AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

February 22, 2013

The Honorable Barack Obama
President of the United States
The White House
Washington, DC 20500

Dear President Obama:

As you embark on your second term, the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), writes once again to thank you for your strong continued commitment to addressing HIV/AIDS in the United States. You have repeatedly demonstrated, including in this year's State of the Union address, a commitment to "ending the AIDS pandemic once and for all" and pledged to fight "today, tomorrow, every day until we get to zero."

In order to achieve this goal and the goals of your National HIV/AIDS Strategy, continued federal government resources will be required. You have recognized this need in the past. We ask now, as you and Congress address the potential sequester, finalize FY2013 appropriation levels, and craft a FY2014 budget that you continue to adequately fund and do not cut domestic HIV/AIDS programs, so our shared goals can be realized.

You have stood firm to protect those in our society who are in greatest need, including people with HIV/AIDS, many of whom live in poverty, are homeless or otherwise marginalized. We ask that as you enter the difficult budget negotiations ahead that you maintain that commitment to the safety net programs that people with HIV/AIDS rely on for their care, treatment and housing. These include the Ryan White HIV/AIDS Program, Housing Opportunities for People with AIDS (HOPWA), as well as Medicaid and Medicare.

You also have stood up for equality and basic human rights. The majority of people living with HIV/AIDS are people of color. Gay men continue to be the majority of the epidemic. More and more of them are young, with the highest rates now among young black gay men. Funding for the Centers for Disease Control and Prevention (CDC)'s HIV and STD prevention programs with a focus on those populations most affected must continue.

Both the threat of sequestration and an unresolved FY2013 appropriation bill five months into the fiscal year have created a great deal of uncertainty for grantees of federal programs. This has impeded hiring, contracting, and planning in many instances, negatively impacting the delivery of services.

We hope these budget issues can be resolved soon in order to provide greater predictability of funding and the delivery of services.

Below are the specific discretionary programs we strongly encourage you to adequately fund, along with requested funding levels and accompanying justification. (See ABAC funding chart at http://bit.ly/XaVQl2 for more detailed and historical funding levels.)

The Ryan White Program

The Ryan White HIV/AIDS Program provides medical care, drug treatment, and support services to approximately 546,000 low-income, uninsured, and underinsured individuals with HIV/AIDS. With the number of people living with HIV/AIDS at a record 1.2 million, the needs of the program continue to grow and many needs remain unmet. According to the CDC, only 37 percent of people living with HIV in the US are retained in HIV care, only 33 percent have been prescribed antiretroviral treatment, and, only 25 percent are virally suppressed.

According to the National Alliance of State and Territorial AIDS Directors (NASTAD), enrollment in the AIDS Drug Assistance Program (ADAP) increased last year by 13,500 people, or 8 percent. With this increased demand for medications is an increase in corresponding medical care and support services provided by all other parts of the program.

To sustain progress toward an AIDS-free generation, continued funding for all parts of the Ryan White Program in FY2014 is necessary even as some clients transition to coverage under the Affordable Care Act (ACA). This coverage will begin January 1, 2014, three months into the fiscal year. We know that enrollment will not happen overnight, but will take time to achieve. Additionally, the Medicaid expansion is a state option and not all states are moving forward with it at this time. Many individuals who receive Ryan White services today are underinsured and will continue to be so after ACA is implemented; many are in traditional Medicaid programs, so their coverage will not change. The benefits that will be covered by each plan are unknown and there will be many gaps to be filled by the Ryan White Program. Plans will not offer all comprehensive essential support services, such as case management, transportation, legal and nutritional services, and adult dental services that are all needed to ensure adherence to medical care and drug treatment. The Ryan White program can assist beneficiaries with premiums, co-pays, and deductibles payments as well as prescription drug co-pays. Finally, even when ACA is fully implemented, there still will be millions of people who will not be covered by ACA. The Ryan White Program will continue to be their primary source of HIV/AIDS care and treatment.

