AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

March 12, 2014

The Honorable Barbara Mikulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Richard Shelby
Ranking Member
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Subject: FY2015 Coalition Requests for Domestic HIV/AIDS Programs

Dear Chairwoman Mikulski, Ranking Member Shelby, Chairman Rogers, and Ranking Member Lowey:

As the Congress crafts the FY2015 appropriation measures and members prepare their appropriation requests, the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), sincerely thank you for your strong continued commitment to addressing HIV/AIDS in the United States. In order to achieve the goals of the National HIV/AIDS Strategy and move towards an AIDS free generation, continued federal government resources will be required. We appreciate that you have recognized this need in the past and ask that you continue to increase funding for domestic HIV/AIDS programs as you formulate the FY2015 appropriation measures.

Unfortunately, due to sequestration and other budget constraints, HIV/AIDS programs and other non-defense discriminatory programs have been severely cut, even as new infections climb and more people are linked to care and treatment. The funding losses have resulted in loss of staff, longer wait times for patients, and a reduction of services, such as HIV testing.

The Bipartisan Budget Act of 2013 and the Consolidated Appropriations Act of 2014 helped to restore some of the sequestration cuts, however, the funding total allocated to Labor, HHS, Education and Related Agencies in FY2014 is 3.6 percent below FY2010 in nominal dollars, and almost 10 percent lower than FY2010 in real dollars, as adjusted for inflation. We urge you, as part of the 302(b) allocation process, to increase the allocation for Labor, HHS, and Education programs to 2010 levels.

Many people with HIV/AIDS live in poverty, are homeless or otherwise marginalized and are in need of assistance. The majority of people living with HIV/AIDS are people of color, particularly in the epidemic among women. 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.

We ask that as you craft the FY2015 appropriation measures for Labor, Health and Human Services and Transportation, Housing and Urban Development, you maintain the federal government's commitment to safety net programs that protect the public health such as the Ryan White HIV/AIDS Program, Housing Opportunities for People with AIDS (HOPWA), Medicaid and Medicare. In order to prevent new infections, we ask that you adequately fund HIV, STD, and Hepatitis prevention programs at the Centers for Disease Control and Prevention (CDC) and throughout the Department of Health and Human Services (HHS), as well as AIDS research at the National Institutes of Health (NIH) so that we may find a cure and address other research priorities.

Below are the specific discretionary programs we ask you to support with increased resources, along with the accompanying justification. (See ABAC funding chart at http://bit.ly/1cRURDY for more detailed and historical funding levels.)

The Ryan White Program

Early and reliable access to HIV care and treatment is cost effective and helps patients with HIV live healthy and productive lives. The Ryan White HIV/AIDS Program provides medications, medical care, and support services to approximately 554,000 low-income, uninsured, and underinsured individuals living with HIV/AIDS, and helps train HIV treatment providers. With the number of people living with HIV/AIDS at a record 1.2 million, the needs of the program continue to grow while many needs remain unmet. According to the CDC, only 37 percent of people living with HIV in the U.S. are retained in HIV care, only 33 percent have been prescribed antiretroviral treatment, and only 25 percent are virally suppressed. In order to improve the continuum of care and progress toward an AIDS-free generation, continued, robust funding for all parts of the Ryan White Program in FY2015 will be necessary.

The Ryan White Program works in conjunction with Medicaid, Medicare and now the Affordable Care Act (ACA), and as a result we believe more people living with HIV will be able to receive and remain in care and on treatment. Continued funding of primary care, medications, and coverage completion services in the Ryan White Program is necessary for those who currently have coverage and are underinsured. This includes those who are in traditional Medicaid, whose coverage will not change under the ACA. The Ryan White Program will continue to be the primary source of HIV/AIDS care and treatment for those who will not be covered by the ACA, including low-income people who live in non-Medicaid expansion states.

As the ACA is being implemented, there are costs, in addition to premiums, that may prevent people with HIV from accessing health care, including high deductibles and high patient cost sharing. The Ryan White Program can assist with these costs. Plans also do not offer all the comprehensive essential support services, such as case management, transportation, legal,

nutritional, and adult dental services that are needed to ensure adherence to medical care and antiretroviral treatment. The Ryan White Program, acting as the payer of last resort, can support these services.

