

**NYS 2018-19 Joint Legislative Budget Hearing on Health/Medicaid
Housing Works Testimony**

February 12, 2018

Thank you for the opportunity to present testimony to the Joint Budget Hearing on Health and Medicaid. My name is Charles King, and I am the President and CEO of Housing Works, is a healing community of people living with and affected by HIV/AIDS. Founded in 1990, we are the largest community-based HIV service organization in the United States., and provide a range of integrated services for low-income New Yorkers with HIV/AIDS – from housing, to medical and behavioral care, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial businesses that sustain our efforts.

Housing Works is part of the End AIDS NY 2020 Community Coalition, a group of over 90 health care centers, hospitals, and community-based organizations across the State. I was proud to serve as the Community Co-Chair of the State's ETE Task Force, and Housing Works is fully committed to realizing the goals of our historic New York State plan to end our HIV/AIDS epidemic by the year 2020. Housing Works and the ETE Community Coalition strongly support the \$30 million dollar Ending the Epidemic health systems investment included in Governor Cuomo's fiscal year 2018-19 Executive Budget, and urge the Legislature and Governor to make the additional investments outlined below to address our overlapping epidemics of HIV, opioid overdose, hepatitis C and tuberculosis.

For the past 30 years, New York has been the epicenter of the national HIV/AIDS epidemic, and we have now seen two consecutive years of record-breaking progress toward ending our epidemic by the year 2020. Surveillance data show that NYS achieved an 8.7% decrease in new HIV diagnoses in 2016, including a 12% decrease in new diagnoses among gay and bisexual men and other men who have sex with men.ⁱ At the end of 2016, 93% of all New Yorkers living with HIV had been diagnosed, and 87% of NYS residents who were engaged in care were virally suppressed.ⁱⁱ Across all of NYS between July 2013 and June 2015, the percentage of Medicaid recipients who filled a prescription for the HIV prevention regimen PrEP increased by 339%.ⁱⁱⁱ And New York's Expanded Syringe Access Program (ESAP) is largely responsible for the major decrease in new HIV infections among people who inject drugs (PWID)—from 54% of new HIV diagnoses in 1990 to less than 2% in 2016.^{iv}

However, we are deeply concerned that the balance of the State lags behind NYC in progress toward ending our epidemic, which threatens to undermine the achievement of our statewide ETE goals. NYS DOH HIV surveillance data show that while the number of new HIV diagnoses in NYC decreased by a record 11% between 2015 and 2016, new diagnoses in Upstate NY and on Long Island decreased by only 2%.^v Time is critical if we are to reach our 2020 goal.

One key health disparity between people with HIV in NYC and the balance of the State is access to safe, affordable housing. It is time to expand access to the existing NYS HIV Enhanced Shelter Allowance (ESA) for low-income households living with HIV in upstate NY and Long Island. Appropriate, stable housing is essential to support effective antiretroviral treatment that sustains health and makes it impossible to transmit HIV to others. Across NYS, lack of housing is the single strongest predictor of poor HIV outcomes and of HIV health disparities. Since 2016, NYC has offered every income-eligible person with HIV an ESA rental subsidy sufficient to afford housing stability and a 30% rent cap affordable housing protection. In contrast, approximately 3,700 low-income households living with HIV remain homeless or unstably housed in upstate NY and on Long Island because local social service districts do not approve HIV rental assistance at meaningful levels and the 30% rent cap is limited to NYC. These unstably housed persons with HIV not only experience worse health outcomes but are far more likely to require costly inpatient and emergency room care.

Governor Cuomo's Executive Budget reflects an intent to expand the Enhanced Shelter Allowance and 30% rent cap to the rest of the State, but the actual budget language would perpetuate rather than correct the inequity in housing access for people with HIV who live Upstate and on Long Island—by limiting maximum ESA rents in the rest of state to just 80% of the HUD fair market rent standard employed by NYC, and by leaving the enhanced rental assistance and 30% affordable housing protection a local option rather than mandate.

There is no justification for setting a lower ESA payment standard for households with HIV outside NYC. Limiting maximum rent for ESA rental assistance to just 80% of FMR in local districts outside NYC would undermine the program by significantly limiting access to safe, appropriate units, especially in areas where housing need is most acute. The HUD FMR is a carefully calculated payment standard for federally funded low-income and homeless housing assistance programs. There is also no reason to leave access to the Enhanced Shelter Allowance and the 30% affordable housing protection at the option of local social service districts, since there are sufficient Medicaid savings from increased housing stability to support the program in every district. The current budget language purports to mandate local participation where the full cost of the additional rental assistance can be funded through Medicaid savings resulting from stably housing individuals. We understand that the State has scored the Medicaid savings from greater housing stability for a person with HIV at \$7,000 annually. This amount, added to the current \$480/month regulatory rent obligation, is sufficient to fully fund rental assistance at amounts reasonably in line with fair market rents in each district. We urge action to leverage Medicaid savings to provide access to the enhanced rental assistance for homeless or unstably housed low-income households living with HIV outside of New York City.

Housing Works also urges the Legislature to commit an additional \$3 million to establish systems to address AIDS mortality and new HIV infections via injection drug use as “sentinel events,” treated in the same manner as mother-to-child transmissions. Use of the sentinel event model has enabled New York State to eliminate HIV transmission from mother to child in New York State, with no new infections reported during an 18-month period between 2014 and 2016. New York has already dramatically reduced HIV deaths and HIV infections resulting from injection drug use. Putting the sentinel event system in place would provide State Health Department staff increased resources to investigate each case with a high-degree of attention to determine whether and how the transmission or mortality could have been averted and how the HIV care and prevention system can be improved. This additional investment will allow NYS to achieve the NYS goals of zero AIDS mortality and zero HIV transmissions through injection drug use by the end of the year 2020.