***For these reasons, we request that you fund the Ryan White Program at a total of $2.67 billion in FY 2014, an increase of $276 million over FY2012, distributed in the following manner*:**

- **Part A: $67 million**
- **Part B (Care): $42 million**
- **Part B (ADAP): $133 million**
- **Part C: $22 million**
- **Part D: $8 million**
- **Part F/AETC: $4 million**
- **Part F/Dental: $1 million**

The above only details the federal contribution to the Ryan White Program. Many other payers, including state and local governments, individual, private and corporate donations constitute the true total funding to the program.

HIV Prevention

CDC HIV Prevention and Surveillance

Despite the 30 years of combatting HIV in the U.S., still there are 50,000 new infections annually. Gay, bisexual, and other MSM continue to be disproportionately affected by HIV. In fact, the number of new HIV infections among MSM increased by 12 percent between 2008 and 2010. Black and Latino MSM overall, and especially young black and Latino MSM, continue to be disproportionately affected by HIV. Gay men and MSM of all races account for 66 percent of all new infections.

Of the total number of new HIV infections in US women in 2010, 64 percent occurred in blacks, 18 percent were in whites, and 16 percent were in Hispanics. Black and Hispanic women ages 13-24 accounted for 82 percent of young women living with HIV in the US in 2010 even though together they represent only about 30 percent of women these ages.

We must continue to adequately fund HIV prevention programs at CDC to address these startling numbers and to meet the goals of the National HIV/AIDS Strategy.

Most prevention funding is distributed to the primary implementers of prevention activities – state and local public health departments and community based organizations. Increased investments are critical to expand comprehensive prevention programs and to successfully reach individuals at highest risk for infection, which is in line with CDC's High Impact Prevention priorities. It is increasingly clear that early detection of HIV, linkage and retention to care, and adherence to treatment will suppress individual and community viral loads and reduce the incidence of both sexual and perinatal transmission of HIV. Addressing this prevention to care cascade is our newest and most effective tool to truly bring the epidemic to zero; however, additional funding is still needed to meet this goal. Adequate resources are necessary to increase HIV testing, targeted interventions, and public education campaigns, and funding for surveillance is needed to track new infections and collect CD4 and viral load reporting.

For FY2014, we request an increase of $180 million over FY2012 for a total of $966 million for CDC HIV prevention and surveillance activities.

Division of Adolescent and School Health (DASH)

While young people aged 15–24 make up only one-quarter of the sexually active population, they contract about half of the 19 million STDs annually. With the large number of youth infected, greater investment must occur to support HIV school health, which recently lost one quarter of its funding. Additional funding will allow the expansion of the program from the newly established competitive process for select state- and local-education agencies to a national program providing school based technical assistance across the entire country for the for development and implementation of innovative, cost effective, and evidence-based prevention programming for at risk youth.

We request that DASH HIV/STD Prevention Education receive a total of $50 million, an increase of $20 million over FY12 final funding. *We note this amount is incorporated in the above $966 million request for CDC HIV Prevention.*

CDC STD Prevention

Given the strong link between HIV and other STDs, including high rates of co-infection among certain populations, an increased investment in STD programs is an essential component of HIV prevention. Individuals who are infected with STDs are much more likely than uninfected individuals to acquire HIV infection, if they are exposed to the virus through sexual contact. Investments in STD prevention and treatment further the National HIV/AIDS Strategy's goal of reducing new infections.

We request an increase of $26 million for a total of $180 million for the CDC Sexually Transmitted Disease prevention and surveillance activities in FY2014.

CDC Viral Hepatitis Prevention

CDC estimates that up to 5.3 million people are living with hepatitis B (HBV) and/or hepatitis C (HCV) in the US, and as many as 75 percent are not aware of their infection. In 2010 alone, 35,000 Americans were newly infected with HBV and 17,000 with HCV. Unfortunately, due to the lack of an adequate surveillance system, these estimates are likely only the tip of the iceberg. It is estimated that up to 15 percent of people living with HIV are co-infected with hepatitis B and up to 30 percent are co-infected with hepatitis C. Viral hepatitis is the leading cause of non-AIDS-related death in people co-infected with HIV and viral hepatitis. The requested funding will build on the increased resources for viral hepatitis testing provided in FY2012 and allow for the continuation of currently funded testing programs, as well as begin to create comprehensive education and surveillance systems in line with the *HHS Viral Hepatitis Action Plan* released in May 2011.

