



Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873
Email: fiscal.bureau@legis.wisconsin.gov • Website: <http://legis.wisconsin.gov/lfb>

June, 2023

Joint Committee on Finance

Paper #437

Mike Johnson Life Care HIV/AIDS Services (Health Services -- Public Health)

[LFB 2023-25 Budget Summary: Page 274, #9]

CURRENT LAW

The human immunodeficiency virus (HIV) attacks and destroys cells in the immune system. If left untreated, this can result in a condition known as acquired immunodeficiency syndrome (AIDS). While there is no complete cure for HIV, people with HIV can manage the condition through medications that suppress the activity of the virus. HIV is a blood-borne communicable disease, meaning it can be transmitted by blood or across a mucous membrane. It is most commonly transmitted through sexual contact, sharing needles to inject drugs, and perinatal transmission of HIV to infants.

Under current law, the Mike Johnson life care and early intervention services program, administered by the DHS Division of Public Health (DPH), provides grant funding to an AIDS service organization to fund certain harm reduction services for people living with HIV. These services include early intervention services to connect people to medical care and other supports following an HIV diagnosis. The grant also supports needs assessments and ongoing case management for anyone living with HIV and their family and caregivers. Grant funds may be used to provide counseling, therapy, and homecare services and supplies, and to refer people to other services that support the health of those living with HIV, including medical care, housing assistance, food assistance, and legal and social services.

2021 Act 226 expanded the scope of the Mike Johnson program to include some preventative services, in addition to harm reduction care. The act allows grant funds to be used to provide testing and consultation to partners of people living with HIV and others at risk of infection so that they can receive recently-developed pre-exposure prophylactic drugs (PrEP).

Base funding of \$4,000,000 GPR is budgeted annually for the Mike Johnson Life Care grant, and statutes require DHS to distribute no more than this amount for this grant. The base budget

also provides \$2,220,900 GPR annually for other HIV services, including the non-federal share of payments under the Medical Assistance (MA) program for HIV-specific case management services; prevention and surveillance services including education and outreach, testing and referral to treatment, anonymous partner notification services, and statewide surveillance; and the AIDS/HIV drug assistance program (ADAP) and the insurance assistance program (IAP), which provide financial assistance for the purchase of drugs that suppress the virus's activity and address other co-occurring medical needs. These activities are also supported by federal funding under the federal Ryan White HIV/AIDS program; in 2021-22 DHS received \$8,650,900 under this program, including \$4,576,000 reserved for the ADAP and IAP programs. The prevention and surveillance activities are also supported by a federal grant from the Centers for Disease Control and Prevention (CDC), under which DHS received \$2,384,500 in 2021-22.

DISCUSSION POINTS

1. Assembly Bill 43 and Senate Bill 70 would provide \$1,000,000 annually to increase, from \$4,000,000 to \$5,000,000, annual funding for HIV/AIDS-related services under the Mike Johnson Life Care and Early Intervention Services grant.

2. In 2022, DPH awarded the grant to Vivent Health, an organization formed from the AIDS Resource Center of Wisconsin and several other AIDS service organizations in nearby states. Vivent reported serving more than 4,000 people living with HIV in Wisconsin, through locations in 10 cities across the state.

3. As of December, 2022, an estimated 8,520 people were living with HIV in Wisconsin. This consists of 7,387 people with a confirmed diagnosis and a further 1,133 people, per estimates by the Centers for Disease Control and Prevention (CDC), that are not yet aware they have contracted the virus. In 2022, there were 295 people newly diagnosed with HIV. While the rate of new diagnoses has remained approximately constant since the early 2000s, the total population living with HIV has increased slightly in recent years from an estimate of 8,035 as of December, 2020. Several factors may be contributing to this increase, including improvements in medical care that have achieved a significant increase in life expectancy for people living with HIV.

4. In the 1980s, the median age at death for someone living in Wisconsin with HIV was 38. Due to medical advancements, improved delivery of care, and organized action within the communities most affected by the epidemic, in 2020 the median age at death had risen to 59 for Wisconsinites living with HIV. Consequently, a greater proportion of people living with HIV are older, requiring expanded health care services.

5. Vivent Health reports that 96% of their patients in Wisconsin are successfully suppressing the virus, mitigating the symptoms of the disease and preventing transmission. This percentage is significantly greater than the nationwide average viral suppression rate for people living with HIV across all health care providers, which is approximately 66%. Vivent Health also reports that their patients receive emergency room care 48% less often than people living with HIV who are not receiving their services.

