

June 26, 2023

Hon. Patricia D. Jehlen  
Joint Committee on Elder Affairs  
State House, Room 424  
Boston, MA, 02133

Hon. Thomas M. Stanley  
Joint Committee on Elder Affairs  
State House, Room 167  
Boston, MA, 02133

**(S.405/H.752) An Act relative to Massachusetts home care eligibility**

Dear Chair Jehlen, Chair Stanley, and members of the Joint Committee on Elder Affairs:

**Fenway Health and AIDS Action would like to go on record IN SUPPORT of (S.376/H.645) *An Act relative to Massachusetts home care eligibility (cosponsored by Senator Jehlen and Representative Peake)*. We urge you to report this bill favorably.** This bill would waive the age requirement for access to Home Care services for those who are living with HIV/AIDS and experiencing earlier onset of age-related conditions such as cognitive impairment. Thank you to the chairs and to the legislative sponsors for your steadfast support of equality and equity in elder services and health care.

Fenway Health is a federally-qualified health center and Ryan White Part C HIV clinic serving about 35,000 patients in four sites across Boston and Cambridge. Roughly half of our patients are LGBTQIA+, and over 5,000 are transgender and nonbinary. About 2,200 patients are people living with HIV, and about 3,000 patients are on PrEP for HIV prevention. The Fenway Institute is the research, training, and health policy division of Fenway Health. A major focus of our work is HIV and STI prevention and research. The LGBTQIA+ Aging Project, a program of the Fenway Institute, works toward equity, inclusion, and community for LGBTQIA+ older adults ensuring that they can age with the dignity and respect they deserve.

HIV in older adults is a complex chronic disease usually associated with two or more comorbid conditions. Chronic inflammation caused by several factors—including HIV infection, substance use disorders, and life stressors—can contribute to comorbidities and frailty. Successful management of the health care of older people living with HIV (PLWH) requires the collaborative, coordinated provision of care from multiple specialty areas to manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs.<sup>1</sup> Many older PLWH, especially Long-Term Survivors living with HIV, live alone and have multiple conditions, including diabetes and blindness, that leave them essentially homebound. Home care assistance is absolutely essential to these individuals' ability to age in place.

Nearly 47% of Ryan White HIV/AIDS Program (RWHAP) clients nationally are age 50 or older. In Massachusetts 63% of PLWH are age 50 or older.<sup>2</sup> Older PLWH experience high rates of comorbid conditions, including cardiovascular disease, diabetes mellitus, kidney disease,

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<sup>1</sup> American Academy of HIV Medicine (AAHIVM). *Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV. Assessing Frailty and Functional Capacity: Managing the Care of Older Adults with HIV*. CME/CE credit available June 8, 2021 - June 7, 2022. <https://aahivm-education.org/hiv-age/contents>

<sup>2</sup> HRSA RWHAP. *Older Adult Clients. HRSA's Ryan White HIV/AIDS Program, 2019. Population Fact Sheet*. June 2021. <https://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/population-factsheet-older-adults.pdf>

osteoporosis, chronic obstructive pulmonary disease (COPD), peripheral neuropathy, HIV-Associated Neurocognitive Disorder (HAND), and cancer.<sup>3,4</sup>

Chronic inflammation among PLWH can contribute to the development of disabilities.<sup>5</sup> Some 45% of PLWH in the U.S. have a disability, compared to about one in four Americans in general. Twenty-five percent of PLWH in the U.S. have a mobility disability, and 24% have a cognitive disability. Homeless and poor PLWH are more likely to be disabled, and PLWH with a disability report much higher rates of depression and anxiety than PLWH without a disability.<sup>6</sup>

Older adults living with HIV experience high rates of geriatric or age-related conditions such as frailty and neurocognitive disorders.<sup>7</sup> Older people with HIV are nearly two and a half times more likely than older people who are not HIV-positive to experience cognitive decline.<sup>8</sup>

Unaddressed behavioral health issues often complicate management of HIV and contribute to comorbidities. Smoking rates are elevated among older PLWH,<sup>9</sup> as are other substance use disorders; this contributes to neurocognitive decline.<sup>10</sup> Depression is more prevalent among older PLWH than among the general population of older adults,<sup>11,12</sup> including among older Black women living with HIV.<sup>13</sup> Older LGBT people in Massachusetts experience about twice the rate of depression as older heterosexual and cisgender people, and at least half of older PLWH in

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<sup>3</sup> National HIV Curriculum, Key Populations, Lesson 4, HIV in Older Adults, Topic 6: Common Comorbid Conditions in Older Persons with HIV. <https://www.hiv.uw.edu/custom/key-populations/hiv-older-patients/6>

<sup>4</sup> American Academy of HIV Medicine (AAHIVM). Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV. CME/CE credit available June 8, 2021 - June 7, 2022. <https://aahivm-education.org/hiv-age/contents>

<sup>5</sup> Leveille SG, Thapa S. Disability among Persons Aging with HIV/AIDS. *Interdiscip Top Gerontol Geriatr*. 2017;42:101-118. doi: 10.1159/000448547. Epub 2016 Nov 22. PMID: 27875827.

