



Connecticut AIDS Resource Coalition

Testimony Appropriations Committee
Governor's Budget Mitigation Plan
Shawn M Lang
11 March 2010

Good afternoon Senator Harp, Representative Geragosian, members of the committee. My name is Shawn Lang and I'm the Director of Public Policy with the CT AIDS Resource Coalition and Co-chair of the AIDS LIFE Campaign, CT's statewide advocacy group.

The Governor's proposed budget continues along in its Machiavellian manner with cuts to health care and supportive housing that will cause irreparable harm to many of our state's most vulnerable; and medically and socially fragile citizens, including people living with HIV/AIDS.

The budget she proposed in February calls for slashing HIV prevention and Syringe Exchange programs by 30%! This is being proposed at a time when the number of people living with HIV has doubled over the last ten years. Our HIV prevention efforts and SEPs have done such great work that – during the same time period – we've seen a decline in newly reported HIV cases overall, and more significantly, the number of newly reported cases of HIV among injecting drugs users has **declined by 33%**.

We've said all along that we are willing to shoulder our share of the burden of the state's fiscal crisis, but not to the tune of 30%. The last round of rescissions has forced the Stamford SEP to shut down its operations at the end of June, leaving us with just 4 remaining programs.

With regard to the governor's latest mitigation plan, we're gravely concerned about the proposed cuts to health care – namely: cost-sharing on Medicaid services, elimination of vision services, non-emergency transportation, OTC drug coverage, SAGA non-emergency medical transportation, non-emergency dental services in adults. Really?

There's a Martin Luther King quote which says, "Perhaps it is easy for those who have never felt the stinging darts of oppression to say, 'Wait'." Given these proposed health care cuts, perhaps it is easy for someone who has never had to worry about meeting ends meet or being forced to choose between paying rent or getting their

medication or buying food or paying for heat and lights to say, "Wait". With all due respect, those services are not optional, they're vital, life saving, and ultimately cost saving.

These are cuts that have been put forth time and time and time again. And every time, people whose lives depend on these programs and we advocates come before and say, "This won't work. This doesn't work. It has never worked!"

We all know what happens. People either go without; or they pay for these services then forgo paying rent, food, utilities, etc. Either way, it sets the stage for the perfect storm. If people make the difficult decision to pay for the services and let the other things go, eventually they'll lose their home due to eviction or their utilities are shut off. Or conversely, if they do without medication and medical care, at some point, their physical and mental health problems begin to increase and they end up in ERs or other institutions for far more costly care.

At a time when we've seen a decline in newly reported cases it would be not just counterintuitive to make these cuts, but extremely poor public health policy to cut these programs this deeply.

One only need look at the statistics to know that slashing these programs will open the gateway to increased HIV infections. CT ranks 14th in the nation in AIDS cases per capita; 1st in AIDS cases among injecting drug users; 3rd in cases among women and Latinos. In the City of Hartford alone, 83% of those living with HIV/AIDS are people of color.

The face of the AIDS epidemic in CT is profoundly different than that of the rest of the country, and the Governor's proposed cuts will only serve to fan the flames of further destruction. Clearly, people of color and those who are marginalized and suffer the additional stigma of drug use are disproportionately affected.

We also ask that you please pass HB 5296 with the amendments proposed by the Medical Inefficiency Committee, to improve efficiency while protecting 450,000 vulnerable Medicaid enrollees, as an alternative to DSS's proposed harmful definition taken from the restrictive SAGA program.

And finally, please preserve the Medical Inefficiency Committee so that it can monitor the impact of the changes to the definition and identify any access problems for corrective action.

There are revenue enhancements that the Better Choices for Connecticut Coalition is proposing that will help to mitigate deep cuts to programs that primarily provide the safety net for the state's poorest, youngest and oldest and most vulnerable citizens. We cannot afford to continue down this path.

I call on all of you once again, to stave of these cuts to ensure that people with HIV/AIDS, families, poor people, elderly people and those with disabilities -- are not thrown under the bus.