6. The Mike Johnson grant was most recently increased under the 2017-19 biennial budget. Beginning with the 2017-18 fiscal year, the annual amount of the grant was increased by \$323,000, from \$3,677,000 to \$4,000,000.

7. Federal funding received under the Ryan White program, excluding funding designated for the drug assistance programs, has declined somewhat over this period. In 2017-18 Wisconsin received \$6,409,400, while in 2021-22 that amount had fallen to \$4,074,900. This funding supports a variety of HIV programs and services, including services delivered by Vivent Health and related to services under the Mike Johnson grant.

8. By expanding the purposes of the Mike Johnson grant to include testing and consultation necessary to receive PrEP, 2021 Act 226 created an opportunity to prevent the spread of HIV and reduce the harm of the virus. However, funding is required to provide these services. Vivent Health reports that currently 720 people per year at risk for HIV in Wisconsin are accessing PrEP through their services. The agency estimates that a \$1,000,000 increase in annual funding would enable Vivent Health to provide the necessary services for an additional 1,028 people to access PrEP each year, as well as provide care and treatment services to an additional 132 patients per year living with HIV in Wisconsin.

9. During January through September, 2022, the most recent period for which figures have been published, the CDC estimates that 2,928 people in Wisconsin had prescriptions for PrEP, only 23% of the 12,980 people that the CDC estimates are at risk of exposure to HIV and would benefit from PrEP. Accessing PrEP requires an initial and ongoing HIV tests and consultation with a physician who is knowledgeable about the medicine. These clinical and laboratory costs can pose a financial barrier to people who would benefit from protection. The time, geographic access, social stigma, and other aspects of these appointments also contribute to the low uptake of PrEP. The proposed funding would make these services more widely available.

10. Approximately 4,500 people living with HIV in Wisconsin are not currently receiving services under the Mike Johnson program. While some of these people may be receiving the care they need to manage the virus through other health care providers, many are not receiving adequate care and have not achieved viral suppression, negatively affecting their health and creating an opportunity for the virus to be transmitted. The proposed funding increase would expand the capacity of the grantee to provide services to this population.

11. To expand access to modern HIV prevention and services, the Committee could increase the Mike Johnson grant by \$1,000,000 per year, as proposed in AB 43/SB 70. As noted above, this level of funding would provide access to PrEP for 1,028 people at risk of contracting HIV and care and treatment services for 132 people at risk of transmitting the virus. As noted in the errata memo published by the Administration April 27, 2023, a statutory change not included in AB 43/SB70 would be necessary to increase the statutory cap on the Mike Johnson grant from \$4,000,000 to \$5,000,000. Similar language would be included under any of the following Alternatives that increase the grant. [Alternative 1]

12. To further expand prevention services and accelerate the potential elimination of HIV in Wisconsin, the Committee could provide a larger funding increase in any amount. For example, the

Committee could provide an additional \$2,000,000 per year, which could provide access to PrEP for approximately 2,000 people at risk of contracting HIV and care and treatment services for approximately 260 people at risk of transmitting the virus. [Alternative 2]

13. Alternatively, the Committee could determine that a smaller increase in the grant amount would provide an adequate level of HIV prevention and services. For example, the Committee could provide an additional \$500,000 per year, which could provide access to PrEP for approximately 500 people at risk of contracting HIV and care and treatment services for approximately 75 people at risk of transmitting the virus. [Alternative 3]

14. Finally, the Committee could maintain base funding of \$4 million annually. [Alternative 4]

ALTERNATIVES

1. Provide \$1,000,000 GPR annually to increase, from \$4,000,000 to \$5,000,000, annual GPR funding for HIV/AIDS-related services under the Mike Johnson Life Care and Early Intervention Services grant. Modify statute to increase the maximum grant amount to \$5,000,000.

ALT 1	Change to Base
GPR	\$2,000,000

2. Provide \$2,000,000 GPR annually to increase, from \$4,000,000 to \$6,000,000, annual GPR funding for HIV/AIDS-related services under the Mike Johnson Life Care and Early Intervention Services grant. Modify statute to increase the maximum grant amount to \$6,000,000.

ALT 2	Change to Base
GPR	\$4,000,000

3. Provide \$500,000 GPR annually to increase, from \$4,000,000 to \$4,500,000, annual GPR funding for HIV/AIDS-related services under the Mike Johnson Life Care and Early Intervention Services grant. Modify statute to increase the maximum grant amount to \$4,500,000.

ALT 3	Change to Base
GPR	\$1,000,000

4. Take no action.

Prepared by: Carl Plant