

SENATE BILL REPORT

HB 1482

AS REPORTED BY COMMITTEE ON HEALTH & LONG-TERM CARE,
APRIL 4, 1991

Brief Description: Modifying funding requirements of the AIDS service networks.

SPONSORS: Representatives Prentice, Moyer, Braddock, Morris, Heavey, Winsley, Orr, Wineberry and Anderson; by request of Department of Health.

HOUSE COMMITTEE ON HEALTH CARE

HOUSE COMMITTEE ON APPROPRIATIONS

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, Johnson, L. Kreidler, Niemi, and Wojahn.

Staff: Laura Farris (786-7784)

Hearing Dates: March 28, 1991; April 4, 1991

BACKGROUND:

The 1988 Legislature enacted the Omnibus AIDS legislation in response to the threat to public health posed by the HIV/AIDS epidemic. The majority of initial funding was provided to establish comprehensive AIDS prevention functions statewide. Accordingly, the legislation required that all funds appropriated from 1988 until June 1991 be allocated as follows: 75 percent based on the number of persons residing within each region, with no less than \$150,000 per year in any region; and 25 percent targeted to high risk intervention strategies, with specific allocation to regions based on documented need. (The Department of Health in coordination with the regions ultimately developed a formula based on the high risk indicators of Hepatitis B and Class IV HIV.)

In compliance with legislative mandate, the Department of Social and Health Services established a State Office on HIV/AIDS (now part of HIV/AIDS and Infectious Diseases in the newly formed Department of Health). The Office on HIV/AIDS was charged with developing a statewide system of regional AIDS service networks. This regional system was established in May, 1988 and is referred to collectively as AIDSNet.

Some feel that the growth of the epidemic now requires changes in AIDSNet priorities from prevention toward care of AIDS cases and that the fund allocation formula should be altered

to be more sensitive to the actual number of AIDS cases in the state.

The 1988 AIDS legislation reflected a strong legislative interest in local control and discretion in the planning and administration of services. Recently, some have come to see a need for a more centralized approach which would allow for more consistency and accountability.

SUMMARY:

The funding formula is deleted from statute. Funds for the 1991-93 biennium will be set forth in the budget legislation. Subsequent funding will be developed by rule.

Each region is given the responsibility to determine distribution of funds within the region in consultation with the Department of Health. Lead counties within each region shall monitor plans for all other counties in the region to ensure that funds are used for the purposes intended.

The Department of Health (DOH) is authorized to review the allocation of funds and modify the formula through a process created by administrative rule; input from the regional AIDS service networks is required.

Regional plans are required to be prepared annually and submitted by September 1 to the DOH for approval.

The DOH is authorized to coordinate the state's HIV/AIDS response and has authority to adopt rules, conduct audits, and establish and require compliance with standards to fulfill this responsibility.

Appropriation: none

Revenue: none

Fiscal Note: available

SUMMARY OF PROPOSED SENATE AMENDMENT:

Prevention of the spread of HIV is strengthened as a priority. The funding formula currently in effect is retained and a statement of intent indicates that the strong emphasis on local control in the original legislation should continue.

TESTIMONY FOR:

This bill is a cooperative effort on the part of the HIV/AIDS Office, AIDS organizations and the regional AIDS service networks.

It assures more coordination between the regional AIDS service networks. A more coordinated program will be able to provide the data necessary to obtain more funding.

The two tier allocation formula proposed that is at this time in this biennium's budget will minimize disruption of current programs, maintain a basic level of prevention services, give the AIDS Service Networks the flexibility they need to respond to a changing epidemic and provide for the growing need for treatment.

Prevention of the spread of the epidemic and treatment are both important and not mutually exclusive; one of the ways to obtain access to infected persons in order to assist them in not spreading the disease is to treat them.

TESTIMONY AGAINST:

This bill leaves unanswered a vitally important legislative (not administrative) question: how much of the available monies are to go to prevention and how much to treatment? If the Legislature does not protect prevention monies, the monies will increasingly be used for treatment; as more and more people get sick, the pressure to use prevention monies for treatment increases. More and more people are getting sick and dying with this epidemic. The Legislature should protect a certain amount of prevention monies.

TESTIFIED: John Peppert, HIV/AIDS Program, Dept. of Health (pro); Ray Day, Tacoma-Pierce County Health Dept. (pro); Robb Menaul, Aids Services and Prevention Coalition (pro); Dr. Alfred Allen Director of Health and Region V, AIDSNet; Mimi Fields, Director, HIV/AIDS Program