

Testimony to the Illinois Chronic Disease Task Force, November 15, 2010

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*Representing the Illinois Public Health Association HIV/AIDS Section and
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As many of you know very well, thanks to HIV medications, people with HIV can live near-normal lives if they begin treatment early and continue treatment without interruption. For some people living with HIV, the disease has become a chronic disease, just like diabetes or heart disease—if they have access to early detection, medical care and life-saving medications.

Today, we estimate that there are nearly 45,000 people in Illinois that are living with an HIV infection including about 10,000 who are living with HIV but don't know it. An estimated eight people a day are infected with HIV in Illinois. That's 56 people a week, 240 a month, and almost 3,000 a year. The lifetime cost of HIV medical care alone for someone with HIV is over \$350,000. It will cost \$1.05 billion to provide lifetime medical care to people infected with HIV this year alone.

Staggering health disparities exist in HIV/AIDS. A study conducted in Chicago found that HIV rates were seven times higher among African American gay men and men who have sex with men than their white counterparts. HIV rates were 3 times higher among Latino gay men and men who have sex with men than their white peers.¹ While African Americans represent 12% of the Illinois population, 55% of people reported with HIV in 2009 identify as African American.

We ask that the Chronic Disease Prevention and Health Promotion Task Force consider three issues relating to HIV care and prevention to reduce the burden of chronic disease, reduce health disparities, and improve the lives of people living with HIV and those at risk of being infected with HIV.

1. **Prioritize core public health:** A strong, skilled and adequately resourced public health sector is instrumental for state efforts to prevent chronic disease and promote health. However, local public health departments have been challenged by late state payments, funding cuts, and an overwhelming need for services. Public health departments are the first responders in the fight against chronic diseases, but cannot respond adequately in the face of resource cuts. To use the first responder analogy, the ambulance needs new tires, is low on oxygen and supplies for the patient, and has enough gas to pick up the patient—but not get them to the hospital. We urge that the Commission recommend increased funding through the Local Health Protection Grant as a chronic disease prevention strategy.
2. **Increase HIV treatment funding by implementing a Sec. 1115 Medicaid waiver.** The major provisions of healthcare reform will not begin until 2014. Illinois will spend \$20 million or more this year on the AIDS Drug Assistance Program. Although Federal Ryan White funds

meet the basic health care needs of people with HIV, current funding is insufficient to address more complex conditions such as bone density loss, cancers, or renal disease that is directly associated with long-term HIV infection. Illinois could gain tens of millions of dollars or more in new federal Medicaid funding by implementing a federal 1115 waiver to expand Medicaid coverage to people with HIV who are not currently eligible. We expect the federal government to soon release a template for states that wish to adopt Medicaid waiver to expand HIV care.

3. **Reassess all Illinois HIV prevention activities:** The state has a massive budget deficit. To reduce future spending on HIV medical care, Illinois must ensure that every dollar spent on HIV prevention programs is getting the maximum return. In an era of fiscal austerity, we must get more prevention services from every dollar spent. We urge the state to ensure that every dollar spent goes to prevention and testing of the populations at greatest risk, and is spent on the activities that will yield the greatest benefit for our State.

Thank you for considering these issues and I'm happy to take any questions.

¹ Chicago Department of Public Health, STI/HIV/AIDS Chicago Surveillance Report, July 2009, Table 3.