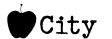
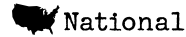
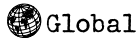


# GMHC FOR THE RECORD

Analyzing trends and emerging issues in HIV and AIDS



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## City Continues to Lag Behind in Meeting Housing Needs

NEW YORK — New York City has received a \$10 million increase in its Federal Housing Opportunities for People With AIDS (HOPWA) grant for FY 2003. The City has wisely decided to allocate most of the increase to the Housing Preservation & Development (HPD) Department, the City agency responsible for building new AIDS housing. This increased allocation to HPD is a positive step. But, unless the City stops taking two steps backward by diverting HOPWA funds away from the development of AIDS housing, New York will continue lagging behind in meeting the pressing housing needs of people living with HIV.

Instead of investing available funds to help meet the housing needs of people living with HIV, the City continues to siphon off HOPWA funds to pay for caseworkers' salaries at the HIV/AIDS Services Administration (HASA). The City promised to swap the diverted HOPWA funds with City Tax Levy funds in order to garnish increased revenues through a State match. This substitution is known as the "HOPWA Swap."

Approximately \$25 million of NYC's annual HOPWA grant has gone to fund caseworkers' salaries, leaving little to be allocated to HPD. The

promise of increased resources to meet the housing needs of the HIV community has not been realized. In fact, the City has not fully honored its commitment to substitute City Tax Levy dollars for housing costs that were previously paid by HOPWA. Thus, the "HOPWA swap" deteriorated into the "HOPWA swipe," and has been very detrimental for the HIV community.

Allocating the bulk of the \$10 million increase to HPD is a positive step. Fulfilling the promises made under the "HOPWA swap" would be a needed next step forward. ■

## State Senate Task Force Meets on Future of Medicaid

ALBANY — The State Senate Task Force on Medicaid Reform met on Monday, September 8 in the second of five statewide roundtable discussions on the state's Medicaid program. Last May, Senate Majority Leader Bruno convened the Task Force (comprised of mostly Republican members of the Senate) and an advisory panel of providers, local government officials, and labor leaders to recommend ways in which New York can rein in Medicaid spending in the areas of acute care, long term care, pharmaceuticals, and administration/local governance. Despite the heavy dependence on Medicaid by New Yorkers living with AIDS, the HIV/AIDS community has *no direct representation* on the task

force. At Monday's meeting, several Senators raised issues of great concern to the HIV/AIDS community: whether New York State offers too generous a Medicaid program, the cost effectiveness of keeping public hospitals open, the potential for Family Health Plus to undermine the employer-based health insurance system, and the benefits of utilizing prior authorization in a Medicaid preferred drug program. These issues, and other cost containment measures that limit eligibility and/or reduce benefits in Medicaid, will have a significantly negative impact on HIV positive Medicaid consumers. The next roundtable discussion, which is open to the public, will be on September 15th at Paul Smith College in the Adirondack region of New York. ■

## GMHC Closely Monitoring Roll-Out of HIV SNPs

NEW YORK — This past April, HIV+ Medicaid beneficiaries were given the choice to enroll in an HIV Special Needs Plan (SNPs) — Medicaid-managed care plans especially designed for Medicaid beneficiaries living with HIV/AIDS. As of the end of August, approximately 200 individuals have enrolled. Over the past decade, GMHC has strongly supported the development of HIV SNPs and is now beginning a year-long project that seeks to promote successful roll-out of these plans in a voluntary environment.

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On September 29, GMHC will host a Community Forum on the HIV SNPs. GMHC will present background on the HIV SNPs, eligibility and enrollment criteria, as well as key implementation issues that we are monitoring as the SNPs move forward. All are welcome and please be sure to bring first-hand information about opportunities and challenges you have identified. RSVP: [fortherecord@gmhc.org](mailto:fortherecord@gmhc.org). ■

## Medicare Prescription Drug Bill Remains in Conference Committee

WASHINGTON, DC — Members of Congress continue to meet to hash out the details of a Medicare reform bill that would provide a drug benefit to most Medicare beneficiaries through private drug plans. Both the Senate and the House have passed their own bills, but differences between the two have kept conferees far apart on key issues, including the role of the traditional Medicare program to deliver the drug benefit, the cost-sharing requirements of enrollees, and the potential for private health insurance plans to compete with Medicare in 2010. Some progress was made earlier this week when House-Senate negotiators agreed on a discount card for senior citizens and on more aid for rural health care providers. The card would entitle Medicare beneficiaries to discounts of 10–25% on prescription drugs. The discount cards would be temporary, and would expire when the proposed long-term benefits become effective.

GMHC wrote to New York's Members of Congress in early August to express serious concerns over several items in both versions of the bill. Concerns included: the

inadequacy of the benefit for people with HIV/AIDS, the exclusion of “dual eligibles” from the federal drug benefit, and the need for a compromise bill to state that federal support of state drug programs be used to expand New York's EPIC program to disabled non-elderly Medicare beneficiaries. GMHC expressed support for the passage of the generic drug, reimportation, and immigrant women and children health coverage provisions which are being considered by the conferees. ■

## Schumer Amendment to Increase CARE Act Funding Fails

WASHINGTON, DC — The Senate has started debate on the FY 2004 Labor/Health & Human Services/Education Appropriation Bill, under which the bulk of domestic HIV/AIDS funding is appropriated. A vote is expected by mid-week. New York's Senator Charles Schumer introduced an amendment to increase by \$466.6 million funding for the Ryan White CARE Act. The Schumer amendment failed on a 53–44 vote. Senator Hillary Clinton voted in favor of the amendment, as did New Jersey's Senators Corzine and Lautenberg. Only one Republican, Mike DeWine of Ohio, voted for the amendment.

Included in the Labor-HHS bill is funding for the AIDS Drug Assistance Program (ADAP), and other vital primary healthcare and support services provided in the Ryan White CARE Act. Schumer's amendment would have provided major increases for HIV/AIDS care and treatment programs reflecting the community's funding request for all Titles of the CARE Act.

The House passed its version of the

appropriations bill with only a \$39 million increase for ADAP, while the Senate Appropriations Committee recommended only a \$25 million increase. These numbers are woefully inadequate as national ADAP policy experts have calculated the need to be \$215 million, with many states implementing restrictions to treatment access, including waiting lists. To make matters worse, the other Ryan White CARE Act titles have either been flat-funded or decreased, even as needs continue to increase. ■

## Bush Administration and Congress Meddling at NIH

WASHINGTON, DC — GMHC joined 151 other AIDS, public health and scientific organizations on a letter to Sen. Arlen Specter, Chairman of the Senate Appropriations Subcommittee on Labor-Health and Human Services, Education and Related Agencies, asking him to ensure that Congress does not interfere in the decisions made following the review process for scientific grants at National Institutes of Health. In recent months, conservative members of Congress have sought to prohibit NIH from funding five specific research grants in the areas of human sexuality, harm reduction, mental health and the environment. GMHC and others concerned about research strongly oppose these attempts at “ideological micromanagement” of NIH, and calls on the Administration and Congress to let the scientists at NIH decide on the merit of individual research projects. ■

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