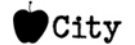
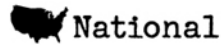
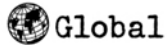


GMHC FOR THE RECORD

Analyzing trends and emerging issues in HIV and AIDS



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Pataki's State of the State Again Ignores AIDS

ALBANY—The governor's annual State of the State Address failed once again to acknowledge the expanding HIV/AIDS epidemic in New York, which continues to devastate communities of color, is rising among young men who have sex with men, and is steadily increasing among women. The governor needs to recognize that the HIV/AIDS crisis in New York is an inescapable public health emergency that merits his particular attention to ensure the protection of vital HIV/AIDS services.

The governor used the word "freedom" over 40 times in his 10th State of the State address. This contrasts with his not saying either the words "AIDS" or "HIV" once. In fact, in all the governor's annual addresses he has only mentioned AIDS twice. In his failure to acknowledge the HIV/AIDS epidemic in his speech, the governor ignored the 43% increase in cumulative reported AIDS cases in New York State (1996-2002).

It was also discouraging that the Governor chose only to give a vague indication of his proposals to address the challenges of a budget deficit that is projected to be \$6 billion in the next fiscal year. Of special concern is the Governor's intent to "reduce state and local Medicaid expenses this year" a not-so veiled threat to cut Medicaid, a program crucial to the health care of people living with HIV/AIDS. Leadership is needed to champion realistic and humane Medicaid solutions that will address the budget

shortfall without undermining the health of New York's most vulnerable citizens.

GMHC will be looking to the Governor's Executive Budget, to be released on January 20, for a clear demonstration of solutions, that will not compromise the health of people living with and affected by HIV/AIDS. To steer the state's course to financial health at the risk of jeopardizing the fundamental health care services that people living with HIV/AIDS rely on would be a road to disaster. ■

State Senate Task Force Releases Medicaid Reform Recommendations

ALBANY—In the closing days of 2003, the New York State Senate Task Force on Medicaid Reform released its long awaited recommendations for policy changes and reform proposals in New York's Medicaid program. The report calls for deep cuts to Medicaid, all of which come in the form of restricted access to care and cuts in benefits and services for beneficiaries. In addition to \$2.5 billion in Medicaid cuts, the report contains several positive proposals such as exploring reimportation of drugs, improving access to community based long term care, and maximizing use of technology. However, implementing these proposals may be difficult in the current fiscal environment. Of all the recommendations, one of the more significant ones calls for the establishment of a preferred drug list (PDL) in New York State, an idea that has been under discussion for several

months in Albany. A shortcoming of the Senate Task Force report is that it fails to include any protections for Medicaid beneficiaries subject to a PDL. Preferred drug programs, by design, restrict access to drugs and may seriously impede individuals living with HIV/AIDS from getting the medications they need to stay healthy. GMHC is advocating strongly for consumer protections if a PDL is established in New York State, and is working to exempt HIV+ Medicaid beneficiaries from the process altogether.

Another Senate Task Force report recommendation is an asset test for Family Health Plus. This would restrict eligibility for the program, as well as impose cuts in Family Health Plus benefits that would result in inadequate health insurance for single adults, parents and childless couples with HIV/AIDS who are enrolled in the program. Furthermore, the report's recommendations for long term care, if implemented, will make it harder for people who need these services to become eligible for Medicaid. The Senate Report is not a genuine road map for Medicaid reform, but rather a vague document that places the burden of cuts to New York's Medicaid program on consumers. ■

Quick Senate Passage of Omnibus Spending Bill Not Likely

WASHINGTON—The 108th Congress returns the week of January 19 for its second session. The first order of business, on Jan. 20, will be to hear President Bush's State of the Union Address, which likely will represent the opening salvo of his bid for reelection.

The major outstanding issue from the first session of Congress is completion of the Federal appropriations process for the Fiscal Year 2004, which began Oct. 1. Any holiday cheer during the recess was not enough to resolve the differences in the Senate that have delayed action on the omnibus Consolidated Appropriations Act. At this point, quick passage of the bill is not expected soon. Similar to what occurred last year, Bush's budget request for FY 2005 may be on the table before the FY 2004 budget is wrapped up. The administration's budget request is expected to be released around February 2.

The omnibus spending bill provides for "flat funding" most domestic HIV/AIDS programs at their FY 2003 levels. However, the bill also includes an across-the-board cut of 0.59%, so spending on domestic HIV/AIDS actually will be reduced.

In the absence of an enacted budget for FY 2004, Bush is likely to base his domestic HIV/AIDS numbers on the FY 2003 appropriations. Unfortunately, the incidence of new HIV infections, especially among women and young gay men of color, and the number of people living with HIV/AIDS has not stayed constant at 2003 levels. Those numbers continue to rise while the Federal government's funding support stays flat. As an added insult, the administration seemingly has found a spare \$1.5 billion to spend on strengthening traditional marriage. ■

An Election Year Rename

WASHINGTON— In last year's State of the Union Address, President Bush proposed an Emergency Plan for AIDS Relief and asked Congress to commit \$15 billion over five years "to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean." Congress went on to enact the proposal in passing the U.S. Leadership Against HIV/AIDS, TB, and Malaria Act of 2003, which Bush signed into law. The plan has been known and referred to informally as the U.S. global AIDS initiative, but the White House has now given the initiative a new, formal name: The President's Emergency Plan for AIDS Relief (PEPFAR). This new name is an election year soundbite that obscures the stark reality that the Bush administration is giving priority to the global AIDS crisis while giving short shrift to the domestic AIDS crisis. United States leadership in the global fight against AIDS should not involve substituting Botswana for the South Bronx. The domestic AIDS crisis is very much a part of the global AIDS crisis to which the United States must respond with appropriate strategies and adequate resources. ■