Resolution to Reduce Health Disparities Affecting HIV/AIDS

By CSG Executive Committee [1]
Saturday, December 6, 2008 at 12:00 AM

THEREFORE, BE IT RESOLVED, that The Council of State Governments:

(1) urges the President to provide focused leadership domestically to reduce health disparities, particularly as they relate to HIV/AIDS;

(2) requests the Congress to increase funding for state and local grant programs authorized by the Ryan White Comprehensive AIDS Resources Emergency Act, especially to assure funding for faith-based initiatives providing culturally and linguistically competent prevention and treatment programs;

(3) calls on the Congress and the Secretary of Health and Human Services to ensure that AIDS Drug Assistance Program funding counts towards an individual's out-of-pocket contributions for Medicare beneficiaries enrolled in Part D;

(4) encourages the Secretary of Health and Human Services to issue guidance requiring that all states' Medicaid preferred drug lists provide prompt access to HIV/AIDS treatments consistent with established HIV treatment protocols;

(5) urges the Congress to provide increased funding to the Department of Health and Human Services and relevant agencies, including the Centers for Disease Control and Prevention and the Human Resources and Services Administration.

NOTE: This resolution has expired.

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PURPOSE: To urge Congress and the President to take decisive action to reduce health disparities, particularly as they relate to the impact of HIV/AIDS on persons of color.

WHEREAS, the Institute of Medicine (IOM) found that ethnic and racial minorities tend to receive lower quality health care services and account for a great share of the disease burden across a broad range of diseases, including HIV/AIDS;

WHEREAS, the IOM also found that disparities in the quality of health care, including HIV care, are associated with higher death rates among ethnic and racial minorities;

WHEREAS, the IOM concluded that the lack of health insurance presents a major barrier to reducing health disparities, and approximately half of the uninsured Americans are racial and ethnic minorities,
despite comprising only 37% of the population;

**WHEREAS**, the IOM determined that culturally and linguistically appropriate care can improve health outcomes and increase patient compliance with treatment plans;

**WHEREAS**, the devastating impact of HIV/AIDS in communities of color continues to grow, with the Centers for Disease Control and Prevention (CDC) reporting an estimated 71 percent of AIDS cases diagnosed during 2006 were among ethnic and racial minorities;

**WHEREAS**, the CDC has determined that Hispanic men are more than twice as likely to be living with HIV than are white non-Hispanic men. Disparities among women are higher, with Hispanic women four times more likely to be diagnosed with HIV than white non-Hispanic women. Overall, an estimated 82 percent of AIDS cases in female adults and adolescents reported through 2005 is among African American and Hispanic women.

**WHEREAS**, the Census Bureau projects that by 2050, half of the U.S. population will be persons of color, the unchecked impact of health disparities will rapidly cause our national experience with HIV/AIDS to assume epidemic proportions; and

**WHEREAS**, the President of the United States and the United States Congress are in a position to address the problem of health disparities and improve prevention and treatment services for HIV/AIDS:

**THEREFORE, BE IT RESOLVED**, that The Council of State Governments:

1. urges the President to provide focused leadership domestically to reduce health disparities, particularly as they relate to HIV/AIDS;

2. requests the Congress to increase funding for state and local grant programs authorized by the Ryan White Comprehensive AIDS Resources Emergency Act, especially to assure funding for faith-based initiatives providing culturally and linguistically competent prevention and treatment programs;

3. calls on the Congress and the Secretary of Health and Human Services to ensure that AIDS Drug Assistance Program funding counts towards an individual’s out-of-pocket contributions for Medicare beneficiaries enrolled in Part D;

4. encourages the Secretary of Health and Human Services to issue guidance requiring that all states’ Medicaid preferred drug lists provide prompt access to HIV/AIDS treatments consistent with established HIV treatment protocols;

5. urges the Congress to provide increased funding to the Department of Health and Human Services and relevant agencies, including the Centers for Disease Control and Prevention and the Human Resources and Services Administration, to:
   (A) implement the Centers for Disease Control and Prevention’s National HIV Prevention Strategic Plan;
   (B) expand the Minority AIDS Initiative to provide additional support to minority-serving community-based organizations;
   (C) augment outreach and HIV testing efforts targeting populations including racial and ethnic minorities at higher risk of contracting HIV;
   (D) develop additional evidence-based HIV prevention interventions targeting ethnic and racial minorities;
   (E) and otherwise improve HIV prevention and treatment services for ethnic and racial minorities.

Adopted this 6th day of December, 2008 at the CSG 75th Anniversary Celebration and Annual Meeting