further the public health objectives of the Expanded Syringe Access Program (ESAP) by repealing provisions that limit the quantity of syringes that may be sold or furnished during one trans-action to ten or fewer and prohibit pharmacies from advertising the availability of these syringes to the public.

- **Doubling of the amount allocated for The HIV Welfare-to-Work Program from 1.161 million to 2.322 million.**

This program was created in 1999 as a joint project between the New York State Department of Health's AIDS Institute (DOH/AI) and the New York State Office of Temporary Disability Assistance (OTDA). The goal of this project was to respond to the employment needs of individuals living with AIDS and HIV on public assistance in New York State. In addition, organizations serving this population must offer intensive job placement services to help HIV positive individuals enter or re-enter the workforce and provide the necessary case management

services to ensure that the continued health and supportive services needs of participants are not compromised once they go to work. The jobs that program participants gain through this initiative must offer health benefits, and selected contractors must ensure that other health coverage is in place until employer health benefits become effective.

HIV Welfare-to-Work has improved the lives of hundreds of People Living with HIV/AIDS by:

- Instilling self-sufficiency and strengthening independent living skills
- Providing life-long stability through vocational training and sustainable employment with full medical benefits
- Challenging the belief that those who are viewed as "unemployable" are able to advance to meaningful jobs.

- Removing scores of individuals from public assistance, creating a savings beyond the cost of this small investment.

GOAL: GETTING 80% of HIV-INFECTED NEW YORKERS VIRALLY SUPPRESSED BY THE YEAR 2020

Our **Special Needs Plans (SNPs)** would have the opportunity to provide best practices for the mainstream plans, as they are already at 60% viral suppression. The SNPs are at 67% viral suppression when someone is in both Adult Day Health Care (ADHC) and primary care. Housing Works, is actually rolling out an incentive program that will pay cash for adherence, something that has demonstrated a sustained impact of 10% or more in several studies. We are initiating it with volunteers who are in primary care and one other service so we insure that we can directly track and are also providing on-going social support.

There will need to be a massive education campaign to educate both providers and consumers on the benefits of early treatment, both to the individual patient and for prevention impact.

There are various **MRT initiatives** that can and should be harnessed to enhance retention and adherence. The most obvious is health home, which is less intrusive and can provide retention and adherence support to many more people. The second is the reconfigured ADHC program, which, with deregulation, will be less demanding on patients, and will be able to focus even more on adherence, including directly-observed therapy (DOT), than it has been able to do in the past.

Another important initiative is improving initiation of treatment for **people who are incarcerated** and linking them to health home before discharge so that they have re-entry support, particularly around treatment. Interestingly, people on treatment in corrections have extremely high rates of viral suppression. And, according to the NYS DOH AIDS Institute,

there are very few people in corrections who do not know their HIV status. The trick is to change the culture of corrections so that more people come forward and initiate treatment while incarcerated. That is going to take both staff and inmate education, since stigma is obviously the key barrier.

A significant percentage, between 10 and 20% of **ADAP enrollees** will be moving to Medicaid or the Exchange plans. This will allow expansion of health services to immigrants so that they have the same access to retention and treatment services. New York State will need to evaluate all of their existing dollars to ensure that they are prioritized in support of an Ending AIDS strategy. Money has gotten locked in to particular services over the years and this needs to be revisited. And it isn't even about just focusing on retention in care and adherence to treatment, the focus needs to be on living well with a chronic condition.

The State should be **measuring housing stability, food security, and vocational achievement** as a part of the strategy so as to

keep 150,000 people fully engaged once you get them virally suppressed.

We believe there will be a shift for much greater focus on enrolling people within **high-risk populations, particularly men who have sex with men (MSM) and transgender folk**, in health insurance under the expanded ACA program, and linking them to good primary care. This will need to be coupled with a coherent education and enforcement strategy of the regulations requiring universal offers of HIV testing in health care settings.

Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) will have to be widely marketed, both to consumers and providers. Providers should routinely offer PrEP as an option to anyone who indicates that they engage in high risk behavior, particularly men who have sex with men (MSMs), transgender women and people who engage in sex work.

To sum up, I believe that we all share a goal of seeing the AIDS epidemic come to an end. And if New York goes public with a plan to end AIDS as an epidemic, then other states and jurisdictions are going to quickly follow and it will spread across the country and influence the global campaigns as well.

And is it for these reasons that we call for an immediate creation of a NYS Taskforce to End AIDS here in New York.

Thank you for granting me this time.

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IS THE TIME TO END AIDS HERE IN NEW YORK STATE

New York State has born the highest U.S. burden of HIV since the beginning of the AIDS pandemic in 1981. In 2010 there were about 160,000 persons living with HIV/AIDS in New York State (NYS) – NYS is the epicenter of the US epidemic, with 6.25 percent of the nation's population but 15.4 percent of all persons living with HIV/AIDS. While the majority of HIV/AIDS cases are from New York City (NYC), NYS has both urban and rural epidemics and all 62 counties have reported cases. HIV has touched every population and age group in NYS, but 79% of persons living with HIV/AIDS in NYS are people of color.

New York State has also been a center of activist, community, and scientific innovation and collaboration in responding to the AIDS pandemic. And while there still is no cure at hand, it is within our reach to end the epidemic that has plagued us for more than 30 years.

New York State has the people, institutions, resources, and political will to end our AIDS epidemic, and to become a leader nationally and globally in showing how to end AIDS. Through concerted and coordinated efforts by and among the community, consumers, government, health care and service providers and academia, we now have the knowledge and means to dramatically reduce new HIV infections and promote optimal health for those with living with HIV.

