

Agency: 303 Department of Health
Decision Package Code/Title: Q2 HIV Prevention and Control Program Restoration
Budget Period: 2015-17
Budget Level: PL – Performance Level

Recommendation Summary Text:

This proposal offsets the one-time reduction General Fund State reduction proposed in the agency’s Governor directed 15 percent reduction. Maintaining current levels of all funding sources for the program ensures long time viability of the program when facing future reductions to federal funding and reduced program income from HIV medication rebates.

Fiscal Detail

| Operating Expenditures | | | FY 2016 | FY 2017 | Total |
|------------------------|----------------------|--|----------------|----------------|--------------|
| 001-1 | General Fund - State | | 3,217,000 | 2,400,000 | 5,617,000 |
| 001-7 | General Fund - Local | | (3,217,000) | (2,400,000) | (5,617,000) |
| Total Cost | | | 0 | 0 | 0 |

Package Description:

The Department of Health (DOH) works to prevent transmission of disease by keeping HIV-infected people virally suppressed and making those who are at high risk of becoming infected less vulnerable to infection. In order to prevent and control HIV disease in Washington State, the Office of Infectious Disease (OID) makes investments in three areas:

- 1. Primary Prevention and Case Identification** – Primary prevention strategies prevent infection among uninfected persons and are highly targeted to populations disproportionately impacted by disease, such as gay and bisexual men. Investments in four primary prevention strategies include distribution of clean needles and syringes, distribution of condoms, testing and treatment for sexually transmitted diseases, and pre-exposure prophylaxis, which treats people who are not infected with HIV with medications to reduce their chances of becoming infected.
- 2. Linkage to and Retention in HIV-Related Medical Care** – Antiretroviral therapy for People Living with HIV (PLWH) has become one of the most effective population-level strategies to prevent new HIV infections. Antiretroviral therapy suppresses the HIV virus and greatly reduces PLWHs ability to transmit disease. Keeping people virally suppressed requires that they be linked to and retained in medical care and adherent to medications. Investments include services such as medical case management, linkage to behavioral health services, and treatment adherence to support PLWH so they stay in medical care and remain virally suppressed.
- 3. HIV-Related Medical Care and Treatment** – Access for PLWH to care and treatment services is provided primarily by enrolling eligible individuals in the state’s Early Intervention Program (EIP), also known as Washington’s AIDS Drug Assistance Program (ADAP). The program provides an insurance safety net by purchasing insurance for PLWH who are not eligible for Medicaid and cannot afford coverage. It provides them access to comprehensive

medical care and treatment for HIV. In addition to purchasing insurance, the program provides co-pays and deductibles, which can be prohibitively expensive.

We anticipate that federal funding will see reductions in the next few years and that the level of income from HIV medication rebates will decline. Maintaining all funds ensures long term viability of the program.

Agency Contact: Disease Control and Health Statistics Division, Julie Miracle, (360) 236-4230
Program Contact: Office of Infectious Disease, Maria Courogen, (360) 236-3458

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

None.

Performance Measure Detail

Activity: Code A016 Prevent and Respond to the Transmission of Communicable and Infectious Disease

Is this Decision Package essential to implement a strategy identified in the agency's strategic plan?

No.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

No.

What are the other important connections or impacts related to this proposal?

None.

What alternatives were explored by the agency and why was this alternative chosen?

Not asking for this one time General Fund-State reduction to be restored was another option, however we chose to ask for it back to leave plenty of flexibility for the program in case of future federal or HIV medication rebate reductions

What are the consequences of adopting or not adopting this package?

None.

What is the relationship, if any, to the state capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None.

Expenditure and revenue calculations and assumptions

In the 2015- 2017 Biennium, this proposal will have no overall impacts. The estimated General Fund State reduction in fiscal year (FY) 2016 will be \$3,217,000 and \$2,400,000 in FY 2017; however can be covered by fund balance in medication rebates. In addition, there will be a reduction of 0.6 FTE Fiscal Analyst 2 due to the decrease in administrative workload. These reductions will be one-time.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The reduction identified in the Governor's directed 15% reduction was one-time during the 2015-17 biennium; therefore all costs identified in this decision package are also one-time.

For federal grants: Does this request require a maintenance of effort or state match?

Not applicable.

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

No.