

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

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HOUSE BILL 1405

Short Title: HIV/AIDS Public Health Crisis.

(Public)

Sponsors: Representatives Wright; Adams, Bell, Blue, Bonner, Boyd-McIntyre, Cunningham, Earle, Fitch, Fox, Haire, Hall, Hunter, Lucas, Luebke, McAllister, Michaux, Miller, Oldham, Wainwright, and Womble.

Referred to: Health.

April 26, 2001

A BILL TO BE ENTITLED

1
2 AN ACT FINDING THAT A PUBLIC HEALTH EMERGENCY EXISTS IN NORTH
3 CAROLINA IN REGARDS TO HIV/AIDS; INCREASING THE INCOME
4 ELIGIBILITY CAP OF THE AIDS DRUG ASSISTANCE PROGRAM;
5 INCREASING FUNDING FOR HIV/AIDS PREVENTION EFFORTS; AND
6 DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO
7 STUDY PROGRAMS RELATING TO HIV/AIDS PREVENTION AND CARE.

8 Whereas, over 6,600 North Carolinians have died of HIV/AIDS and currently
9 over 13,000 North Carolinians are known to be living with HIV/AIDS; and

10 Whereas, the actual number of people living with HIV/AIDS in North
11 Carolina is likely higher since it has been estimated that up to one-third of individuals in
12 the United States who are HIV-positive are undiagnosed; and

13 Whereas, during year 2000 alone, 1,477 new cases of HIV/AIDS were
14 reported in North Carolina; and

15 Whereas, HIV infection makes an individual more susceptible to numerous
16 other diseases such as pneumonia, Hodgkin's disease, cervical cancer, testicular cancer,
17 Kaposi's sarcoma, and certain types of lymphoma; and

18 Whereas, antiretroviral therapies for people living with HIV/AIDS alone can
19 cost \$10,000 to \$12,000 annually per person with other medical treatments bringing
20 total medical costs per person to \$20,000 annually; and

21 Whereas, minority communities in North Carolina have been particularly
22 affected by HIV/AIDS in that over seventy percent of reported cases of HIV/AIDS in
23 North Carolina are attributed to members of minority communities; and

24 Whereas, almost an entire generation of North Carolinians has been born
25 since the beginning of the AIDS epidemic, and there is still no cure in sight, and the

1 Centers for Disease Control and Prevention states that the epidemic is far from over;
2 and

3 Whereas, nationwide, AIDS is the leading cause of death of
4 African-Americans aged 25-44, the second leading cause of death of Latino-Americans
5 aged 25-44, and the fifth leading cause of death of all Americans aged 25-44; and

6 Whereas, nationwide, AIDS is the leading cause of death of
7 African-American women aged 25-44 and the fourth leading cause of death of all
8 American women aged 25-44; and

9 Whereas, women represent the fastest growing group of new HIV infections
10 in the United States; and

11 Whereas, the most common route of HIV transmission among women in the
12 United States is through heterosexual transmission; and

13 Whereas, despite dramatic medical advances, AIDS remains a serious and
14 usually fatal disease that requires costly, complex, and difficult treatment regimens; and

15 Whereas, the number of new HIV infections each year has not decreased, but
16 has remained steady at approximately 40,000 new infections per year in the United
17 States alone; and

18 Whereas, while the number of AIDS cases has decreased over recent years,
19 the number of people living with HIV/AIDS has increased; and

20 Whereas, research suggests that some individuals are less concerned about
21 becoming infected than in the past and may therefore be more inclined to engage in
22 higher-risk behaviors; and

23 Whereas, the Centers for Disease Control and Prevention has asserted that
24 complacency about the need of HIV prevention may be among the strongest barriers
25 communities face in planning for prevention needs; Now, therefore,

26 The General Assembly of North Carolina enacts:

27 **SECTION 1.** The General Assembly finds that a public health crisis exists in
28 North Carolina in regards to the HIV/AIDS epidemic. This finding does not constitute a
29 declaration of a state of emergency under Article 36A of Chapter 14 of the General
30 Statutes or a declaration of a state of disaster under Chapter 166A of the General
31 Statutes.

32 **SECTION 2.** For the 2001-2003 fiscal biennium, HIV-positive individuals
33 with incomes at or below two hundred fifty percent (250%) of the federal poverty level
34 are eligible for participation in the AIDS Drug Assistance Program (ADAP). All
35 individuals who are eligible for participation in ADAP shall be served by the
36 Department of Health and Human Services. There is appropriated from the General
37 Fund to the Department of Health and Human Services, Division of Public Health, the
38 sum of four million five hundred thousand dollars (\$4,500,000) for the 2001-2002 fiscal
39 year and the sum of four million five hundred thousand dollars (\$4,500,000) for the
40 2002-2003 fiscal year to carry out the provisions of this section.

41 **SECTION 3.** There is appropriated from the General Fund to the
42 Department of Health and Human Services, Division of Public Health, the sum of one
43 million dollars (\$1,000,000) for the 2001-2002 fiscal year and the sum of one million
44 dollars (\$1,000,000) for the 2002-2003 fiscal year for community-based intervention

1 efforts to combat the HIV/AIDS epidemic. Funds appropriated under this section shall
2 be allocated as follows:

- 3 (1) \$300,000 each fiscal year to increase, by over 600,000 persons, the
4 capacity of existing community-based organizations to provide
5 outreach services to individuals at risk for HIV/AIDS.
- 6 (2) \$300,000 each fiscal year to increase the capacity of local health
7 departments in counties where increased community-based
8 organization efforts occur for the examination and treatment of persons
9 referred by the community-based organizations and to establish
10 alternate counseling and testing sites that are based either at the local
11 health department or at the community-based organization.
- 12 (3) \$400,000 each fiscal year to provide funding for the development of
13 new community-based organizations to provide outreach and referral
14 services for persons at risk for HIV/AIDS. The primary focus of no
15 fewer than one-half of the community-based organizations developed
16 with funds allocated by this subdivision shall be services to racial and
17 ethnic minority populations across the State.

18 **SECTION 4.** The Department of Health and Human Services shall study
19 ways to improve HIV/AIDS prevention and care programs. The Department shall
20 report to the General Assembly on the results of the study no later than May 1, 2002.
21 The study shall include the following:

- 22 (1) Ways to improve the efficiency of current HIV/AIDS prevention and
23 care programs to ensure that current available funds are put to the
24 optimal use. This study shall include an analysis of the changing
25 demographics of the HIV/AIDS epidemic to ensure that prevention
26 funds are targeted at population subgroups most at risk.
- 27 (2) A review of prevention programs operated by other states or localities
28 that are not currently offered by this State. This review shall include a
29 study of the effectiveness of the programs, any barriers to offering the
30 programs in this State, an estimate of the costs involved with offering
31 these programs, and ways in which a specific program might be
32 adapted to meet the needs of this State.
- 33 (3) A study of the effectiveness of various clean and safe syringe
34 exchange programs operated in other jurisdictions. This study shall
35 look at various models for clean and safe syringe exchange programs,
36 such as government-funded programs, privately-funded programs, and
37 jurisdictions where purchases of sterile syringes have been
38 deregulated. This study shall include an analysis of transmission rates
39 before and after the establishment of the program and of illegal drug
40 usage rates before and after the establishment of the program.
- 41 (4) A study of the feasibility of requiring the use of safer syringes.
- 42 (5) Any other matter the Department finds relevant to the issue.

43 **SECTION 5.** This act becomes effective July 1, 2001.