New York State should make a long-term commitment to ending AIDS as a strategic priority for all New Yorkers. It is time to end the suffering and death associated with HIV infection, progression to AIDS, and the related suffering, stigma, and devastation of our communities and our people.

Therefore, we urge Governor Cuomo to create a Task Force to End AIDS in New York charged with developing a strategic blueprint and plan in collaboration with the AIDS Institute. In so doing, NYS will serve as a national model for ending the epidemic.

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For more information and documentation about the End of AIDS plan for New York State, contact:
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The momentum to bring the AIDS epidemic to a close in NYS already exists.
Since the first reports in 1981 of the disease that would come to be identified as AIDS, New York has made great progress, including:

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However, despite this progress, HIV still poses a significant threat to the health of New Yorkers. Every day, 11 new HIV infections are diagnosed and nearly five New Yorkers with AIDS die. In 2011, there were 3,753 newly diagnosed HIV cases, 64% of them among gay men. Nearly one-third of newly diagnosed HIV cases has a concurrent AIDS diagnosis or is diagnosed with AIDS within 12 months.

Outlined below are five pillars of related activity for ending AIDS as an epidemic here in NYS that are based on the presentations and discussions from multiple community meetings.

1. Adopt 21st century surveillance strategies to know the epidemic.
Know who is living with HIV and make sure they are getting needed services. Know where HIV is being transmitted and intervene quickly to stop chains of uncontrolled transmission. Use 21st century surveillance tools such as 4th generation simultaneous detection of HIV p24 antigen and antibodies to diagnose HIV infection and distinguish between acute and chronic HIV. Disaggregate HIV transmission, incidence, and prevalence data by demographic, risk group, and geographic area, in order to rationally map and target interventions. Make a commitment to increased and more effective testing. Everyone should know his or her HIV status and those at highest risk for HIV should be testing more frequently (e.g., 2-4 times/year) in order to quickly identify new infections as a means of preventing further spread of HIV. We should link availability of home HIV testing to follow-up confirmatory testing and develop practices to ensure that people who are undergoing acute infection (and thus test negative on the home HIV test) can access a more accurate 4th generation test quickly.

2. Reduce new HIV infections through increased commitment to evidence-based combination prevention for both HIV-negative and HIV-positive persons.
Biometrical, behavioral and structural interventions used together are needed to significantly reduce HIV transmission. Routine and voluntary universal HIV testing is a gateway to HIV prevention for those who test negative; effective treatment for HIV-positive persons decreases viral load and reduces the potential for transmission; and both groups benefit from interventions to address behavioral and structural factors that increase the risk of acquiring and transmitting HIV.

3. Focus on filling the gaps in the HIV continuum of care – to maximize the number and proportion of people able to suppress HIV viral load as rapidly as possible following an HIV diagnosis.
New York State should implement a continuum of HIV care initiative in line with the one President Obama promulgated nationally by a July 15, 2013 executive order. As described by the White House: The HIV Care Continuum Initiative calls for coordinated action in response to data that has been released since the Strategy three years ago, showing only a quarter of people living with HIV in the United States have achieved the treatment goal of controlling the HIV virus. While New York State is doing better than the nation as a whole with respect to the HIV continuum of care (or treatment cascade), there is an urgent need for much greater success.

4. Assure the availability of essential services that support health, prevention, and retention in care for all New Yorkers, whether HIV-positive or HIV-negative.
ACA and Medicaid expansion alone will not assure that all people and communities at risk of or living with HIV are able to stay healthy and aviremic and avoid contracting or transmitting HIV. For HIV-positive New Yorkers, retention in care requires addressing a cluster of health, behavioral and structural issues. Homelessness, hunger and other unmet subsistence needs are powerful barriers to effective HIV prevention and care. New York City and State have been leaders in providing resources for housing and nutrition, but to date these supports have been limited to persons with a diagnosis of AIDS or other advanced HIV disease

5. Commit political leaders and all New York communities to leadership and ownership of the New York Plan to End AIDS.
Community activism and service provision has been essential to the AIDS response from the beginning. We will not end AIDS in New York State without a combined commitment by New York State government at all levels, affected communities, the private and non-profit sectors, and service providers working together until there are no more new HIV infections and no more AIDS cases or deaths in New York State.

What is needed is a Strategic investment to end the NYS AIDS epidemic
A plan to end AIDS in NYS will also require a sustained and more strategic investment of public funding – starting with a review of all federal and NYS HIV investments to redirect funding to effective interventions and high-burden communities and populations. An effective plan will also require new investments of resources. But we believe that strategic use of Medicaid funding and reallocation of resources can produce better health outcomes and reduce overall costs.

The additional investment required to drive HIV below epidemic levels in NYS is very modest. Much of what needs to be done can be accomplished at the policy level, and the few programmatic enhancements envisioned will pay for themselves as each infection averted saves the system $379,668 in lifetime medical costs. Current NYS efforts are already saving $1 billion/year. The further reduction in new infections brought about by NYS's "Plan to End AIDS" could more than double the savings. Access to more convenient and less costly antiretroviral drugs and greatly diminished need for HIV-related emergency visits and inpatient stays will also yield large returns that, if invested strategically, will more than cover what the Task Force might propose.

Let's finish the job and end the HIV/AIDS epidemic in New York State

Governor Cuomo's leadership in establishing this process and publicly committing to its goals will set in motion actions that will bring about the end of the AIDS epidemic in NYS. With his support, the Task Force will devise a plan in its first three months to ensure the availability of essential services that support health, prevention, and retention in care for all New Yorkers, whether infected or not, and guide the necessary investments. New York State will show the way for other jurisdictions to end AIDS by applying the latest scientific evidence in the context of universal health coverage.

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