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# WINSTON-SALEM JOURNAL

Published: February 27, 2011

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## A deadly reduction by omission

By **BY CHRIS FITZSIMON**

Most of the talk in the General Assembly about state budget cuts is based on comparisons with how much was spent in the previous year. It seems logical, but it only makes sense if things are standing still, if no more students show up at public schools or community colleges or no more people are expected to qualify for Medicaid next year.

If there are more students attending a community college next year and the state appropriation stays the same, then per student funding decreases.

Traditionally those increases have been considered part of what's called the continuation budget, which represents what it would cost to keep state services at the same level.

That idea has fallen out of favor in recent years as legislators have allowed anti-government think tanks to redefine the debate in pure dollar terms with little mention of changes that require more funding to keep the services the same.

That distorts the budget debate, and while it's problematic when it comes to state institutions like community colleges and education, it's potentially deadly in health and human services areas like the AIDS Drug Assistance Program (ADAP) that provides lifesaving medication to people with HIV/AIDS.

Gov. Beverly Perdue's budget calls for no new spending on ADAP. That means that people infected with HIV who earn more than 125 percent of the poverty level — \$13,600 a year — will be placed on a waiting list, not on lifesaving medication.

As of earlier this month, there were already 128 people on the list that is sure to grow as roughly 125 new people sign up for ADAP every month. More than 35,000 people in North Carolina are living with HIV/AIDS, and almost 2,000 new cases are diagnosed every year.

North Carolina has been down this road before. Two years ago, state officials closed the program to new applicants after lawmakers reduced its funding. Last year's budget included \$14 million for ADAP to eliminate the waiting list, but that money came with restrictions. It can only be used to help people who earn less than 125 percent of the federal poverty level.

The medication costs as much as \$30,000 a year. A few years ago, lawmakers increased the eligibility

for ADAP to 300 percent of the poverty level, which is just over \$30,000, or roughly what the drugs cost. That eligibility level is the national average, though still far too low. And that increase doesn't mean much if there is only money for new applicants who earn less than 125 percent of the poverty level to actually receive the medication.

That Perdue's budget ignores the need for more ADAP funding to keep services at their current level isn't the worst proposal. Far from it. The budget recommendation released last week by the John Locke Foundation calls for slashing ADAP funding back to 2007-2008 levels.

Public-health officials say that reduction would force them not only to turn away all new applicants, but also to kick several thousand people who are currently receiving help with the medication off the program.

Republican Rep. Larry Brown created an understandable firestorm last month when he said the state shouldn't fund programs for adults with HIV. The Locke proposal would come close to doing that in regard to the ADAP program, yet so far no one has protested it.

Surely the only choices that will be considered by lawmakers this session won't be turning away hundreds of people who need lifesaving drugs or cutting off the medication for thousands who rely on it to stay alive.

Here's another option: Keeping the program funded at a level that provides the medication to the people who need it to stay alive. That would be more than a continuation budget. It would be an overdue acknowledgement that people's survival shouldn't be part of any political calculation or anti-government budget manifesto.

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