



# Amy Loudenbeck

REPRESENTING WISCONSIN'S 31<sup>ST</sup> ASSEMBLY DISTRICT

**Testimony before Assembly Committee on Substance Abuse and Prevention  
Assembly Bill 820  
Rep. Amy Loudenbeck**

Thank you, Chairman James and committee members for your time today and hearing Assembly Bill 820, relating to grantees and funding purposes of Mike Johnson life care and early intervention services grants.

The first "life care" grant funding for HIV and AIDS services started in 1987, then in 2005, it was renamed the "Mike Johnson Life Care & Early Intervention Services Grant", in honor of Mike Johnson from Milton, Wisconsin who was diagnosed with AIDS in 1991. After his diagnoses, Mike became an advocate for prevention and the importance of testing – sharing his personal story with people from over 40 states before he passed away in 2010.

The Mike Johnson Life Care & Early Intervention Services Grant provides financial assistance to organizations across Wisconsin that provide medical care and support services for individuals with HIV which can help them live long and healthy lives.

In the 30 years since the initiation of the grant program, there have been significant biomedical advancements in the field of HIV prevention, but current law does not allow Mike Johnson grant funds to be used for those types of expenditures.

AB 820 modernizes the language for the Mike Johnson Life Care & Early Intervention Services Grant to include access to clinical services and lab work related to receiving Pre-Exposure Prophylaxis (PrEP) for individuals vulnerable to HIV. PrEP is a medication that significantly reduces vulnerable individuals' odds of contracting HIV. According to the CDC, PrEP lowers the risk of contracting HIV by as much as 99% when taken as prescribed. PrEP represents a game changing intervention that has the potential to help end the HIV epidemic, but the cost of recommended lab work and clinical visits is often a barrier to accessing PrEP for uninsured or underinsured individuals.

Colleagues, we know that people suffering from addiction and substance abuse disorder engage in behaviors that put them more likely to get and transmit HIV. I have a handout showing commonly used substances and HIV risk that explains this very well, and I encourage you to review it as you consider how AB 820 aligns with the policy goals of this committee and its members.

Finally, AB 820 clarifies that grantees of the program must be "AIDS Service Organizations" which is defined in s. 252.12 (1)(b) as nonprofit corporations or public agencies that provide, or arrange for the provisions of, comprehensive services to prevent HIV infection and comprehensive health and social services for persons who have HIV infection, and that are designated as such by the department.

Thank you for your attention to this important matter. I'd be happy to answer any questions at this time.



# HIV AND SUBSTANCE USE

Substance use disorders, which are problematic patterns of using alcohol or another substance, such as crack cocaine, methamphetamine (“meth”), amyl nitrite (“poppers”), prescription opioids, and heroin, are closely associated with HIV and other sexually transmitted diseases.

Injection drug use (IDU) can be a direct route of HIV transmission if people share needles, syringes, or other injection materials that are contaminated with HIV. However, drinking alcohol and ingesting, smoking, or inhaling drugs are also associated with increased risk for HIV. These substances alter judgment, which can lead to risky sexual behaviors (e.g., having sex without a condom, having multiple partners) that can make people more likely to get and transmit HIV.

In people living with HIV, substance use can hasten disease progression, affect adherence to antiretroviral therapy (HIV medicine), and worsen the overall consequences of HIV.

## Commonly Used Substances and HIV Risk

- **Alcohol.** Excessive alcohol consumption, notably binge drinking, can be an important risk factor for HIV because it is linked to risky sexual behaviors and, among people living with HIV, can hurt treatment outcomes.
- **Opioids.** Opioids, a class of drugs that reduce pain, include both prescription drugs and heroin. They are associated with HIV risk behaviors such as needle sharing when infected and risky sex, and have been linked to a recent HIV outbreak.
- **Methamphetamine.** “Meth” is linked to risky sexual behavior that places people at greater HIV risk. It can be injected, which also increases HIV risk if people share needles and other injection equipment.
- **Crack cocaine.** Crack cocaine is a stimulant that can create a cycle in which people quickly exhaust their resources and turn to other ways to get the drug, including trading sex for drugs or money, which increases HIV risk.
- **Inhalants.** Use of amyl nitrite (“poppers”) has long been linked to risky sexual behaviors, illegal drug use, and sexually transmitted diseases among gay and bisexual men.



