AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

January 21, 2015

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

Subject: Community Requests for FY2016 Domestic HIV/AIDS Programs

Dear President Obama:

As you and your Administration prepare the FY2016 budget, 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. Your remarks made at a past World AIDS Day commemoration said it best when you stated you will work for a day "when all men and women can protect themselves from infection; a day when all people with HIV have access to the treatments that extend their lives; the day when there are no babies being born with HIV or AIDS, and when we achieve, at long last, what was once hard to imagine –and that's an AIDS-free generation."

In order to achieve this goal and the goals you have laid out in the National HIV/AIDS Strategy, it will require sustained federal government resources. We appreciate that you have recognized this need in the past and we ask now that you continue to increase funding for domestic HIV/AIDS programs as you craft a FY2016 budget. Unfortunately, due to sequestration and other budget constraints, in recent years HIV/AIDS programs and other non-defense discretionary programs have been cut, even as new HIV infections continue to climb and the number of people needing care and treatment increase.

You and your Administration 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. You also have stood up against inequities and for basic human rights.

While we have made progress in the fight against HIV/AIDS under your Administration, as your recent "World AIDS Day" proclamation noted, "Despite these gains, too many with HIV/AIDS, especially young Americans, still do not know they are infected, too many communities, including gay and bisexual men, African Americans, and Hispanics remain disproportionately impacted; and too many individuals continue to bear the burden of discrimination and stigma. There is more work to do, and my Administration remains steadfast in our commitment to defeating this disease."

Therefore, as you prepare the FY2016 budget we ask that 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, Medicare, and the Affordable Care Act (ACA). 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 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/1Gr9Vq9 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 is a system of care that provides medications, medical care, and essential coverage completion services to approximately 554,000 low-income, uninsured, and underinsured individuals living with HIV/AIDS. Additionally, the program trains and educates HIV treatment providers, provides services to families affected by HIV, and conducts research to enhance the provision of care. With the number of people living with HIV/AIDS at a record 1.2 million, the demands on the program, now reaching 60 percent of all people diagnosed with HIV in the U.S., continue to grow while many needs remain unmet. According to the CDC, only 40 percent of people living with HIV in the U.S. are engaged in HIV care, only 37 percent have been prescribed antiretroviral treatment, and only 30 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 FY2016 will be necessary. Additionally, we urge you to maintain all parts of the program and refrain from proposing consolidation of any parts as was proposed in the FY2015 budget and rejected by the Congress.

The Ryan White Program works in conjunction with Medicaid, Medicare, and now the ACA, and as a result more people living with HIV will be able to receive and remain in care and on treatment. In fact, 72 percent of Ryan White Program clients currently have some sort of health coverage. Due to these combined efforts, health outcomes are greatly improved. The Health Resources and Services Administration (HRSA) reports that in 2012, 82 percent of Program clients were retained in care and more than 75 percent of clients were virally suppressed.

Sustained funding of primary care, medications, and coverage completion services in the Ryan White Program will continue to be 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 also will continue to be the primary source of HIV/AIDS care and treatment for the millions 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, including premiums, high deductibles, and high patient cost sharing that can prevent people with HIV from accessing health care. The Ryan

White Program can assist with these costs. Plans also do not offer all of the comprehensive essential services, such as case management, adult dental care, transportation, legal, and nutritional services that are needed to ensure adherence to medical care and antiretroviral treatment. The Ryan White Program, acting as the payer of last resort, supports access to these critical services.

As described above, funding for the Ryan White Program is critical to improving health coverage and outcomes for people living with HIV, therefore, ***we urge you to fund the Ryan White Program at a total of $2.45 billion in FY2016, an increase of $136 million over FY2015, distributed in the following manner*:**

- **Part A: $687 million**
- **Part B (Care): $437 million**
- **Part B (ADAP): $943 million**
- **Part C: $225 million**
- **Part D: $85 million**
- **Part F/AETC: $35 million**
- **Part F/Dental: $18 million**
- **Part F/SPNS: $25 million**

HIV Prevention

CDC HIV Prevention and Surveillance

Despite over 30 years of combatting HIV in the U.S., there still are 50,000 new infections annually and about 1 in 7 people living with HIV do not know they have the virus. According to the CDC, from 2007 through 2011, the estimated number of persons living with HIV infection in the U.S. increased 7.2 percent. 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 the most disproportionately affected.

While we are making progress in decreasing new infections among women, black women are still disproportionately affected, 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 all 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, which include reducing new infections, increasing knowledge of HIV-positive status, and reducing HIV transmission, funding for the CDC is needed to carry out its High-Impact Prevention activities.

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.

The recent Ebola outbreak is a vivid example of the critical public health infrastructure necessary to address infectious diseases, including HIV, and the value of prevention, surveillance, and treatment.

For FY2016, we request an increase of $67 million over FY2015 for a total of $822.7 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 a unique source of support for 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, other STDs, and unintended pregnancies among adolescents. Increased funding would help expand this vital infrastructure beyond the currently funded 36 state or local education agencies and support critical surveillance efforts to 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 a total of $50 million in FY2016, an increase of $18.9 million over FY15 final funding. This request includes $3 million in dedicated funds for evaluation.

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. Rates of syphilis are the highest they have been since 1996, with rates increasing by double digits two years in a row. Fifty-two percent of MSM with primary and secondary syphilis are also co-infected with HIV. 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 $54.7 million for a total of $212 million for the CDC's Division of STD Prevention in FY2016.

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. In recent years, 16 state health departments have reported alarming increases in HCV among people under the age of 30. 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 $33.7 million above the FY2015 level, for a total of $65 million for the CDC's Division of Viral Hepatitis.