We also urge the Legislature to lead a unified, statewide and public health focused effort to combat the State's opioid epidemic. The national trends in opioid use identified by the U.S. Centers for Disease Control and Prevention (CDC) closely mirror the recent rise in opioid use and overdose deaths among New Yorkers. Between 2013 and 2015, a shocking 7,213 New Yorkers died of overdose, with the majority of those deaths (4,837, or 67.1%) occurring outside of NYC.^{vi}

New York State should address the State's opioid epidemic with a comprehensive public health approach, by creating new syringe exchange program sites and harm reduction programs in underserved areas, and expanding Health Hubs, drug treatment, and overdose prevention services statewide. We must also pilot innovative low-threshold approaches to overdose prevention such as supervised consumption sites. Only legislative and budget action will demonstrate that elected officials from all political Parties care about New Yorkers in the rural, suburban, and urban areas of the State hardest hit by the opioid epidemic.

NYS should also make an initial investment of \$10.8 million in eliminating its hepatitis C (HCV) epidemic by expanding hepatitis C testing, linkage, treatment and prevention programs statewide. More than 280,000 New Yorkers have ever been infected with HCV, and a shocking 50% are unaware of their status.^{vii} In 2016, an alarming 14,745 new HCV cases were reported in the State,^{viii} with 56% of newly reported cases diagnosed outside of NYC.^{ix} In 2015, an estimated 979 New Yorkers died from HCV related causes.^x With highly

effective new treatments that can cure HCV in eight to twelve weeks, and proven harm reduction strategies to prevent transmission, NYS has the tools to control and eventually eliminate HCV. With new treatments coming online, we believe that the State's Medicaid program will soon be in a strong position to negotiate treatment costs that will enable us to treat the significant number of New Yorkers required to achieve elimination. However, we must have the treatment and prevention infrastructure in place that will enable us to deliver these cures and prevent new infections. The NYS Department of Health's viral hepatitis response has been flat-funded at just over \$1 million a year for half a decade, and this extremely low level of funding has not allowed the State to address what is now a major and still growing HCV epidemic.

Finally, we express our alarm at continuing budget cuts that are undermining tuberculosis control and prevention in New York City and State. The Aid to Localities Public Health Campaign TB funding was cut by 20% in last year's budget, to only \$3,720,410, and the Public Health Campaign has been eliminated altogether in the newly proposed Executive Budget. Money from this Campaign used to come to NYC and 11 other higher TB burdened counties. We understand that TB will now fall into a bucket of other public health concerns, which in turn will be cut by 20% in the proposed budget. Meanwhile, federal TB control and prevention funding to NYC has declined 65% in the last 10 years.

These cuts are having a hugely negative impact on TB control, with devastating implications. Effective TB control efforts contributed to an 85% decrease in the number of TB cases in NYC between 1992 and 2016. However, this decline has plateaued and we are faced with the prospect of a resurgent TB epidemic. In 2016, there were 565 confirmed cases of TB disease in NYC, 3,363 reports of suspected TB disease, and 73 children younger than 5 years old with latent TB were reported. Most alarmingly, the number of cases with a multiple drug resistant TB strain in NYC more than doubled compared to 2015.^{vi}

It is essential that targeted TB control funding be restored by NYS at least pre-2015 levels if we are to avoid an unnecessary and deadly newly resurgent epidemic.

Housing Works, along with organizations, individuals and communities across the State, ask for the Legislature's support to fully implement the ETE Blueprint by investing in these health priorities along with essential housing supports for people with HIV. Together, we can push the AIDS epidemic beyond the tipping point and secure our State's place as the first jurisdiction in the nation and the world to end its HIV/AIDS epidemic.

Sincerely,

Charles King

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ⁱ NYS DOH, AIDS Institute. (December 2017) NYS ETE Summit presentation on 2016 NYS HIV Surveillance.

ⁱⁱ NYS DOH, AIDS Institute. (December 2017) NYS ETE Summit presentation on 2016 NYS HIV Surveillance.

ⁱⁱⁱ Laufer, FN, O'Connell, DA, Feldman, I, Zucker, HA. (2015) Vital Signs: Increased Medicaid Prescriptions for Pre-exposure Prophylaxis Against HIV infection- New York, 2012-2015. MMWR. 64(46); 1296-1301.

^{iv} NYS DOH, AIDS Institute. (December 2017) NYS ETE Summit presentation on 2016 NYS HIV Surveillance.

^v Presentation by Joanne Morne, NYS DOH AIDS Institute, 2017 ETE Summit, Albany, NY.

^{vi} NYS DOH. (May 2017) 2013-2015 Vital Statistics Data. All overdose deaths involving drugs, rate per 100,000 population. <https://www.health.ny.gov/statistics/opioid/data/d1.htm>

¹⁰ Hart-Malloy, R, Carrascal, A, DiRienzo, AG, Flanigan, C, et al. (August 2013). Estimating HCV Prevalence at the State Level: A Call to Increase and Strengthen Current Surveillance Systems. *American Journal of Public Health*, Vol. 103, No. 8.

¹¹ NYS DOH. Communicable Disease Electronic Surveillance System as of August 2017 and NYC DOHMH, Bureau of Communicable Disease, Viral Hepatitis Program. Data as of May 2017.

¹² NYS DOH. Communicable Disease Electronic Surveillance System as of August 2017

¹³ CDC, National Center for Health Statistics. Multiple Cause of Death files. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Feb 15, 2017.

¹⁴ New York City Department of Health and Mental Hygiene. Bureau of Tuberculosis Control Annual Summary, 2016. Queens, NY. 2017