## Alberta Darling

Wisconsin State Senator · District 8

Testimony before the Assembly Committee on Substance Abuse and Prevention

### Assembly Bill 820

Thank you Chair James and committee members for taking the time to hear Assembly Bill 820. The bill before the committee updates the Mike Johnson Life and Early Intervention Services Grant, which provides funding for Wisconsinites living with HIV and AIDS.

The Mike Johnson Grant was created in 1987. The grant allows applying service organizations to provide funds for HIV and AIDS services. The grant funds ensure Wisconsinites living with HIV have access to integrated medical, dental, mental health, and social services that allow them to live long, healthy lives. In the 30 years since the grant program was created, there have been significant medical advancements in the treatment and prevention of HIV. One such advancement is the development of Pre-Exposure Prophylaxis (PrEP). PrEP is a medication that significantly reduces vulnerable individuals' odds of contracting HIV. According to the CDC, PrEP lowers the risk of contracting HIV by as much as 99% when taken as prescribed.

Assembly Bill 820 updates the Mike Johnson Grant to ensure grant funds go to AIDS service organizations and allows the funds to be spent on PrEP. First, the bill clarifies that funds must go to applying AIDS service organizations. These organizations are required to be non-profit organizations that provide comprehensive services to prevent HIV infection and comprehensive health and social service for persons who have HIV infection. The bill also expands the eligible use of funds to include PrEP for vulnerable individuals. This change will allow AIDS service organizations to serve vulnerable individuals and prevent the spread of HIV.

Thank you for taking the time to hear Assembly Bill 820. I hope to count on your support for these needed updates to the Mike Johnson Grant.



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## Testimony before the Assembly Committee on Substance Abuse and Prevention

AB 820

January 26, 2022

Rep. Donna Rozar (R-69)

Thank you, Chair James and members of the Assembly Committee on Substance Abuse and Prevention for holding a public hearing on AB 820: relating to grantees and funding purposes of Mike Johnson life care and early intervention services grants.

Last month, I toured the Vivent Health facility in Madison. Vivent Health is a regional AIDS service organization with multiple locations in Wisconsin, formerly known as the AIDS resource center of Wisconsin. I was astounded by the high quality patient care given by HIV/AIDS clinics. Not only do these clinics practice outpatient care, but on site there is a full service dental office, food pantry, specialty pharmacy, and mental health services. Currently, the Mike Johnson grant funds are not allowed to be used on laboratory testing and clinical services for those at risk for contracting HIV. As preventative testing and serving those at risk continues to expand for AIDS service organizations, it is important that funding is made available to cover these expenses. With proper preventative care, we can achieve an AIDS free future in Wisconsin.

Additionally, it is important that these grants go to AIDS service organizations, non-profit agencies that provide or arrange for comprehensive services to prevent HIV infection and health and social services for those already infected. I am proud to be the second author on this Bill and ensure these funds continue to support organizations, such as Vivent Health, who seek first the health and safety of their patients.

Thank you for your kind attention and consideration of this Bill. I will be glad to answer any questions you may have.



**Testimony by Vivent Health in Support of Assembly Bill 820**  
**Assembly Committee on Substance Abuse and Prevention**

**Testimony by Bill Keeton, Chief Advocacy Officer, Vivent Health**

Good afternoon Chairman James and members of the Assembly Committee on Substance Abuse and Prevention. My name is Bill Keeton and I am the Chief Advocacy Officer at Vivent Health, Wisconsin's largest provider of HIV prevention, care and treatment services. I also am the Chair-elect of the Wisconsin Public Health Council, a statutorily created body I was appointed to originally by Governor Walker and reappointed to by Governor Evers.

Thank you for the opportunity to testify today in support of Assembly Bill 820. Thank you also to Representatives Loudenbeck and Rozar for their comments and leadership on this important legislation.

Before I get into the specifics of how AB 820 will help us move closer to ending the HIV as an epidemic in our state, I would like to provide some background on the HIV epidemic in Wisconsin, Vivent Health and the Mike Johnson Lifecare and Early Intervention Services grant.

