

MAINE STATE LEGISLATURE

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MAINE HIV ADVISORY COMMITTEE

2014 Annual Report to the State Legislature

May 1, 2015

Background, Mission, and Function

The statewide Maine HIV Advisory Committee (HIVAC) was created in 1987, in Maine statute Title 5, §09202 to advise the legislature, state agencies and departments on issues related to HIV care, treatment, prevention, education, and public policy. As part of the statutorily mandated requirements, we provide the Joint Standing Committee on Health and Human Services with this annual report.

Throughout the 1990's, the committee focused on social impacts: fear, stigma, and hopelessness, because effective treatments were not yet available. Now, with effective treatment widely available but costly, the HIVAC focuses on funding for access to primary and secondary prevention, and treatment.

2014 Key Accomplishments

- LD 1699 was passed in April, 2014. It provides on-going funds for HIV prevention training and education to re-build capacity within school systems throughout the State of Maine supporting youth in peer-to-peer education programs assisted by health educators and teachers.
- To date, 60 youth and 60 educators have been trained.
- Legislative testing event held in April.

Federal Legislative and Policy Initiatives

- Monitoring and Supporting the Medicaid HIV Waiver.
- Continued funding for the Ryan White, housing (HOPWA), and HIV research programs.

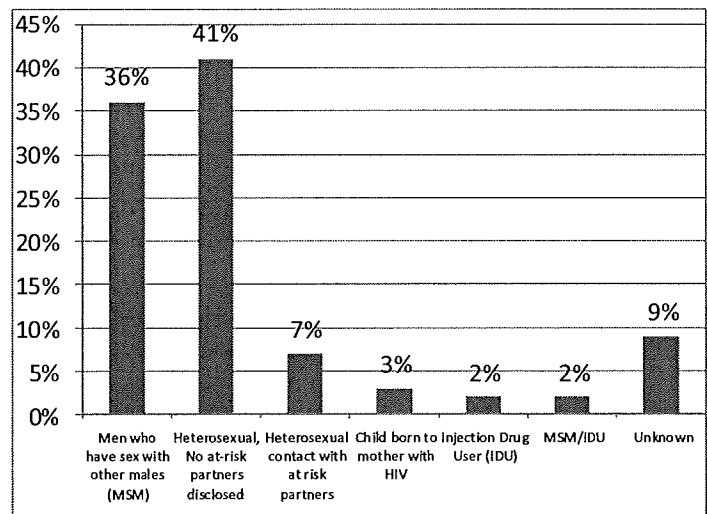
State Legislative and Policy Initiatives

- LD 1699, *An Act to Fund the Maine HIV Education and Prevention Program within the Department of Education* to re-build HIV education capacity within school systems throughout the State of Maine supporting youth in peer-to-peer education programs assisted by health educators and teachers in 44 schools.

Current HIV/AIDS Statistics & Trends

HIV/AIDS continues to spread in Maine through a variety of ways, with heterosexuals with no at risk partners the most common mode in 2014. It should be noted that this group includes those who know their status to be positive but due to immigration or refugee status have been diagnosed as a new case in Maine. Below are some of the most current statistics regarding HIV/AIDS in Maine.

Modes of HIV Transmission



People Living with HIV/AIDS in 2013

1,706 Total persons living with HIV/AIDS
1,412 Males
294 Females
329 Estimated people undiagnosed with HIV
12 Children born to HIV+ mothers

People Diagnosed with HIV/AIDS in 2014

58 Total new diagnoses
40 Males
18 Females
2 Under age 19
17 Over age 49

2015 HIVAC Priorities

- Develop community support and linkages for people living with HIV.
- Develop and implement a campaign to raise awareness around continued relevance of HIV, STDs and Viral Hepatitis, including a legislative lobby day and testing event (June 4, 2015), and other awareness building activities.
- Monitor and provide input to the legislature and public and private organizations concerning initiatives as they relate to State HIV and Hepatitis prevention funding, including a rule change amendment to Medicaid so that community based organizations be able to do testing and bill insurances for that testing.
- Promote the benefits of Medicaid expansion as it relates to HIV issues including the MaineCare waiver for people living with HIV, providing preventative services, and other aspects of HIV care.
- Evaluate current policies and practices around the delivery of HIV, STD and Viral Hepatitis services as compared to recommendations made by the U.S. Preventative Services Task Force, the Centers for Disease Control and the National HIV/AIDS Strategy. Make recommendations to align Maine policy and practice with nationally recognized frameworks.
- Continue to build the capacity of the HIV Advisory Committee to introduce and react to legislation, make recommendations and guide the implementation of policy related to HIV, STDs and Viral Hepatitis.

HIV Prevention

HIV diagnoses in Maine have remained relatively steady for the past decade, with 59 new diagnoses in 2014.

HIVAC focuses its interest on preventing secondary transmission with immigrants, reducing the likelihood of transmission for high-risk newborns,

and monitoring other high-risk populations, in order to reduce HIV transmission.

Federal HIV prevention funding has been greatly reduced, impacting a strong and robust prevention education and testing infrastructure. As a result of reduced funding for the State of Maine, several testing sites and prevention programs have had to close or reduce comprehensive prevention services down to “bare bones” testing services.

HIV Treatment and Care

In 2014, the MaineCare HIV waiver program served 525 people living with HIV and AIDS. The limited MaineCare services allows people living with HIV to access appropriate medication, avoid unnecessary visits to the emergency department, and importantly, to access targeted case management, which helps clients afford safe housing, transportation, and job skills, in addition to medical needs. The waiver was reauthorized at the end of 2014, but for only one year, versus the usual three years. HIVAC understands that the Affordable Care Act is a good start for ensuring all people have access to health insurance, we also know that it will not cover everyone in the short term; therefore, we are very concerned about the future of the HIV waiver.

The AIDS Drug Assistance Program (ADAP) program, part of the Ryan White program, was accessed by 811 people in some form in 2014. This includes assistance in paying for utilities, food and dental assistance for those who are underinsured. ADAP may wrap around and provide additional last payer of resort assistance to those who are underinsured. Ryan White Part B provides medical case management to people living with HIV who are not eligible for MaineCare.

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