It will take some time for enrollment to occur and assess the impact of the ACA on the Ryan White Program. In the meantime, ***we urge you to fund the Ryan White Program at a total of $2.44 billion in FY2015, an increase of $123 million over FY2014, distributed in the following manner*****:**

- **Part A: $687 million**
- **Part B (Care): $428 million**
- **Part B (ADAP): $943 million**
- **Part C: $225 million**
- **Part D: $85 million**
- **Part F/AETC: $35 million**
- **Part F/Dental: $15 million**
- **Part F/SPNS: $25 million**

HIV Prevention

CDC HIV Prevention and Surveillance

Despite 30 years of combatting HIV in the U.S., there still are 50,000 new infections annually and about 1 in 6 people living with HIV do not know they have the virus. Gay, bisexual, and other men who have sex with men (MSM) continue to be the most impacted by the epidemic and account for 66 percent of all new infections. While the number of new HIV infections decreased among other groups, between 2008 and 2010, infections among MSM increased by 12 percent, and among MSM aged 13-24 years by 22 percent. Black and Latino MSM, and especially those who are young continue to be disproportionately impacted.

While we are making progress in decreasing new infections among women, black women are still disproportionately impacted, accounting for 64 percent of women infected in 2010. Black and Hispanic women ages 13-24 accounted for 82 percent of young women living with HIV in 2010, even though together they represent only about 30 percent of women these ages.

Investing in HIV prevention today translates into less spending in the future on care and treatment. In order to achieve the goals of the National HIV/AIDS Strategy to reduce new infections, increase knowledge of HIV-positive status, and reduce HIV transmission, funding for the CDC is needed to carry out its High-Impact Prevention approach.

Most CDC 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. Early detection of HIV, linkage and retention in care, and adherence to treatment will suppress individual and community viral loads and reduce the incidence of both sexual and perinatal transmission of HIV. Adequate resources are necessary to carry out increased HIV testing programs, targeted interventions, public education campaigns, and surveillance activities needed to track new infections and CD4 and viral load reporting.

For FY2015, we request an increase of $55 million over FY2014 for a total of $787 million for the CDC Division of HIV prevention and surveillance activities. [Note: This request does not include the request for DASH, see below.]

Division of Adolescent and School Health (DASH)
One-third of all new HIV infections are among young people under the age of 29, the largest share of any age group. Young men from racial and ethnic minority communities bear a disproportionate burden of the disease particularly among young black MSM (ages 13–29). DASH is the only federally funded adolescent health program in our nation's schools, helping education agencies provide school districts and individual schools with the tools to implement high-quality, effective, and sustainable programs to reduce HIV and other STD infections in adolescents. Increased funding would help expand this vital infrastructure beyond the currently funded 36 state or local education agencies and assist in decreasing the burden of HIV and other STDs on our nation's young people.

We request that the CDC Division of Adolescent and School Health receive $47 million, an increase of $18 million over FY2014 final funding. This request does not include $3 million in evaluation transfer funds.

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. In addition, gonorrhea has developed resistance to every class of antibiotics; we are now on our last line of defense to treat this disease, which has been proven to facilitate HIV transmission. Investments in STD prevention and treatment further the National HIV/AIDS Strategy's goal of reducing new infections.

We request an increase of $54 million for a total of $202 million for the CDC's Division of STD Prevention in FY2015.

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 U.S., 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 10 percent of people living with HIV are co-infected with hepatitis B and 25 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.

We request an increase of $16 million above the FY2014 level, for a total of $45 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 $29 million increase over FY2014.

We also request that no funding be included for failed abstinence-only-until-marriage programs.

Access to Sterile Syringes
About 1 of 12 new infections (8.6 percent) of HIV in 2011 was related to injection drug use, a 28 percent decrease from 2008. One factor leading to this reduction has been syringe exchange programs. More than 55 percent of HCV cases are related to injection drug use. Numerous studies have shown syringe exchange programs can be an evidence-based and cost-effective means to lower HIV and hepatitis infections, reduce the use of illegal drugs and help connect people to medical treatment, including substance abuse treatment. As stated in the 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."

We urge you 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)
Research continues until better, more effective and affordable prevention and treatment regimens—and eventually a cure—are developed and universally available. For the US to maintain its position as the global leader in HIV/AIDS research for the 35 million people globally and 1.1 million Americans living with HIV, we must invest adequate resources in the NIH. NIH AIDS research has produced startling advances, including the HPTN 052 study of the prevention effects of treatment that was named Breakthrough of the Year by *Science* magazine, improved treatment programming and the first partially effective HIV vaccine. To date, AIDS research has contributed to research for effective treatments for other diseases such as cancer and Alzheimer's disease. In order to enjoy similar breakthroughs in the future and improve the HIV care continuum, continued AIDS research funding will be essential.