We request an increase of $5 million above the FY2012 level, for a total of $35 million for the CDC's Division of Viral Hepatitis.

Sex Education

We need to strategically fund programs that provide all youth with the information and skills they need to make responsible decisions, delay sex, and prevent HIV and other STDs, and unintended pregnancy when they do become sexually active.

We request that the Teen Pregnancy Prevention Initiative be funded at a level of $130 million, a $25 million increase over FY 2012.

We also request that the President's budget once again include zero funding for failed abstinence-only-until-marriage programs.

Access to Sterile Syringes

Sixteen percent of HIV/AIDS cases and more than 55 percent of HCV cases are directly or indirectly related to injection drug use. Numerous studies have shown syringe exchange

programs to be an evidence-based and cost-effective means to lower rates of HIV/AIDS and viral hepatitis, to reduce the use of illegal drugs and help connect people to medical treatment, including substance abuse treatment. As stated in your National HIV/AIDS Strategy, "studies show that comprehensive prevention and drug treatment programs, including needle exchange, have dramatically cut the number of new HIV infections among people who inject drugs by 80 percent since the mid-1990s." In a May 2012 letter to you, the President's Advisory Council on HIV/AIDS also supported ending the federal ban on syringe exchange and noted that doing so is supported by public health, HIV/AIDS, viral hepatitis and harm reduction communities as well.

We urge you to again add language to your budget, as you have in each year since FY 2011, to end the ban on the use of federal funds for syringe exchange programs and to maintain language that allows the use of local funds for syringe exchange programs in the District of Columbia.

HIV/AIDS Research at the National Institutes of Health (NIH)

If the United States is to remain the global leader in HIV/AIDS research for better drug therapies, evidence-based behavioral and biomedical prevention interventions, and vaccines, we must invest adequate resources in the NIH. To date, AIDS research has contributed to research for effective treatments for other diseases, including cancers and Alzheimer's disease. In 2011, AIDS research produced startling advances, including the HPTN 052 study that was named Breakthrough of the Year by *Science* magazine.

Consistent with the Trans-NIH AIDS Research By-Pass Budget Estimate, we ask that you request funding for NIH sufficient to result in funding of $3.6 billion for HIV research, an increase of $540 million over FY2012.

Housing Opportunities for People with AIDS (HOPWA)

Adequate funding of HOPWA is needed to ensure the availability of safe, affordable housing for low-income people living with HIV/AIDS. Research shows that stable housing leads to better health outcomes and can play a role in preventing the spread of the virus. Inadequate or unstable housing is not only a barrier to effective treatment, but also puts people with HIV/AIDS at risk of premature death from exposure to other diseases, poor nutrition, stress, and lack of medical care.

We request that HOPWA be funded at $365 million, an increase of $33 million over FY2012.

Minority HIV/AIDS Initiative

HIV/AIDS continues to impact communities of color at an alarming rate. According to the CDC, African Americans, more than any other racial/ethnic group, continue to bear the greatest burden of HIV in the U.S. While blacks represent approximately 14 percent of the total population, they accounted for 44 percent of all new HIV infections in 2010. Hispanics represent approximately 16 percent of the total population, but accounted for 21 percent of all new HIV infections. In the Asian Pacific Islander, and Native American communities the numbers of HIV infection are just as startling.

We request that the MAI be funded at $610 million in FY 2014, an increase of $184 million over FY2012. *We note that most of these funds are contained within the budgets of the programs described above.*

Office of National AIDS Policy

In order to continue to implement the National HIV/AIDS Strategy and better coordinate the many federal partners involved in domestic HIV programs, ***we request $1.4 million for the Office of National AIDS Policy (ONAP).***

We also support the plans and goals outlined in the *PEPFAR Blueprint: Creating an AIDS Free Generation* and urge you to sustain funding for global AIDS programs at the levels recommended by the Global AIDS Policy Partnership.

Again, we thank you for your continued leadership and support of these critical programs important to so many individuals and communities nationwide. We look forward to working with you and your Administration in the coming year on the FY 2014 budget.

