

ADAP Advocacy in Illinois



State politics and ADAP

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Brief History

1996: Illinois caps enrollment and removes over 80 drugs from its ADAP formulary

1997: Intense local advocacy convinces Gov. Edgar and the legislature to add \$8 million in state funds to ADAP

2001: In the middle of the fiscal year, Gov. Ryan orders a \$3 million reduction in state ADAP funding

2002: Ryan's FY03 budget proposal restores ADAP to its original amount of \$7 million

2004: Gov. Blagojevich requests a \$3.1 million increase in state funding for ADAP

1996 Campaign

- Gathered 4,000 individually signed petitions
- Held ADAP lobby day
- Sponsored ads and generated media
- Testified in committee
- Mobilized people with HIV/AIDS, caregivers, and CBOs

2004 Campaign

- Increased state funding campaign began at least 4 years earlier
- AFC educated candidates, lobbied, and mobilized PWHIV/A
- General HIV/AIDS visibility played a role
- Gubernatorial advisers were also key

Advocacy Tips

- Make a plan
- Build a coalition
- Educate lawmaker
- Gather your facts
- Mobilize the grassroots
- Work the media
- Be persistence

Other components of success

- Identify champions
- Start early--before lawmakers are elected
- Involve ADAP recipients
- Collaboration between ADAP staff and advocates
- Build strong public and private partnerships

So you can't advocate ... the role of ADAP staff

- Make up-to-date program information regularly available
- Involve advocates, program recipients, and physicians in decision-making
- Help build consumer coalitions
- Develop working relationships with advocacy groups

For the Record

CARE Act Faces Funding Crisis

Despite the well-established need for funding increases, Congress and President Bush severely under-funded Ryan White CARE Act programs this year, limiting access to AIDS medications, medical monitoring, and other essential services for tens of thousands of HIV-positive individuals.

ADAP at the Brink

Some 3,700 Illinoisans received AIDS medications through the Illinois AIDS Drug Assistance Program (ADAP) last year. The number of clients using ADAP was 11% higher in FY03 than in FY02, while the cost of medications rose 12%. With enrollment rising, the program will need increased funding to sustain services and meet new needs.

State HIV/AIDS Funding Is Critical

States must fill the gap created by inadequate federal funding. Not only is the federal government under-funding AIDS prevention and care services, including ADAP, but a new focus on HIV testing (at the expense of HIV

- Program information helps us make the case for increased funding

Advocacy Needed on Spending & Revenue Plans

- Inadequate public revenue streams put social services in jeopardy
- AIDS advocates must work with other human services advocates for revenue expansion/reform
- Volatile economic conditions will continue to affect state ADAPs

We must continue to make ADAP a political issue



- Endorse www.AIDSVote.org
- Register ADAP recipients to vote. See www.vote-smart.org
- Brief lawmakers on your state's ADAP