

ASO Coalition Appropriations Testimony February 21, 2014 Requesting an Increase in HIV Prevention Funding

SERVICES: Support Governor's recommended budget of \$475,000 for HIV support service

Long-term support and medical care is more costly over time than is short-term emergency assistance/support, meaning the costs of providing this care has increased organically over time along with general inflation. Because of strong support services, housing assistance, and advances in medication, the people we serve are living longer healthier lives.

HIV Services are HIV Prevention. If the viral load of an HIV+ person is undetectable, the possibility of transmission is greatly reduced, in some studies to nearly zero. Preventing an HIV infection is the best prevention. HIV Services provided with these funds help link people to care, stay in care, and adhere to their HIV medication treatments.

HIV PREVENTION: Increase Governor's recommended budget by \$100,000

Federal funding to Vermont for HIV Prevention has been drastically cut. The goals of the National AIDS Strategy have changed the criteria for awarding the CDC HIV Prevention grants (more prevention for positives, more funding to states with higher rates of HIV/AIDS) and this has resulted in large decreases for low-incidence rural states such as Vermont. The three year RFP for 2011-2013 awarded \$646,409 per year in prevention funds to Vermont HIV prevention programs. However, because of CDC changes, these funds were decreased and as of 2013 only \$367,762 was available. Funding will continue to decrease for these vital activities for 2015 and beyond.

HIV Prevention includes new and growing syringe support programs for people using opiates and other injection drugs. These include current programs serving opiate-addicted individuals, all of which have seen membership growth of 132% and an increase in exchange of 50% over the past 3 years. The Vermont Department of Health estimates that simply to maintain current syringe support services would require an additional \$55,152, *but* to expand to thoroughly to serve Rutland, Washington, and Windham Counties would require at least an additional \$100,000 requested. New pilot programs in outreach and Naloxone distribution are testing for HIV, hepatitis C, and reversing overdoses.

Reduced HIV infections are related to a strong network of HIV prevention across the State. New HIV infections in Vermont remain low in recent years. While many factors account for this, prevention interventions are a major factor. The federal government's policy of reducing Vermont's HIV prevention infrastructure may have public health impacts we cannot anticipate, and Vermont needs to continue stopping the spread of HIV.

Prevention saves on future medical costs. While social scientists cannot track a per-person cost of HIV prevention programs, an increase of \$100,000 would allow Vermont to reach those at highest risk of HIV infection with critical education, risk reduction counseling, and free HIV testing.

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