

MAINE STATE LEGISLATURE

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BACKGROUND, MISSION & FUNCTION

The statewide Maine HIV Advisory Committee (HIVAC) originated in 1987 during a time when the social and personal health impact of this illness were considerably different than present. In the first decade, the committee focused on social impacts: fear, stigma, hopelessness, as effective treatments were not available at that time. More recently, with the development of effective treatment and prevention, a major concern for HIVAC is to facilitate access to and funding for these treatments.

HIVAC is commissioned under Maine statute Title 5 §19202 to advise the legislature, state agencies and departments on issues related to: HIV Care; Treatment; Prevention; Education; Public Policy. As part of statutorily mandated requirements we are providing the Joint Committee of the Legislature on Health and Human Services with this annual report.

2010 ACCOMPLISHMENTS

The following initiatives and accomplishments were achieved in 2010:

Federal Legislative and Policy Initiatives

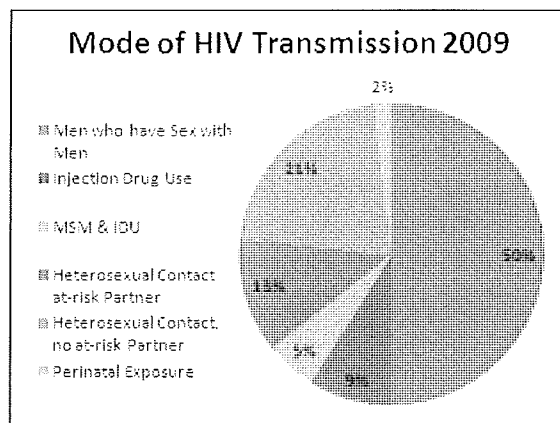
- Removal of the US HIV Travel Ban
- Removal of the Ban on Funding for Syringe Exchanges
- Inclusion of Important HIV Provisions in Health Care Reform
- Extension of Federal Medical Assistance Percentage (FMAP)

State Legislative and Policy Initiatives

- Guidance in Health Info Net and Health Information Taskforce
- Case Management Funding Restoration in the Sup. Budget
- Monitoring of Targeted Case Management Rule Change
- Monitoring and Support of the Federal HIV Waiver Renewal
- Development of Perinatal HIV Testing White Paper
- Development of Condom Use and Testing in Correctional Facilities White Paper

Other

- Improving Communication between Government Agencies and the HIV/AIDS Community



MSM, FOLLOWED BY HETEROSEXUALS, CONTINUE TO MAKE UP THE LARGEST PORTION OF THOSE INFECTED WITH HIV/AIDS ANNUALLY

CURRENT HIV/AIDS STATISTICS & TRENDS

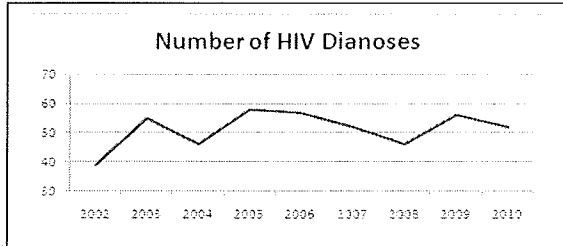
HIV/AIDS continues to spread in Maine through a variety of ways. Below is an excerpt of some current statistics regarding HIV/AIDS in Maine:

People Living with HIV/AIDS in 2009

- 1,456 Total Persons Living with HIV/AIDS
- 1,219 Males with HIV/AIDS
- 237 Females with HIV/AIDS
- 300 Persons Living with HIV but Unaware (Est.)
- 156 Co-infected with Hepatitis C

People Diagnosed with HIV/AIDS in 2009

- 56 Total Diagnosed with HIV/AIDS
- 14 Females Diagnosed
- 42 Males Diagnosed
- 3 Persons Diagnosed Under Age 19
- 15 Persons Diagnosed Over Age 49
- 43 White Persons Diagnosed
- 13 Persons of Color Diagnosed
- 36 Diagnosed in Southern Maine
- 18 Diagnosed in Central Maine
- 2 Diagnosed in Northern Maine



HIV INFECTIONS RATES REMAIN STEADY IN MAINE AT ABOUT 45 TO 60 DIAGNOSES EACH YEAR. ROUGHLY HALF OF ALL PERSONS DIAGNOSED WITH HIV ARE SICK ENOUGH TO BE DIAGNOSED WITH AIDS WITHIN ONE YEAR OF THEIR INITIAL DIAGNOSIS, MEANING THAT THEY HAVE LIKELY BEEN LIVING WITH THE VIRUS FOR (5-8) YEARS WITHOUT KNOWING THEIR STATUS.

2011 PRIORITIES AND OBJECTIVES

In addition to duties outlined in statute, the Maine HIV Advisory Committee has established the following primary and secondary priorities and objectives for 2011:

PRIMARY OBJECTIVES

- Maintaining HIV/AIDS Prevention and Care Funding.
- Reducing Perinatal Infections through Policy Initiatives.
- Developing an Accurate Understanding of Available Resources and Use in Addressing HIV/AIDS in Maine.
- Understanding the Future of HIV/AIDS Prevention and Care through Health Care Reform.

SECONDARY OBJECTIVES

- Understanding how Immigrant, Minority, and Refugee Populations are Affected by HIV/AIDS in Maine.
- Increasing HIV Education in Maine Public Schools.

HIV PREVENTION IN MAINE

HIV diagnoses in Maine have remained about steady for the past decade, at about 50 infections annually. Recent state and national statistics are suggestive of increased infections in 2010. The Epidemiologic Profile identifies the most frequent modes for transmission of HIV in Maine as: males who have sex with males; injection drug use; heterosexual contact with at-risk partners. HIVAC remains particularly interested in the immigrant, drug using, unborn, and incarcerated populations as ways to identify and prevent HIV/AIDS cases.

Funding for HIV prevention in Maine has largely remained flat over the past decade. Meanwhile the cost of providing services has increased, stretching services. HIVAC is concerned that a lack of increased funding is hampering efforts to detect new HIV cases. HIVAC remains committed to increasing resources for HIV prevention in Maine.

HIV TREATMENT AND CARE IN MAINE

In 2010, Maine successfully renewed its Medicaid waiver for people living with HIV/AIDS. This program continues to be highly beneficial in that it improves access to medical treatment for people living with HIV that would otherwise be unable to afford comprehensive treatment. By necessity this must be a cost neutral program and evidence points that this program actually saves the state expenses associated with delayed care. This program has been so successful that it has been broadened to all 50 US states as part of Health Care Reform Legislation that was passed earlier this year.

HIVAC continues to work with Maine’s Health InfoNet (HIN) and the Health Information Exchange (HIE/HIT) task force. HIVAC has an interest in providing readily available and complete healthcare information in an electronic delivery system that meets the highest standards for information privacy, reliability and security.