AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

February 18, 2015

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Barbara Mikulski
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: FY2016 Coalition Requests for Domestic HIV/AIDS Programs

Dear Chairman Cochran, Ranking Member Mikulski, Chairman Rogers, and Ranking Member Lowey:

As Congress begins to draft a FY2016 budget resolution and subsequent appropriation measures, the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), sincerely thank you for your strong, continued bi-partisan 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 FY2016 budget and appropriation measures.

Unfortunately, due to sequestration and other budget constraints, domestic HIV/AIDS programs and other non-defense discretionary programs have been cut in recent years, even as new HIV infections continue to climb and the number of people needing care and treatment increase. For example, since FY2012, the Ryan White HIV/AIDS Program has been cut by $73 million, HIV prevention at the Centers for Disease Control and Prevention (CDC) has dropped by $28 million, and AIDS research at the National Institutes of Health (NIH) by $60 million.

If we continue on the path we are on, non-defense discretionary programs, adjusted for inflation between fiscal years 2010 and 2016 will be cut by 17 percent. This has already resulted in drastic cuts to many programs, but has particularly impacted those programs that fall under the Labor, HHS, Education and Related Agencies Subcommittee. Adjusted for inflation, between fiscal years 2010 and 2014, funding for Labor, HHS programs has dropped by over $17 billion.

As you craft the FY2016 budget, we urge you to end the sequester and the damaging budget cuts that have impacted non-defense discretionary programs. Further, we urge you to increase the allocation for Labor, HHS, and Education programs to at least FY2010 levels.

As a nation, we must 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 must also ensure the broader public's health in protecting against further spread of infectious diseases, including HIV. While we have made progress in the fight against HIV/AIDS, there is still much more work to be done to prevent HIV and provide care and treatment for those who need it.

We know Congress shares in our commitment to defeat AIDS. Therefore, as you prepare the FY2016 budget and appropriation measures, 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 CDC and throughout the Department of Health and Human Services (HHS), as well as AIDS research at the 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/1JpCaa9 for more detailed and historical funding levels, including the President's FY2016 budget requests.)

The Ryan White HIV/AIDS Program

Early and reliable access to HIV care and treatment is cost effective and helps patients with HIV live healthy and productive lives. Research has found that when individuals are on treatment and are virally suppressed, the chance of HIV transmission is reduced to almost zero. The Ryan White HIV/AIDS Program is a system of care that provides medications, medical care, and essential coverage completion services to approximately 536,000 low-income, uninsured, and underinsured individuals living with HIV/AIDS. Additionally, the program trains and educates HIV treatment providers, delivers 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 is necessary.

We urge you to maintain all parts of the program, and oppose the Administration's proposal in the recent FY2016 budget request to consolidate Parts C and D, a proposal that Congress rejected last year.

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 Ryan White 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 often do not offer all of the comprehensive essential services to effective HIV care and treatment that helps to engage and retain individuals and improve their long-term outcomes, including services such as case management, adult dental care, transportation, legal, and nutritional support. These, along with other services, are needed to ensure full adherence to medical care and antiretroviral treatment. The Ryan White Program, acting as the payer of last resort, supports access to these and other critical medical and support 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. Young people, particularly Black and Latino MSM, continue to be the most disproportionately affected by HIV, accounting for one in five new infections in 2012.

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 HIV 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. Early detection, 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, research, and evaluation 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 FY2015 final funding. This request includes at least $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. There are 55,000 new viral hepatitis infections each year, and from 2010-2012 new HCV infections increased by 75 percent nationwide, with 35 of the 41 states responding reporting increases in people newly infected with HCV. Additionally, 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 $31.5 million above the FY2015 level, for a total of $62.8 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 funding be eliminated 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 the Congress 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

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 $600 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 43 percent of all new HIV infections in 2011. 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, bipartisan support of these critical programs important to so many individuals and communities nationwide. We look forward to working with you and the entire Congress in the coming year. We urge you to reject proposals that would cut federal spending that can jeopardize the public health and 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,

