

PROMOTING EFFECTIVE NATIONAL HIV/AIDS POLICIES IN TIME OF FISCAL CONSTRAINT:

An Issue Brief by the Federal AIDS Policy Partnership

Thirty years into the epidemic, HIV/AIDS continues to rage within the United States. Our challenge is reducing HIV infection and related illness with shrinking resources and no cure. Since 1981, 1.7 million people in the U.S. have been infected with HIV and over 600,000 Americans have died. Currently, an estimated 1.1 million people in the U.S. are living with HIV.

Ensure U.S. leadership in the response to HIV/AIDS

U.S. funding, expertise and leadership has helped to make HIV a treatable condition, allowing people living with the virus to return to work, raise families, pay taxes and contribute fully to their communities. International action by the U.S. has also proven that HIV infection rates can be reduced and lifesaving treatment provided to millions of people in need.

In times of difficult budget choices, efficient spending on proven HIV care, treatment and prevention strategies is one of the best tools we have to save lives, save money, and strengthen families and communities across the U.S. and around the world.

- HIV prevention, treatment, housing and social services save lives and resources, while strengthening communities and our economy.
- Effective management of HIV requires access to ongoing and reliable drug therapies, interruptions in which could lead to drug resistance and often result in more costly interventions, including hospitalization.
- Cuts in HIV/AIDS services are short sighted, costing lives and increasing expenses as people become sicker and require more intensive services.

We must not reduce funding to the public health service delivery system that has been created for people living with HIV/AIDS (PLWHA). We have painfully overcome the days when HIV was a death sentence and an unstable healthcare environment may put us at risk of returning to those terrible conditions.

Cost-effective national strategies to reduce the impact of HIV/AIDS include the National HIV/AIDS Strategy; the Patient Protection and Affordable Care Act including the Prevention and Public Health Fund; and the Federal Strategic Plan to Prevent and End Homelessness.

Capsule view: HIV/AIDS in the U.S.

More than 1.1 million people in the United States are living with HIV or AIDS, and an estimated 56,000 become newly infected with the virus each year. One new HIV infection occurs every 9 ½ minutes in the U.S.

While HIV/AIDS has touched every American community, the U.S. epidemic disproportionately impacts racial and ethnic minorities, men who have sex with men and people who depend on public services for life-saving care and treatment.

Every HIV infection prevented saves approximately \$355,000 in future lifetime medical costs. Preventing all the new 56,000 cases in just one year would translate into an astounding \$20 billion saved in lifetime medical costs.

Providing HIV treatment is also an extremely cost-effective strategy to reduce the impact of the epidemic. Most people who receive HIV treatment are able to work, contribute fully to local economies, family and community life and are much less likely to transmit HIV infection to others.

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The National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) Strategy is a coordinated response to the U.S. HIV epidemic. NHAS provides a unified national strategy to:

- Reduce new HIV infections by 25% by 2015, which would prevent more than 13,000 infections each year and save \$17.9 billion in treatment costs
- Reduce HIV transmission by 30% (from 5 persons infected per 100 people with HIV to 3.5)
- Ensure that 90% of Americans living with HIV know their status
- Increase the proportion of newly diagnosed patients linked to clinical care within three months from 65% to 85%
- Increase the proportion of people with HIV who are stably housed
- Increase the proportion of people with HIV with undetectable viral load

The NHAS offers a road map for closing the gap between supply and demand for HIV care and treatment. Full funding of the Ryan White program, including ADAP, is a key component of the NHAS and is essential to ensure that low income people with HIV in communities across the country have access to lifesaving HIV care and treatment.

Action: *The Administration and Congress, in partnership with local and national stakeholders, should support the implementation of the National HIV/AIDS Strategy by providing adequate resources in a manner proportionate to the epidemic's burden, while focusing on outcomes and maximizing impact.*

Support early and effective treatment and care

Ryan White, Medicaid and Medicare programs are essential programs that provide critical access to health care, treatment, and support services to PLWHA. Without these programs, hundreds of thousands of PLWHA would become sicker, require expensive emergency medical care and die prematurely. Federal support for Ryan White, Medicaid, and Medicare is central to an effective national response to HIV/AIDS.

The Ryan White program, including ADAP, provides life-extending drug treatment and medical support services to approximately 529,000 low-income, uninsured and underinsured individuals and families each year. By providing early and reliable access to HIV care and treatment, Ryan White saves lives, reduces emergency medical costs, and reduces future spread of HIV.

Unfortunately, increased caseloads and decreased funding are forcing Ryan White programs to cut back on services. Eleven states have waiting lists for the lifesaving HIV treatment services Ryan White provides through state ADAPs, and at least 18 other states are reducing their drug formularies and eligibility levels or capping enrollment.

