



**GMHC Written Testimony: New York State Legislature Joint FY24 Budget Hearing  
February 28, 2023**

Founded in 1982 as Gay Men's Health Crisis, the world's first HIV and AIDS service organization, for over 40 years GMHC has been fighting to end the AIDS epidemic and uplift the lives of all affected. Annually, we serve thousands of people living with or at high risk for HIV and AIDS in Manhattan and the five boroughs of New York City (NYC). GMHC proactively addresses the social determinants of health that contribute to the ongoing spread of HIV and prevent individuals from accessing needed care, treatment, and support, including hunger, housing insecurity, unemployment, stigma and discrimination, and a lack of access to health services, among others. Our programs and services include HIV/STI/HEP C testing; housing & financial management; legal and immigration support; meals & nutrition; mental health services provided through our NYS OMH-licensed clinic; prevention & community health; substance use treatment; training, education, capacity-building & research; wellness; health and other public benefits assistance; and workforce development.

In 2022, GMHC's clients represented NYC's poorest and most vulnerable residents: At intake, over 96% lived under the Federal Poverty Line. Most arrived with dire needs for mental health and/or substance use treatment, food security, legal services, and health benefit support. In 2022, our clients continued to represent populations at highest risk of HIV infection: over 57% were people of color and 19% identified as Hispanic or Latino. Over 20% had unstable housing situations upon intake, 36% identified as lesbian, gay, or bisexual (LGB) and 5.5% were transgender, gender non-conforming, or nonbinary (TGNCNB). Over 40% of clients were aged 50 and older, many of whom were long-term survivors living with HIV and AIDS for over 20 years. Finally, 58% are immunocompromised and living with comorbidities that make them more susceptible to severe COVID-19 and MPOX (monkeypox) infection.

First, GMHC respectfully urges the New York State (NYS) Legislature to support the following items included in Governor Hochul's FY24 Executive Budget:

- Authorizes pharmacist to dispense 30–60-day supply of PrEP for HIV (See: HMM, Part W, page 349)
- Dentists may order and administer HIV and Hep C screening test (See: HMM, Part W, pg. 361)
- Requires testing for everyone over 18 for Hep C if there is evidence/indication of a risk activity at an inpatient facility or ER. Requires a 2nd RNA test to confirm diagnosis. (See: HMM, Part AA, pg. 474-475)
- Requires course work or training in infection control for dentists, registered nurses, licensed practical nurses, podiatrists, optometrist and dental hygienists for HIV, HCV and other diseases. (See: HMM, Part CC, pg. 513)
- Authorizes patient or non-patient specific order for pharmacists to dispense up to a 7-day starter pack of HIV post-exposure prophylaxis. (See: HMM, Part CC, pp. 575, 658, 757)

GMHC also respectfully urges the NYS Legislature to fully fund the following FY24 budget priorities identified by the End AIDS NY Community Coalition, of which we are a founding member:

- Protect New York’s healthcare safety net through inclusion of Senate Bill S5136 (Rivera) as an Article VII, a compromise to the proposed carve-out from Medicaid Managed Care to Fee-for-Service that is scheduled to go into effect on April 1, 2023. S5136 will keep the pharmacy benefit in whole person managed care and preserve the 340B mechanism. GMHC opened its 340B pharmacy in September 2022, and our clients stand to lose an estimated \$3-4 million in 340b savings in 2023 that otherwise would be re-invested in expanding the services GMHC provides. Critically, the proposed “hold harmless” provision included in support of the carve-out in the executive budget would not support GMHC because it is based on calendar year 2022 340B saving reported by covered entities. The savings reported by GMHC for the few months our new 340B pharmacy operated pales in comparison to 2023 projections.
- \$2.5M to provide equal access to meaningful HIV housing supports in all parts of NYC for people living with HIV (PWH) experiencing homelessness or unstable housing.
- \$10M in additional funds to adopt and implement the New York State Hepatitis C Elimination Plan.
- \$10M to expand peer and other employment opportunities. These funds would integrate and sustainably fund Certified Peer Workers/ Community Health Workers as a core component of health and human service delivery systems of care, in order to achieve community-level increases in access to and maintenance in medical care and housing for low-income New Yorkers and to provide opportunities for economic mobility for people living with HIV.
- \$20M to advance health equity and human rights for TGNCNB people across NYS. Funds should be used to:
  - Establish respite care facilities, located proximate to hospitals that provide gender affirming procedures, in order to facilitate expanded equitable access to gender affirming surgery for TGNCNB persons experiencing homelessness.
  - Ensure access to rental assistance at up to 110% of HUD FMR, with the tenant’s contribution to rent capped at 30% of their non-public assistance income, for extremely low-income TGNCNB people applying for or receiving public assistance who are experiencing homelessness or housing instability.
  - Expand supportive housing opportunities for TGNCNB people experiencing homelessness who are diagnosed with chronic medical and/or behavioral health conditions.
  - Ensure economic development opportunities that include vocational training, other educational opportunities, and supplemented employment in the public and private sectors by incentivizing employers with a subsidy to employ TGNCNB people.
- \$1M to support the requirement for LGBTQ+ cultural competency training for all NYS licensed providers through amending Education Law §6507(3)(a) to allow the commissioner to establish standards requiring that all persons applying on or after April 1, 2023, to obtain or renew a license, certification, or registration for a limited permit to complete significant additional coursework or training regarding LGBTQ+-related health care and overall LGBTQ+-related cultural competence.
- \$15M to fully fund the Lorena Borjas Transgender Wellness and Equity Fund.
- \$1M to support requiring HIV testing on an opt-out basis in all licensed Article 28, 31, and 32 Facilities.
- \$10M to expand NYS sexual health clinics and capacity to provide PEP and PrEP.