<sup>6</sup> Chowdhury PP, Beer L, Shu F, Fagan J, Luke Shouse R. Disability among adults with diagnosed HIV in the United States, 2017. *AIDS Care*. 2021 Dec;33(12):1611-1615. doi: 10.1080/09540121.2020.1842318. Epub 2020 Nov 10. PMID: 33172311.

<sup>7</sup> AAHIVM. Recommended Treatment Strategies.

<sup>8</sup> Deng L, Zhang X, Gao Y, Turner D, Qian F, Lu H, Vermund SH, Zhang Y, Qian HZ. Association of HIV infection and cognitive impairment in older adults: A meta-analysis. *Ageing Res Rev*. 2021 Jul;68:101310. doi: 10.1016/j.arr.2021.101310. Epub 2021 Feb 26. PMID: 33640473.

<sup>9</sup> Melanie A Thompson, Michael A Horberg, Allison L Agwu, Jonathan A Colasanti, Mamta K Jain, William R Short, Tulika Singh, Judith A Aberg, Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America, *Clinical Infectious Diseases*, Volume 73, Issue 11, 1 December 2021, Pages e3572–e3605, <https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/>

<sup>10</sup> National HIV Curriculum, op. cit.

<sup>11</sup> Karpiak SE, Shippey RA, Cantor MH. *Research on Older Adults with HIV*. New York, NY: AIDS Community Research Initiative of America; 2006: 18. [https://www.health.ny.gov/diseases/aids/providers/conferences/docs/roah\\_final\\_report.pdf](https://www.health.ny.gov/diseases/aids/providers/conferences/docs/roah_final_report.pdf)

<sup>12</sup> Cahill S, Brennan M, Candelario N et al. Emerging client and service issues for older people living with HIV/AIDS. Services and Advocacy for GLBT Elders conference; Nov. 12, 2010; New York, NY. Cited in Cahill S, Valadéz R. Growing older with HIV/AIDS: new public health challenges. *Am J Public Health*. 2013 Mar;103(3):e7-e15.

<sup>13</sup> De Oliveira GC, Cianelli R, Villegas N, Solorzano Martinez A, Hires K, Muheriwa SR. Social Determinants of Depression Among Older Black Women Living With HIV. *J Am Psychiatr Nurses Assoc*. 2020;26(6):576-585.

Massachusetts the U.S. are gay and bisexual men and transgender women.<sup>14</sup> Untreated depression correlates with poorer health outcomes among older PLWH.<sup>15</sup>

Older gay and bisexual men living with HIV have a disproportionately higher likelihood of family rejection,<sup>16</sup> being single, and a lower likelihood of having children,<sup>17</sup> in part due to anti-gay and HIV stigma. Many older gay and bisexual men living with HIV lost partners, friends, and even entire friendship networks to the HIV/AIDS epidemic, especially before the advent of anti-retroviral therapy in 1996. Some long-term survivors with HIV, people diagnosed prior to 1996, experience survivor guilt.<sup>18</sup>

Clearly, older PLWH experience health disparities, and many need home care to support them with activities of daily living. Access to home care is needed now more than ever to help older PLWH age in place in community, including individuals under age 60. We strongly urge the legislature to expand eligibility for essential home care services to PLWH under age 60. Please support and favorably report *(S.405/H.752) An Act relative to Massachusetts home care eligibility*.

Thank you.  
Sincerely,

Sean Cahill. PhD  
Director, Health Policy Research  
The Fenway Institute

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<sup>14</sup> Data are from the Massachusetts Behavioral Risk Factor Surveillance System Survey, 2016-2018. Data analysis by Maria McKenna, Mass. DPH. Cahill S (2020). *LGBT Aging 2025: Strategies for Achieving a Healthy and Thriving LGBT Older Adult Community in Massachusetts*. Boston: The Fenway Institute, the LGBT Aging Project. <https://fenwayhealth.org/wp-content/uploads/LGBT-Aging-2025-Report-December-2020.pdf>

<sup>15</sup> Laurence B, Mncube-Barnes FM, Laurence SS, et al. Depression and the Likelihood of Hospital Admission from the Emergency Department among Older Patients with HIV. *J Health Care Poor Underserved*. 2019;30(1):131-142.

<sup>16</sup> Cantor, M. H., & Brennan, M. (2000). *Social care of the elderly: The effects of ethnicity, class and culture*. New York, NY: Springer. Cited in Brennan-Ing M, et al. Social care networks and older LGBT adults: challenges for the future. *J Homosex*. 2014;61(1):21-52.

<sup>17</sup> Cahill S. Community resources and government services for LGBT older adults and their families. Orel N, Fruhauf C (eds.). *The Lives of LGBT Older Adults: Understanding Challenges and Resilience*. Washington, DC: Am. Psychol. Assoc., 2014. 141-170.

<sup>18</sup> Cahill S, Valadéz R. Growing older with HIV/AIDS: new public health challenges. *Am J Public Health*. 2013 Mar;103(3):e7-e15. doi: 10.2105/AJPH.2012.301161. Epub 2013 Jan 17. PMID: 23327276; PMCID: PMC3673522.