Adolescent Sexual Health Promotion

We need to strategically fund adolescent sexual health promotion and sexuality education programs that provide all youth with evidence-based and medically accurate 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 in FY2016, a $29 million increase over FY2015.

We also request that the President's budget eliminate funding for failed and incomplete abstinence-only-until-marriage programs in FY2016, which would translate into a savings of $55 million.

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 use 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." In a May 2012 letter, 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 FY2011, 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)

Building on recent progress, robust support for HIV research must continue until better, more effective and affordable prevention and treatment regimens—and eventually a cure—are developed and universally available. For the U.S. to maintain its position as the global leader in HIV/AIDS research for the 35 million people globally and 1.2 million people living with HIV in the U.S., we must invest adequate resources in HIV research at the NIH. NIH AIDS research has produced promising recent 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 also contributed to research for effective treatments for multiple other diseases such as cancer and Alzheimer's disease. In order to realize similar breakthroughs in the future and improve the HIV care continuum, continued robust AIDS research funding is essential.

Consistent with the most recent 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 $590 million over FY2015.

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 $364 million, an increase of $34 million over FY2015.

Minority HIV/AIDS Initiative (MAI)

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 FY2016. *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 Administration in the coming year. We realize that there will be increased pressure from certain Members of Congress to cut federal spending that can jeopardize the public health. We urge you to oppose these efforts and utilize your veto powers, when necessary, to protect these programs that are critical to our Nation and its well-being.

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,

ACRIA
ActionAIDS
ADAP Advocacy Association (aaa+)
ADAP Educational Initiative
Advocates for Youth

Affirmations Lesbian Gay Community Center
African American Health Alliance
African Services Committee
AID Gwinnett / Ric Crawford Clinic
AIDS Action Baltimore
AIDS Action Coalition
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 Project Los Angeles
AIDS Project New Haven
AIDS Research Consortium of Atlanta
AIDS Resource Alliance
AIDS Resource Center of Wisconsin
AIDS Resource Center Ohio
AIDS United
AIDS/HIV Services Group (ASG)
Alabaster
American Academy of HIV Medicine
American Psychological Association
APICHA Community Health Center
Asian & Pacific Islander American Health Forum
Association of Asian Pacific Community Health Organizations
Association of Nurses in AIDS Care
AVAC
Baltimore Student Harm Reduction Coalition
BOOM! HEALTH
Buddies of NJ, Inc.
CAEAR Coalition
CANN - Community Access National Network
Canticle Ministries, Inc.
Caring Communities For AIDS
Cascade AIDS Project
The Cave Institute
Charles B. Wang Community Health Center
Community AIDS Network, Inc.
Community AIDS Resource and Education Services
Community Education Group
Compass, The Gay & Lesbian Community Center of Palm Beach County
Dab the AIDS Bear Project
Delaware HIV Consortium
Elizabeth Glaser Pediatric AIDS Foundation
Exponents, Inc.
Florida Department of Health
Gay Men's Health Crisis
Georgia AIDS Coalition
Georgia Equality
The Global Justice Institute
God's Love We Deliver, Inc.
Gospel Against AIDS
Harlem United
Harm Reduction Coalition
HealthHIV
Healthy Teen Network
Heartland Cares
Heartland Health Outreach, Inc.
Hendry County Health Department
Hep B United
Hepar Centar-Bitola
Hepatitis Education Project
HIV Alliance of Michigan
HIV Dental Alliance
HIV Medicine Association
HIV Prevention Justice Alliance
HIVRN Associates
HomeCare for the Carolinas LLC

Hope and Help Center of Central Florida, Inc.
Housing Works
Howard Brown Health Center
Human Rights Campaign
Hyacinth AIDS Foundation
Illinois Pharmaceutical Association
Illinois Public Health Association
International Association of Providers of AIDS Care
John Snow, Inc.
Latino Commission on AIDS
Latinos Salud, Inc.
Life Foundation
Life We Live Youth Advocates Of Colors
LifeLinc of Maryland
Lifelong AIDS Alliance
Los Angeles LGBT Center
Louisiana AIDS Advocacy Network
Medical University of S.C./Lowcountry AIDS Services Consumer Advisory Board
Mendocino County AIDS/Viral Hepatitis Network
Metro Wellness & Community Centers
Metropolitan Community Churches
Metropolitan Latino AIDS Coalition (MLAC)
Ministry of Caring
Minnesota AIDS Project
Moveable Feast
Nashville CARES
National AIDS Housing Coalition
National Alliance for HIV Education and Workforce Development (NAHEWD)
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 Center for Lesbian Rights
National Coalition for LGBT Health
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 Viral Hepatitis Roundtable
North Carolina AIDS Action Network
North Central Texas HIV Planning Council (Fort Worth)
Okaloosa AIDS Support and Informational Services, Inc.
Open Door Clinic
Pediatric AIDS Chicago Prevention Initiative
PFLAG National
The PLACE of Comfort
The Positive Champions Speakers Bureau Inc.
Positive Women's Network – USA
Prevention On The Move/ Steward Marchman Act Behavioral Healthcare
Project Inform
Racial and Ethnic Health Disparities Coalition
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Seattle TGA HIV Planning Council
Sexuality Information and Education Council of the U.S. (SIECUS)
Sierra Foothills AIDS Foundation
Southern HIV/AIDS Strategy Initiative
St. Luke's University Health Network
START at Westminster

The Swan Project
Terros Together Programs
TOUCH-Together Our Unity Can Heal, Inc.
Treatment Access Expansion Project
Treatment Action Group (TAG)
University of Kansas Ryan White Clinical Program
University of South Florida
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
VillageCare
Washington Heights CORNER Project
Women at Work International
Women With a Vision, Inc.
The Women's Collective
Woodhull Sexual Freedom Alliance