Federal & State Policy Regarding HIV Disease

UCLA School of Public Health
Epidemiology 227
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Goal

• Review current HIV domestic policy issues:
  Care & Treatment
  Prevention
  Research
Care & Treatment

- Ryan White CARE Act
- Entitlement Programs
Ryan White CARE Act
- Comprehensive AIDS Relief Emergency
- Largest source of federal funding for PLA
  FY 04: $2 billion
- Payer of last resort that provides medical & support services
- CARE Act consists of components or titles that support:

  - Title I: Eligible Metropolitan Areas
  - Title II: US States & Territories
  - Title III: Primary Health Care
  - Title IV: HIV+ Children, Youth, and Women
  - Title V: Dental, SPNS, and AETCs
AIDS Drug Assistance Program

Funding: CARE Act Title II & varying state support

Services: HIV medications; drug monitoring & adherence services; and resources to purchase health insurance for eligible clients; varies by state
Care & Treatment – Cont.

Entitlement Programs

**Medicaid (Medi-Cal):** Federal health care program for poor & disabled

**Medicare:** Federal health care program for elderly & permanently disabled

**Social Security:** Federal income program for elderly & disabled; qualifying criteria for Medicare
Care & Treatment: Policy Issues

CARE Act 2005 Reauthorization Process

- Funding formulas – Title I vs. Title II
- Hold harmless provision(s)
- Health care & drugs vs. supportive services
- Implementation of state HIV reporting provision
- Ensuring federal appropriation meets need (i.e., discretionary funding)
Care & Treatment: Policy Issues

CA AIDS Drug Assistance Program
  Maintaining access to broad formulary
  Ensuring access to viral load & genotype testing
  Exploring cost containment strategies that maintain client access (i.e., purchasing options)
Care & Treatment: Policy Issues

Entitlement Programs

- Enrolling appropriate clients in Medicaid, targeting CARE Act services
- Enacting the Early Treatment for HIV Act
- Eliminating 2 yr. waiting period for Medicare
Prevention

Center for Disease Control & Prevention

Administers majority of federal HIV prevention resources (FY 04: $882 million)

DHS Minority HIV/AIDS Initiative

Federal HIV prevention resources targeting communities of color (FY 04: $403 million)
Has HIV Prevention Been Effective?

Rate of new HIV infections (1980s): 150,000/year
Rate of new HIV infections (2003): 40,000/year

Decrease in HIV prevalence among:

MSM (50%, 1998 -1993)
IDU (40%, NYC, 1990s)
Perinatal (75%, 1992 -1998)
CDC “Advancing HIV Prevention” (2004)

Strategy I: Make voluntary HIV testing part of routine medical care

Strategy II: Implement new models for diagnosing HIV outside medical care settings

Strategy III: Prevent new infections by focusing on HIV+ individuals and their partners

Strategy IV: Further decrease perinatal HIV transmission
Prevention: Policy Issues

Balance efforts targeting HIV- and HIV+ individuals

Federal restrictions on messages; safeguards in CA

Promotion of abstinence only messages
Prevention: Policy Issues

Curbing methamphetamine epidemic in CA

Secure federal approval for syringe exchange programs

Internet: prevention challenge & opportunity?

Rapid Test: implementation & ethical issues
Research

Primary federal investments in HIV research:

National Institute of Health

Substance Abuse & Mental Health Administration

State investment in HIV research:

Universitywide AIDS Research Program
Research: Policy Issues

Ensuring autonomy & scientific integrity of federal HIV research

Examination of PREP & PEP

Vaccine development: viable agent(s) & recruitment

Maintaining state investment in research to leverage resources for CA
## Policy Resources

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