- \$1M to broaden at-home STI testing.
- \$1M to support a plan to eliminate congenital syphilis in NYS by the end of 2030.
- \$22M to support a requirement for all NYS public and charter schools to provide students in grades K-12 with integrated, comprehensive, developmentally appropriate, medically accurate and unbiased sexual health and HIV prevention education using a youth development approach, building on the strengths and capacities of young people.
- \$2M to implement a media campaign focused on increasing the use of condoms as a primary STI prevention tool in NYC.
- \$3M increase in grant funding available to providers serving LGBTQ+ youth.
- \$2M to develop and deploy home HIV testing and telemedicine programs and strategies needed to reach and engage young people in sexual health services.
- \$15.5M to fully restore runaway and homeless youth funding to the NYS Office of Children & Family Services.
- \$500K to fund a statewide study of LGBTQ+ identity and HIV vulnerability in the foster care system. A survey published by Columbia University in 2019 found that 34.1% of youth, ages 13-20, in the NYC foster care system identify as LGBTQ+, a substantially higher proportion than in the general population. The majority are BIPOC youth who are more likely to move through multiple foster homes, age out of the system without being adopted, experience physical, mental, and sexual abuse, and experience homelessness or unstable housing. According to the NYS Office of Children and Family Services (OCFS), as of as of June 2021 there were 14,749 youth in foster care in NYS, but there has been no statewide research examining LGBTQ+ identity or HIV infection among youth in foster care. Better understanding of the incidence and prevalence of HIV among youth in foster care can help to identify new opportunities to prevent infections and ensure those living with HIV receive the treatment needed to keep them healthy and to help end the epidemic.
- \$4M to identify and meet the complex needs of older adults living with HIV. Funding would support the development and implementation of targeted strategies and programs to:
  - Increase access to comprehensive and integrated health care that is responsive to their complex medical comorbidities.
  - Increase engagement with behavioral screenings and healthcare for HIV-associated neurocognitive disorders (HAND), physical screenings (i.e., frailty, DEXA scans), and developing programming to address nutrition, exercise, mobility limitations, and other health maintenance needs.
  - Increase social services that include case management, outreach, psychosocial support/peer support (individual, group), mental health referral, insurance navigation, financial and long-term care planning, and health education.
  - Establish clinical centers of excellence on HIV and aging in the rest of the State similar to those in NYC, as well as creation of a statewide training center of excellence for health care and social service providers.
- Allocate \$10M from the Opioid Settlement Fund to approve and fund Overdose Prevention Centers (OPCs) co-located with Syringe Service Programs across NYS.

Now in our 41<sup>st</sup> year of serving New Yorkers living with and affected by HIV and AIDS, GMHC looks forward to continuing to partner with the New York State Legislature, Department of Health, AIDS Institute, and the many leaders and agencies committed to ending the HIV epidemic in our state. For any questions about GMHC and these budget priorities, please reach out to Jason Cianciotto, Vice President of Communications & Policy, by email at [jasonc@gmhc.org](mailto:jasonc@gmhc.org) or by cell phone at 520-909-3104.