Today, there are approximately 8,000 people estimated to be living with HIV in Wisconsin, with approximately 200 new cases of HIV diagnosed every year. While HIV is more prevalent in certain areas of Wisconsin when compared to others, it is important to know there have been people living with HIV in all 72 Wisconsin counties since the beginning of the HIV epidemic in the 1980s. And even though new infections have been in decline over recent years, there are more people than ever before needing HIV prevention, care and treatment services.

HIV remains one of our state's significant public health challenges. Not only can an HIV diagnosis present significant health challenges to people who contract the virus, the cost of treating HIV is significant, with lifetime health care and treatment costs of hundreds of thousands of dollars for every person living with HIV. Given the disproportionate rate of HIV among low-income individuals who may rely on public benefits programs to pay for their care, preventing HIV

infections both promotes individual health and helps to contain health care costs in general.

Even with these ongoing challenges, there is excitement and promise in our work to end HIV as an epidemic. While if left untreated, HIV is still deadly; new pharmaceutical treatment options and health care regimens for people living with HIV afford them the opportunity to achieve viral suppression or an undetectable viral load. This clinical indicator is considered the gold standard for HIV treatment and means that someone with the virus is managing it as well as possible. By doing so, they not only are able to ensure their immune system is functioning well, they can live near normal lifespans and they are unable to transmit the virus to others. Viral suppression is not only a great personal health outcome, it is an incredibly powerful HIV prevention strategy. However, the United States and the State of Wisconsin will never likely be able to treat our way out of HIV by only focusing on health services for people living with the virus.

Unfortunately, throughout the United States, about 1 in 3 people with HIV are not achieving viral suppression and more than 30,000 new infections take place annually – a reflection not of personal failure, but of a system of health care that is not always equipped or designed to help people affected HIV be successful in achieving or maintaining health. Studies have shown most new HIV infections occur when people with HIV are either unaware of their status or have not achieved viral suppression, creating an environment where HIV transmission is more likely.

However, in Wisconsin the story is a little different. Achieving viral suppression is where Vivent Health, and our partnership with the State and the Mike Johnson Life Care and Early Intervention Services Grant comes into play. It is also where we have an important HIV prevention opportunity through AB 820.

Vivent Health is one of the nation's leading providers of HIV prevention, health care and treatment services. We have clinics and service delivery locations in 10 Wisconsin cities and are the largest provider of health care to people living with HIV in Wisconsin. Currently, we serve more than half of the 8,000 people with HIV in the state. Additionally, through our prevention services we reach tens of

thousands of people at-risk for HIV with effective HIV and harm reduction services to help them minimize the chances they contract HIV.

At Vivent Health, we provide integrated, comprehensive health care including medical care, pharmacy services, dentistry, behavioral health care, and substance abuse treatment services that are supported by and integrated with social services. Working together, the collaborative care we provide identifies and reduces barriers to HIV treatment success. Oftentimes, these barriers are socio-economic in nature and include lack of access to care or insurance coverage, poverty, homelessness, food insecurity and discrimination. There are also significant health-related barriers, not the least of which are chronic diseases along with anxiety, depression, post traumatic stress and substance abuse. In fact, roughly 50% of people with HIV are anticipated to be in need of mental health care at least once while living with HIV.

Additionally, we have been recognized for the unique way we bring these services together because of the successful healthcare outcomes they help our patients achieve. More than 92% of Vivent Health patients are achieving viral suppression – a rate that surpasses outcomes at HIV clinics across the nation. This achievement is even more telling when you take into account that many of the people we serve come to us with significant economic challenges and health conditions that can make HIV treatment difficult.

These outcomes at Vivent Health are helping Wisconsin lead the nation in holding down the number of annual deaths in the state attributed to HIV disease progression and keep us as a state where new HIV infection rates are lower than many others. These successes have been made possible through the support of the State of Wisconsin through the Mike Johnson Life Care and Early Intervention Services Grant along with the federal Ryan White Program and funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The success of this is where my excitement comes from. But it is also where I see the greatest opportunity for further success and innovation in our state's response to HIV.

Today we know that we have the tools we need to end HIV as an epidemic. The newest tool we have is pre-exposure prophylaxis, or PrEP. PrEP is an HIV prevention strategy that works by providing people at-risk for HIV with some of the same pharmaceutical treatments used to treat HIV. It is more than 90% effective in preventing someone from acquiring HIV if they are exposed to it.

Widespread access to PrEP should be our goal, there are challenges with getting PrEP to everyone who could benefit from it. This is where AB 820 provides an excellent opportunity to expand access.

