



Testimony of Executive Director Julie Davids to the
House Finance Committee, Rhode Island General Assembly

March 20, 2006

Good afternoon, and thank you for the opportunity to come before you today in support of the Governor's request for funds for lifesaving medical and supportive care for people living with HIV/AIDS. My name is Julie Davids, and I am the Executive Director of the Community HIV/AIDS Mobilization Project, known as CHAMP. We are a Providence-based organization working with people with HIV and young leaders around the country, ensuring that they have the information and skills to monitor and advocate for strong and sustainable policies for the prevention and treatment of HIV/AIDS.

We thank the Governor for his decision to include state funds for HIV/AIDS medication and supportive care to complement the federal funds that have allowed us to build a strong and stable system that, day in and day out, provides a matrix of support that protects the lives of the thousands of Rhode Island residents who are living with HIV.

Title II is a federal program that gives access to antiretroviral drugs – the medication that has drastically reduced the death rate from HIV/AIDS – as well as the ancillary medications that help people with HIV stay healthy by treating related infections and side effects. This part of the program is known as the AIDS Drug Assistance Program, or ADAP. It is a “payer of last resort,” meaning it is the last-chance safety net for people who can not access a consistent supply of HIV medication in any other way.

Title II funds also pay for vital community-based services – such as case management and adherence counseling – that help people be able to stay on these challenging combinations of

medication over the long term. AIDS medication can be hard to take, and people are currently faced with taking this medication for the rest of their lives.

Being able to have a “rest of our lives” has enabled people with HIV to envision a future, go back to school or work, stay strong members of their families, and to be valued members of communities across Rhode Island. The years of life saved by HIV/AIDS treatment and care ranks favorably in cost effectiveness among public health interventions, as people are often in the prime of their lives when the medication and care allows them to stay healthy and productive, and it also reduces or eliminates lengthy and expensive hospital stays and hospice care.

For many many years, Rhode Island has been able to skillfully use its Title II dollars to construct a comprehensive and accessible infrastructure of services and care for all people with HIV in need. As the Executive Director of a national HIV/AIDS policy organization, I am proud to live in a state that has recognized the importance of a stable and strong infrastructure that allows people with HIV to lead healthy lives with dignity. I can tell you that Rhode Island is recognized across the country as a model for its health care, its supportive services, and commitment to effective HIV prevention and harm reduction.

However, as in many states, we now have a happy problem. The happy part is that people with HIV are staying alive, staying healthy. The problem is that means there are more people in need of this medication and these services, as they are not leaving the ranks of the programs through death. The other part of the problem is that our Federal partners have not kept pace with this need. People living with HIV and their loved ones have traveled to Washington DC to support our delegation in calling for additional funds for Title II, but the increases have not met the need.

Late last year, HEALTH recognized that the Title II funds had not keeping up with the need for medication and services. They identified a short-fall that had developed due to the increase in the cost of drugs and the number of people in need of this lifesaving program. As an individual and

independent community member, as well as the director of an AIDS watchdog organization that does not receive funding from the local, state or federal government, I am now confident that HEALTH has discerned the size and scope of the shortfall and developed better systems to both anticipate program need and monitor program expenditures.

The recent audit has provided key information on what is needed to keep the program stable in the coming year. We support the Governor's request for 3.3 million in funds to address the shortfall, and 4.2 million for the next year of services.

CHAMP looks forward to working with people with HIV as well as HIV/AIDS, community and public health organizations and government entities to ensure that we develop long-term solutions for keeping AIDS care strong in Rhode Island. It is not an easy time for any of us dedicated to the provision of comprehensive health care in our nation, or in our state. But we believe that the Governor's budget will give us a healthy foundation on which to build an accountable and efficient structure for HIV/AIDS care in the coming years, and will allow us to amplify our voices in calling for additional federal resources for states, like ours, that are doing the right things in addressing the AIDS epidemic in our communities.