Action: *The next reauthorization of the Ryan White program is in 2013. Congress must maintain access for people living with HIV to effective HIV treatment and support services by fully supporting the Ryan White program.*

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Reform the health care delivery system

Nearly 30% of PLWHA are uninsured, with at least half not in regular care. Implementation of the Patient Protection and Affordable Care Act (PPACA) is central to a successful and cost-effective national response to HIV/AIDS.

Provisions in the health care reform law – including the expansion of Medicaid, new rules that end discrimination by private insurers and sound investments in public health, workforce development and prevention and wellness – will greatly improve access to effective care and treatment for PLWHA.

Support U.S. investment in HIV/AIDS research

Sustained congressional support for the NIH has made the U.S. the global leader in developing new drug therapies and biomedical prevention strategies to help end the HIV/AIDS epidemic. Continued support, rapidly improving HIV treatments and recent advances in new prevention technologies could greatly diminish the domestic and global impact of the epidemic.

U.S. leadership in HIV research also directly benefits people with cancer, heart disease, Alzheimer's and other conditions, helping ensure American leadership in the increasingly competitive global field of biomedical research.

Support for HIV research has a multiplier effect on job creation. America's position as the global leader in biomedical research is a critical engine for economic growth and has broad implications for our national economic development in the years ahead.

Action: *Congress should maintain strong support for NIH research budgets, which consistently produce life-saving, economy-growing and job-developing advances for the American people.*

The Prevention and Public Health Fund, within PPACA is a vital investment of \$15 billion over ten years in preventing HIV and other diseases. Already, the Fund has supported HIV testing, viral load monitoring and prevention services for communities at high risk for HIV. Funding to strengthen our nation's public health infrastructure will build state and local capacity to prevent, detect and respond to a broad range of infectious diseases.

Action: *Congress must ensure full implementation of the Patient Protection and Affordable Care Act including the Prevention and Public Health Fund – both of which are central to an effective and cost-effective response to HIV/AIDS in the United States.*

Invest in sound HIV prevention

230,000 people living with HIV in the U.S. are unaware of their status. Identifying these individuals is critical to protecting their health and reducing HIV transmission to others. Young people age 13 to 29 account for one-third of new HIV infections, the largest share of any age group, and make up roughly half of the approximately 19 million new cases of STDs each year.

Federal agencies involved in HIV prevention include the Department of Health & Human Services' (HHS) Office of HIV/AIDS Policy and the Center for Disease Control and Prevention (CDC). The CDC works with state and local health departments and community-based organizations to support comprehensive HIV prevention services including HIV counseling and testing; linkages to care; and expanded HIV surveillance.

CDC's Division of Adolescent and School Health (DASH) works with schools to provide an array of health education including the prevention of HIV, STDs and unintended teen pregnancy. In addition, the Teen Pregnancy Prevention Initiative of the Office of Adolescent Health and the Personal Responsibility Education Program at the Administration for Children and Families provide comprehensive approaches to medically accurate and age-appropriate sex education.

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Invest in sound HIV prevention *continued*

CDC prevention programs also support targeted outreach to communities at particular risk of HIV including racial and ethnic minorities, MSM, women and incarcerated populations. In 2009, Congress permitted federal funding for locally supported syringe exchange efforts. Syringe exchange has been proven a highly effective method of HIV prevention and increases the use of drug addiction treatment and HIV testing services.

Action: *Congress should support increased federal funding for proven and innovative HIV prevention activities, which save lives and taxpayer dollars.*

End homelessness among people with HIV/AIDS

Federal initiatives like the Housing Opportunities for Persons with AIDS (HOPWA) program and the range of low-income housing programs utilized by PLWHA not only provide stable housing but also prevent new HIV infections, improve health outcomes and decrease the use of expensive emergency hospital services. More than 60,000 households coping with HIV/AIDS rely on the assistance provided by HOPWA and the continuum of programs providing AIDS housing.

Research demonstrates a direct relationship between improved housing status and reduced HIV risk, increased treatment adherence, and decreased use of emergency room services. When homeless individuals with HIV/AIDS obtain supportive housing, savings in avoidable health services more than offset the costs of housing intervention.

Action: *Congress must fully fund and implement HOPWA and the Federal Strategic Plan to Prevent and End Homelessness.*

About The Federal AIDS Policy Partnership (FAPP)

The Federal AIDS Policy Partnership (FAPP) is a coalition of more than 125 local, state, regional and national organizations working to ensure sound, effective federal HIV/AIDS policies and legislation. Since 2002, FAPP members have worked to develop and implement policies and ensure funding to support federal HIV/AIDS treatment and prevention programs, ensure access to quality and affordable housing options for all PLWHA who need it and advance the HIV research agenda.