One of the most significant barriers to expanding access to PrEP for more individuals is cost – both for the medication itself and for required doctor's visits and laboratory testing which are required as a part being on PrEP which often have copays, deductible and other out of pocket costs. Additionally, there are not dedicated programs available at the local, state and federal levels of government to help increase access to PrEP through eliminating financial barriers to care for uninsured people.

Simply, AB 820 will allow Vivent Health to extend the grant funding we are currently only able to use on services for people living with HIV to now cover laboratory testing and doctor's visits for uninsured individuals, as well as out of pocket costs for those individuals who may have insurance but cannot afford their copays and deductibles. The high cost of PrEP is not only the price of the medications, which we have ways to address, it is also in these often times hidden health care costs that once patients learn about, causes them to walk away from a prevention strategy that could otherwise protect their health.

My colleagues Erik and Imani will be able to share some additional information about PrEP and our PrEP services.

**Testimony by Erik Bauch, National Director of Pharmacy, Vivent Health**

My name is Erik Bauch and I'm the national director of pharmacy for Vivent health. I am a licensed pharmacist and credentialed as an HIV expert by the American Academy of HIV medicine. I have worked in hospital, retail, and



administrative roles over the past 23 years. I am here because I strongly believe in the value of preventing HIV.

In 2012, PrEP (short for pre-exposure prophylaxis) was approved by the FDA as a treatment to prevent HIV infection in high risk individuals. This breakthrough treatment is 99% effective in preventing HIV infection. Unfortunately, only 25% of the 1.2 million people for whom PrEP is recommended were prescribed it. Additionally, it's important to note that of those indicated for PrEP and not receiving treatment 43% are Black, 24% Hispanic and 26% White. Each prevented HIV case saves an average of over \$300,000 in lifetime medical costs.

Certain high-risk individuals and groups are less likely to adhere to daily medication. Other interpersonal factors, such as substance use disorders, depression, poverty, and efforts to conceal medication also can impact adherence. Recently, a new injectable medication named Apretude was granted priority review and approved by the FDA on December 20th, 2021. It is hoped that the availability of this long-acting injectable PrEP option will increase PrEP uptake and adherence in these groups by reducing some of the barriers to PrEP.

I have personally observed at risk folks overcoming stigma and fear inquire about PrEP, only to have easily overcome barriers suppress that courage and add to the unseen total of missed opportunities. There are new and effective treatments on our doorstep, and historic stigma and prejudice is lessening. I'm hopeful our state can keep moving forward as we fight to end the HIV epidemic.

Thank you for your time.

**Testimony by Imani Sloan, PrEP Supervisor Vivent Health**

Thank you, committee members, for the opportunity to address the committee today. Thank you also to the bill's authors, including Representatives Loudenbeck, Rozar and others for sponsoring this important legislation.

Vivent Health is a new organization founded on the combined expertise of AIDS Resource Center of Wisconsin, Rocky Mountain CARES, St. Louis Effort for AIDS and AIDS Services of Austin. Together, we are working towards a world without AIDS. And we're committed to being a respectful, caring partner serving everyone affected by HIV through our comprehensive, integrated prevention, care, and treatment programs.

Vivent Health asks for your support of Assembly Bill 820. This bill will expand the Mike Johnson grant to allow grantees to use funds to assist HIV-negative clients who are under- or uninsured with accessing Pre-Exposure Prophylaxis (PrEP).

PrEP is a medication that when taken as prescribed can prevent HIV with an efficacy of 99%. Vivent Health has been serving patients and clients through its PrEP program since 2016. Last year Vivent Health's PrEP program served 620 clients throughout the state of Wisconsin.

While this number is great and a testament to the dedication of the company and the staff that work here, communities who would most benefit from PrEP have issues accessing services due to lack of insurance. We have had clients deny services due to not feeling like they could afford the care. Many of our clients from these communities face multiple social determinants of health and having to choose between essentials like food and shelter can make PrEP become less of a priority.

Expanding the language in the Mike Jonson grant to allow for HIV-negative clients who are uninsured to have access to these funds would allow for Vivent Health to assist more people who would most benefit from PrEP with no barrier. Patients would not have to choose to between their health and the essentials needed for survival like food and shelter

Thank you