



57 WILLOUGHBY ST., 2ND FLOOR
BROOKLYN, NY 11201
347-473-7400 FAX 347-473-7464
WWW.HOUSINGWORKS.ORG

WORKING TO END THE
TWIN CRISES OF HIV/AIDS
AND HOMELESSNESS

HOUSING WORKS

Testimony on increasing access to health insurance coverage and moving toward universal healthcare coverage: defining the goals and identifying the steps

Michael Kink, Esq.
Legislative Counsel

PARTNERSHIP FOR COVERAGE
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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.

In New York City, we provide housing, primary health care, supportive services, job training and HIV prevention services to several thousand homeless and formerly homeless New Yorkers living with HIV/AIDS.

And in Albany and Washington, DC, we advocate for the needs and interests of people living with or at risk for HIV/AIDS statewide and nationwide.

We've been proud to be an ally and partner of the Spitzer administration in your efforts to reform and improve public and private health care systems that serve all New Yorkers; we've been particularly encouraged by Governor Spitzer's clear commitment to ensuring access to quality care for very low-income New Yorkers who rely on Medicaid and other public programs for lifesaving health care.

I'd like to speak briefly today on four topics:

- ensuring access to HIV prevention and care in all New York health care programs;
- extending coverage for uninsured and underinsured New Yorkers living with HIV/AIDS

who currently use our nation-leading AIDS Drug Assistance Program (ADAP);

- effectively managing the care of people living with HIV/AIDS and other co-morbid conditions through AIDS Adult Day Health Care programs; and
- expanding and improving our public health care programs, including recommendations from Medicaid Matters New York and other coalitions and partners.

HIV/AIDS and New York

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

After 25 years of HIV/AIDS, the epidemic remains a terrible crisis in New York - New York City, for example, has more AIDS cases than Los Angeles, San Francisco, Miami and Washington DC combined.

HIV/AIDS in New York is accelerated by poverty, widespread homelessness and a lack of reliable, stable access to basic health care, services and HIV prevention tools among high-risk populations.

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 their diagnosis.



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Medicaid is the foundation of HIV/AIDS care in New York. Our Medicaid-funded HIV care and treatment programs - developed, coordinated and overseen by the AIDS Institute of NYSDOH - are the finest in the nation, and have saved the lives of thousands of New Yorkers who would have faced illness, disability and early death had they lived in other states. Keeping these programs strong, accessible and effective must continue to be a top priority for state health officials.

Ensuring access to HIV prevention and care

Housing Works recommends that state health and insurance officials work to ensure access to HIV prevention, treatment, care and support for all New Yorkers, as agreed to by the United States in United Nations General Assembly Special Sessions on HIV/AIDS in 2001 and 2006.

It's important to note that 25% or more of people who are living with HIV don't know their status, and that people who do know they are HIV-positive are highly likely to take effective precautions against infecting others. New York can save hundreds of millions of dollars by continuing to reduce the number of HIV infections and by redoubling voluntary testing and prevention efforts among high-impact populations.

It's also important to note that cost-sharing requirements can impose insurmountable barriers to accessing lifesaving services. Recent Kaiser Family foundation surveys have found that 47% of uninsured people delayed getting care because of co-pays or premiums; a third delayed getting

prescriptions because of costs; and a third needed care but didn't get it due to cost-sharing.

Effective treatment for HIV/AIDS depends on strict adherence to medication schedules, and on regular primary care with prompt treatment of opportunistic infections or HIV-related illnesses. The Partnership must take particular care to limit or eliminate cost-sharing for HIV-related services.

Housing Works recommends:

- routine voluntary HIV testing with full written informed consent, pursuant to current provisions of state law;
- a particular focus on universal outreach and voluntary testing with written consent where high HIV incidence is expected, including homeless shelters, mental health and chemical dependency treatment facilities, prisons and jails;
- a comprehensive benefit package for public and private health care initiatives that includes coverage for HIV medications, HIV-related treatment and services, and HIV prevention services - and elimination of or strict limits on cost-sharing for HIV-related services.

***ADAP as an element in universal coverage:
incomplete benefit package, funding questions***

New York currently provides HIV treatment and care to 22,000 uninsured and underinsured people living with HIV/AIDS through our AIDS Drug Assistance



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Program (ADAP), ADAP-Plus, HIV home care and insurance continuation programs.

These initiatives are administered through the AIDS Institute of NYSDOH and largely funded through the federal Ryan White CARE Act: out of approximately \$270 million in yearly costs, \$210 million comes from Ryan White Title II funds and \$60 million from state funds.