Thank you for your time. I'm happy to answer any questions you might have.



THE COST EFFECTIVENESS OF HIV PREVENTION

HIV Prevention is Science-Based, Cost-Effective and Reduces the Spread of HIV

- For every HIV infection that is prevented, an estimated \$355,000 is saved in the cost of providing lifetime HIV treatment¹, resulting in significant cost-savings for the health care system².
- Research has shown that HIV counseling and testing (typically \$5,000-10,000 per HIV infection averted, or HIA), syringe exchange (\$4,000-40,000 per HIA), and drug treatment (\$40,000 per HIA) are highly cost-effective³
- Scores of scientific studies have identified effective prevention interventions for numerous populations^{4,5,6,7,8}, and it is estimated that prevention efforts have averted more than 350,000 HIV infections in the United States to date.²
- DPH HIV prevention contractors utilize nearly 25 proven effective interventions – including six school-based curricula – recommended by the CDC for specific targeted populations.

Why Invest in HIV Prevention?

HIV prevention is still our best hope for fighting the HIV/AIDS epidemic. The estimated lifetime cost of care and treatment for just one HIV+ person is \$355,000¹. Given 56,300 new infections a year in the US⁹, it will cost more than \$6 billion in future years to care for everyone who gets infected this year alone³. By keeping people from becoming infected, HIV prevention not only saves lives and slows down the epidemic; it also reduces the number of persons who require expensive medical regimens to combat their HIV disease. The cost of the AIDS epidemic is incurred not only in dollars, but also in the suffering and death of friends, family and loved ones. The loss to society is untold. We lose productivity and creativity, as well as health and social service dollars. AIDS has a high cost to society because it predominantly affects young adults in their prime for work and childbearing.

¹ Schackman BR, Gebo KA, Walensky RP, et al. The lifetime cost of current human immunodeficiency virus care in the United States. *Med Care* 2006 Nov;44(11):990-97.

² Holtgrave DR. Written testimony on HIV/AIDS incidence and prevention for the U.S. House of Representatives Committee on Oversight and Government Reform. September 16, 2008. Available at <http://oversight.house.gov/documents/20080916115223.pdf>. (Accessed July 8, 2009)

³ Kahn JG. Economic evaluation of primary HIV prevention in intravenous drug users. In Holtgrave DR, ed. *Handbook of Economic Evaluation of HIV Prevention Programs*. New York: Plenum Press, 1999

⁴ Wolitski RJ, Janssen RS, Holtgrave DR, et al. The public health response to the HIV epidemic in the U.S. In: Wormser GP, editor. *AIDS and other manifestations of HIV infection*. 4th ed. San Diego, CA: Elsevier Academic Press; 2004:997-1012.

⁵ Herbst JH, Sherba RT, Crepaz N, et al. A meta-analytic review of HIV behavioral interventions for reducing sexual risk behavior of men who have sex with men. *J Acquir Immune Defic Syndr* 2005;39:228-41.

⁶ Mullen PD, Ramirez G, Strouse D, et al. Meta-analysis of the effects of behavioral HIV prevention interventions on the sexual risk behavior of sexually experienced adolescents in controlled studies in the United States. *J Acquir Immune Defic Syndr* 2002;30(Suppl 1):S94-S105.

⁷ Neumann MS, Johnson WD, Semaan S, et al. Review and meta-analysis of HIV prevention intervention research for heterosexual adult populations in the United States. *J Acquir Immune Defic Syndr* 2002;30(Suppl 1):S106-S117.

⁸ Semaan S, DesJarlais DC, Sogolow E, et al. A meta-analysis of the effect of HIV prevention interventions on the sex behaviors of drug users in the United States. *J Acquir Immune Defic Syndr* 2002;30(Suppl 1):S73-S93.

⁹ Centers for Disease Control and Prevention. Mortality slide series. <http://www.cdc.gov/hiv/graphics/mortalit.htm>.