Consistent with the Trans-NIH AIDS Research By-Pass Budget Estimate for FY2013, we ask that you request $3.6 billion for HIV research at the NIH, an increase of $610 million over FY2014.

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 $350 million, an increase of $20 million over FY2014.

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 12 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 FY2015. *We note that most of these funds are contained within the budgets of the programs described above.*

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 colleagues in the coming year on the FY2015 appropriations measures.

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

Sincerely,

ActionAIDS
ADAP Advocacy Association (aaa+)
ADAP Educational Initiative
Affirmations Lesbian Gay Community Center
AIDS Action Coalition
AIDS Action Committee of MA
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Care
AIDS Community Research Initiative of America
AIDS Foundation of Chicago
The AIDS Institute
AIDS Legal Council of Chicago
AIDS Legal Referral Panel
AIDS Network of Western New York
AIDS Project Los Angeles
AIDS Project New Haven
AIDS Research Consortium of Atlanta
AIDS Resource Alliance
AIDS Resource Center Ohio
AIDS Resource Center of Wisconsin
AIDS United
AIDS/HIV Services Group (ASG)
Albany Damien Center
Amida Care
American Academy of HIV Medicine
APICHA Community Health Center
Asian & Pacific Islander American Health Forum
Asian and Pacific Islander Wellness Center
Association of Nurses in AIDS Care
AVAC: Global Advocacy for HIV Prevention
Baltimore Student Harm Reduction Coalition
BOOM! HEALTH
Boston Public Health Commission
CAEAR Coalition
CANN - Community Access National Network
Canticle Ministries, Inc.
Cascade AIDS Project
CenterLink: The Community of LGBT Centers
Christie's Place
Clare Housing
Colorado AIDS Project

Community AIDS Network, Inc.
Community Education Group
Community Health Action of Staten Island
Dab the AIDS Bear Project
Delaware HIV Consortium
Elizabeth Glaser Pediatric AIDS Foundation
FoundCare
Friends For Life
Georgia AIDS Coalition
Georgia Equality
The Global Justice Institute
GMHC
Harlem United
Harm Reduction Coalition
Health Council of South Florida (HCSF)
HealthHIV
Heartland Cares
Here Where Dreams Come True, Inc.
HIV ACCESS
HIV Dental Alliance
HIV Law Project
HIV Medicine Association
HIVRN Associates
Housing Works
Human Rights Campaign
Hyacinth AIDS Foundation
Illinois Public Health Association
International Association of Providers of AIDS Care
L.A. Gay and Lesbian Center
Legacy Community Health Services
Life We Live Youth Advocates Of Colors
LifeLinc of Maryland
Lifelong AIDS Alliance
Mendocino County AIDS/Viral Hepatitis Network
Metropolitan Community Churches
Metropolitan Latino AIDS Coalition (MLAC)
Minnesota AIDS Project
Moveable Feast
Nashville CARES
National AIDS Housing Coalition
National Alliance of State and Territorial AIDS Directors (NASTAD)
National Black Gay Men's Advocacy Coalition (NBGMAC)
National Center for Lesbian Rights
National Coalition of STD Directors
National Gay and Lesbian Task Force Action Fund
National Latino AIDS Action Network (NLAAN)
National Minority AIDS Council (NMAC)
National Women and AIDS Collective
North Carolina AIDS Action Network
North Carolina Harm Reduction Coalition
North Central Texas HIV Planning Council (Fort Worth)
Northern Nevada HOPES
One In Four Chronic Health
Pediatric AIDS Chicago Prevention Initiative
Prevention on the Move/ Steward Marchman Act Behavioral Healthcare
Prevention Point Pittsburgh
Project Inform
Rural AIDS Action Network (RAAN)
Ryan White Medical Providers Coalition
Saint Louis Effort for AIDS
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
START at Westminster
Tennessee Association of People With AIDS
TOUCH-Together Our Unity Can Heal, Inc.
Treatment Action Group (TAG)
University of South Florida
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
VillageCare
Voices of Community Activists & Leaders (VOCAL-NY)
Washington Heights CORNER Project
West House
The Women's Collective
Women With a Vision, Inc.