If you have any questions, please contact the ABAC co-chairs Donna Crews at dcrews@aidsunited.org, Emily McCloskey at emccloskey@nastad.org, or Carl Schmid at cschmid@theaidsinstitute.org.

Sincerely,

ActionAIDS
Acadiana CARES
ADAP Advocacy Association
Advocates for Youth
African American Health Alliance
African Services Committee
AIDS Action Baltimore
AIDS Action Committee of MA
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Care, Rochester, NY
AIDS Community Research Initiative of America
AIDS Foundation of Chicago
The AIDS Institute
AIDS Legal Council of Chicago
AIDS Legal Referral Panel
AIDS Project Los Angeles
AIDS Project New Haven
AIDS Research Consortium of Atlanta
AIDS Resource Center of Wisconsin
AIDS Resource Center Ohio
AIDS United
AIDS/HIV Services Group (ASG)
American Academy of HIV Medicine
amfAR, the Foundation for AIDS Research
Aniz, Inc
Asian & Pacific Islander American Health Forum
Association of Nurses in AIDS Care
AVAC: Global Advocacy for HIV Prevention
Baltimore Student Harm Reduction Coalition
Boston Health Care for the Homeless Program
Broward County Government
CAEAR Coalition
Canticle Ministries, Inc
CARES: Community AIDS Resources and Education Services
Cascade AIDS Project
Catawba Care
Center on Halsted
CenterLink: The Community of LGBT Centers
Chicago House & Social Service Agency
The Children's Place Association
Community Access National Network (CANN)
Community Education Group
Dab the AIDS Bear Project
Elizabeth Glaser Pediatric AIDS Foundation

Family Services of Westchester Inc.
Georgia AIDS Coalition
Georgia Equality
GMHC
God's Love We Deliver
Gregory House Programs of Honolulu, Hawaii
Harlem United
Harm Reduction Coalition
Healthcare Alternative Systems, Inc.
Healthy Teen Network
Heartland Cares
Heartland Health Outreach, Inc.
Heartland Human Care Services, Inc.
Heritage Health and Housing
HIV ACCESS
HIV and the Aging
HIV Dental Alliance
HIV Law Project
HIV Medicine Association
Housing Works
Howard Brown Health Center
Human Rights Campaign
Hyacinth AIDS Foundation
Inova Juniper
International Association of Providers of AIDS Care
International Foundation for Alternative Research in AIDS
Just Cause
Justice Resource Institute
Lansing Area AIDS Network
LifeLinc of Maryland
Lifelong AIDS Alliance
Magic Johnson Foundation
MANNA
Mendocino County AIDS/Viral Hepatitis Network
Metropolitan Community Churches
Metropolitan Latino AIDS Coalition (MLAC)
Michael Reese Research and Education Foundation
Minnesota AIDS Project
Moveable Feast
Nashville CARES
National AIDS Housing Coalition
National Alliance for HIV Education and Workforce Development
National Alliance of State and Territorial AIDS Directors (NASTAD)
National Association of County and City Health Officials
National Black Gay Men’s Advocacy Coalition (NBGMAC)
National Black Women's HIV/AIDS Network, Inc.
National Coalition of STD Directors
National Family Planning & Reproductive Health Association
National Gay and Lesbian Task Force Action Fund
National Minority AIDS Council (NMAC)
National Viral Hepatitis Roundtable
NO/AIDS Task Force
North Central Texas HIV Planning Council
Northern Nevada HOPES
Ohio AIDS Coalition
Okaloosa AIDS Support and Informational Services, Inc. (OASIS)
Open Door Family Medical Center, Inc.
Pediatric AIDS Chicago Prevention Initiative
Positive Care Center at HCMC
Positive Support Org
Project Inform
Racial and Ethnic Health Disparities Coalition
Religious Coalition for Reproductive Choice
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Seattle TGA HIV Planning Council
Sexuality Information and Education Council of the U.S. (SIECUS)
Southern AIDS Coalition
Southern HIV/AIDS Strategy Initiative ("SASI")
START at Westminster
TOUCH-Together Our Unity Can Heal, Inc.
Treatment Action Group (TAG)
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)

VillageCare
Warren-Vance Community Health Center, Inc.
The Women's Collective