

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

MAINE HIV ADVISORY COMMITTEE

2015 Annual Report to the State Legislature

March 28, 2016

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.

State Legislative and Policy Initiatives

- LD 661 "An Act To Fund HIV, Sexually Transmitted Diseases and Viral Hepatitis Screening, Prevention, Diagnostic and Treatment Services" passed in July of the first regular session, and is waiting for funding on the Appropriations 'table.' LD 661 requests \$391,800 in support of HIV, HCV and STD screening, prevention and treatment services to be administered by the Maine HIV, STD and Viral Hepatitis Program within the Maine Centers for Disease Control.

Combined with current Maine CDC funding (\$150,000) LD 661 would bring funding for this vital service back to \$541,800, less than half that of 2010 levels.

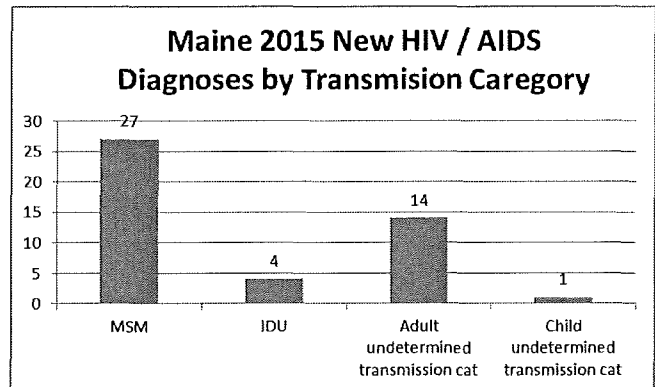
Federal Legislative and Policy Initiatives

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

Current HIV/AIDS Statistics & Trends

HIV/AIDS continues to spread in Maine through a variety of ways, with men who have sex with men identified as the most common mode of transmission in 2015. Below are some of the most current statistics regarding HIV/AIDS in Maine.

Modes of HIV Transmission



People Living with HIV/AIDS in 2014

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 2015*

* These data are preliminary calculations as of 3.21.16 and are subject to change as further surveillance activities are undertaken.

46 Total new diagnoses in 2015

Sex at Birth

7 Female

39 Male

Age at Diagnoses

<14 1

15-19 2

20-29 10

10-39 13

40-49 9

50-59 6

>60 5

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 (April 1, 2016), 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 and treatment.
- 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 50 new diagnoses in 2015, compared to a five-year average of 48.

HIVAC focuses its interest in prevention on assuring people living with HIV have the supports they need to access medication and to become and remain ‘virally suppressed,’ which means the level of HIV virus in the blood is so low, the risk of transmitting HIV is reduced by 96%.

Federal HIV prevention funding is being moved from the northeast US to the southeast, where the epidemic is growing. This means fewer dollars for the state to contract with community providers, resulting in less outreach, but more focused testing of people at very high risk only.

HIV Treatment and Care

In 2015, the MaineCare HIV waiver program served 544 people living with HIV and AIDS. The limited MaineCare services allow 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 has been submitted for renewal in early 2016. 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.

Maine’s Ryan White Part B Program funds medical case management, pays insurance premiums for those who do not qualify for MaineCare, and assists with medical co-pays to help low-income people living with HIV maintain access to appropriate health care and services. In 2015, the Part B Program provided some form of assistance to a total of 882 people living with HIV. Payer of last resort financial assistance programs assist with health insurance, labs, medication costs, dental care, food, rent and utilities.

For more information, contact Megan Hannan, HIVAC President, mhannan@peabodycenter.org, 207.807.1218