30 for 30 Campaign
The ACCESS Network, Inc.
ActionAIDS
ADAP Advocacy Association (aaa+)
ADAP Educational Initiative
Advocates for Youth
Affirmations Lesbian Gay Community Center
The Afiya Center
African American Health Alliance
AID Gwinnnett
AIDS Action Baltimore
AIDS Action Coalition
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Arms, Inc.
AIDS Care
AIDS Community Research Initiative of America
AIDS Foundation of Chicago
The AIDS Institute
AIDS Legal Council of Chicago
AIDS Partnership Michigan
AIDS Project Los Angeles
AIDS Project New Haven
AIDS Resource Alliance
AIDS Resource Center of Wisconsin
AIDS Resource Center Ohio
AIDS Services Center-Easton
AIDS United
AIDS/HIV Services Group (ASG)
Alabaster
The Alliance for GLBTQ Youth
All Under One Roof LGBTQ Advocates of Southeastern Idaho, Inc.
ALSO Youth, Inc.
American Academy of HIV Medicine
American Dental Education Association
American Psychological Association
American Sexual Health Association
APICHA Community Health Center
Asian & Pacific Islander American Health Forum
Association of Nurses in AIDS Care
Baltimore Student Harm Reduction Coalition
Blue Mountain Heart to Heart
BOOM! HEALTH
Bradbury-Sullivan LGBT Community Center
Brooklyn Community Pride Center
Buddies of New Jersey, Inc.
CAEAR Coalition
CANN - Community Access National Network
Canticle Ministries, Inc.

Capitol Area Reentry Program, Inc.
Cascade AIDS Project
The Cave Institute
Center on Halsted
CenterLink: The Community of LGBT Centers
Chicago House and Social Service Agency
Chicago Recovery Alliance
Christie's Place
Coai, Inc.
Community AIDS Network, Inc.
Community AIDS Resource and Education Services of Southwest Michigan
Community Education Group
Community Fitness Today, Inc.
Dab the AIDS Bear Project
The Damien Center Indiana
Friends For Life Corporation
Gay Men's Health Crisis (GMHC)
Georgia AIDS Coalition
Georgia Equality
The Global Justice Institute
God's Love We Deliver
Harlem United
Harm Reduction Coalition
Healthcare Alternative Systems, Inc.
HealthHIV
Healthy Teen Network
Heartland Cares
HIV Dental Alliance
HIV Medicine Association
HIV/HCV Resource Center
HIVRN Associates
HomeCare for the Carolinas LLC
Housing Works
Howard Brown Health Center
Howard University-HUHCARES
Hudson Pride Connections Center
Human Rights Campaign
Hyacinth AIDS Foundation
Illinois Public Health Association
International AIDS Empowerment
International Association of Providers of AIDS Care
The Kristen Center, Inc.
Legacy Community Health Services
Lesbian, Gay, Bisexual & Transgender Community Center
LGBT Center of Raleigh
Life Foundation
Life We Live Youth Advocates Of Colors
LifeLinc of Maryland
Lifelong AIDS Alliance
The Living Affected Corporation
Long Island Minority AIDS Coalition
Los Angeles LGBT Center
Love Heals The Alison Gertz Foundation for AIDS Education, Inc.
The McGregor Clinic, Inc.
MDGLCC Foundation, Inc.
Memphis Gay and Lesbian Community Center
Mendocino County AIDS/Viral Hepatitis Network
Metropolitan Community Churches
Metropolitan Latino AIDS Coalition (MLAC)
Minnesota AIDS Project
The Montrose Center
Moveable Feast
Nashville CARES
National AIDS Housing Coalition
National AIDS Treatment Advocacy Project
National Alliance of State and Territorial AIDS Directors (NASTAD)
National Black Gay Men’s Advocacy Coalition (NBGMAC)
National Black Women's HIV/AIDS, Inc.
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
National Women and AIDS Collective
North Carolina AIDS Action Network
North Carolina Harm Reduction Coalition
North Central Texas HIV Planning Council (Fort Worth)
Northeast Florida AIDS Network
Okaloosa AIDS Support & Informational Services, Inc. (OASIS)
Pediatric AIDS Chicago Prevention Initiative
Positive Women's Network - USA
Positively U, Inc.
Prevention On The Move/ Steward Marchman Act Behavioral Healthcare
The Pride Center at Equality Park
Pride Center of Staten Island, Inc.
Project HEAL
Project Inform
Project TAG (Tyler Area Gays)
Racial and Ethnic Health Disparities Coalition
RAIN Oklahoma
Recovery 2000, Inc.
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
San Luis Obispo County AIDS Support Network
Seattle TGA HIV Planning Council
Sexuality Information and Education Council of the U.S. (SIECUS)
Sierra Foothills AIDS Foundation
The Southern AIDS Coalition
Southern HIV/AIDS Strategy Initiative
Spokane AIDS Network
START at Westminster
TOUCH-Together Our Unity Can Heal, Inc.
Treatment Action Group (TAG)
University of South Florida, College of Medicine
University of Miami- Pediatrics
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
Venice Family Clinic
VillageCare
Visiting Nurse Association of Central NJ Community Health Center, Inc.
VOCAL-NY
Washington Heights CORNER Project
The Well CDC
WHARP
Whole Family Health Center
Women at Work International
The Women's Collective
Women With a Vision, Inc.
Youth Pride, Inc.