New York's ADAP program is effective, accessible and well-administered - but it's incomplete.

ADAP and related programs offer medications, primary care and some supportive services to uninsured New Yorkers living with HIV/AIDS up to 431% of the Federal Poverty Level, about \$44,000/year for single adults. (Six states, including New Jersey and Massachusetts, set ADAP eligibility levels higher than New York.)

But ADAP doesn't cover inpatient hospitalization, emergency room treatment, or important ancillary services like cat scans, MRIs and other radiology services.

And continued high levels of funding under the Ryan White CARE Act aren't guaranteed: Ryan White funding depends on year-to-year appropriations by Congress; they've been flat-funded during most of the Bush administration; and New York has been targeted for cuts in funding during Ryan White reauthorization battles in Congress.

The Partnership should move to ensure full access to needed HIV care for uninsured New Yorkers and to



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stabilize funding for our HIV uninsured care programs.

Housing Works recommends:

- expansion of ADAP eligibility to all uninsured New Yorkers living with HIV/AIDS, with a sliding scale for premiums above 500% FPL;
- expansion of the ADAP benefit package to include inpatient hospital care, emergency room treatment, and ancillary services when medically necessary;
- enhanced funding for ADAP as part of universal coverage initiatives, utilizing Ryan White CARE Act funds, state funds, and new state and federal funding sources to ensure coverage and care.

Managing and coordinating care for HIV and multiple co-morbid conditions

Housing Works supports efforts to improve care and care coordination for high-needs, high-cost groups within Medicaid and other public health care programs.

AIDS Adult Day Health Care programs improve the health and lives of the most vulnerable New Yorkers living with AIDS and HIV: those struggling with HIV/AIDS and additional conditions like mental illness, chemical dependency, and histories of homelessness, incarceration or domestic violence.



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First established in 1996, these programs provide physical and behavioral health care services, case management, and health education & counseling to over 1,500 people living with AIDS and HIV in New York City, Westchester and Long Island.

AIDS ADHC programs keep their clients out of costly nursing homes, hospital inpatient beds and emergency rooms by providing health care coordination, case management, prevention, and intervention services in addition to primary and preventative care.

They also reduce their clients' utilization of mental health and chemical dependence services by stabilizing care and offering many of these services in-house at no additional cost to the State.

AIDS ADHC programs provide effective disease management for HIV disease and co-morbid conditions. Government leaders from both parties have called for strengthening and expanding disease management as a way to improve health and save money at the same time - continued support for these programs and expanded access through a lowering of administrative barriers where needed is a chance to make it happen.

Housing Works recommends:

- continued support for AIDS Adult Day Health Care programs in Medicaid with reduced administrative barriers to client access and service delivery.



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Support for coverage expansions and consumer assistance as recommended by Medicaid Matters New York and other coalitions and partners

Housing Works helped to found Medicaid Matters New York, the statewide Medicaid consumer coalition, and has served on the MMNY steering committee since the beginning.

We have helped to develop and strongly support MMNY recommendations for strengthening and improving public health care programs in New York, including:

- expanding adult eligibility for public health care programs to a single statewide standard of 250% FPL as a step towards universal coverage;
- establishing a statewide consumer assistance program to help families and individuals connect with public health care programs;
- simplifying and streamlining Medicaid eligibility and application processes;
- continuing realignment of health care systems towards a patient-centered orientation;
- enhancing outreach, access and accommodations for people with disabilities including HIV/AIDS and for immigrants in public health care programs.

Housing Works will also work with legislative leaders, other nonprofit and advocacy organizations, and with everyday people living with



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HIV/AIDS to develop and support additional recommendations for universal coverage and universal health care initiatives.

In these efforts, we recommend:

- universal coverage expansions that work from the strong foundation offered by New York's public health care programs, including Medicaid, Child Health Plus, Family Health Plus, ADAP, EPIC and independent living initiatives;
- universal coverage expansions that ensure a real public option provided directly by New York State and not through private insurers that is affordable, has comprehensive benefits and allows consumers to choose their own health care provider;
- universal coverage expansions that are truly universal, with limited cost-sharing, affordability and access for all New Yorkers, regardless of income, disability or immigration status;
- universal coverage expansions that include comprehensive benefit packages that include treatment and care for chronic conditions and disabilities including HIV/AIDS.

Thank you for the opportunity to testify today, and thank you for continuing our state's record of leadership on health care, public health and HIV/AIDS.