

AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

July 23, 2015

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

The Honorable Barbara Mikulski
Vice Chairwoman
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: AIDS Community Concerns with FY2016 Congressional Appropriation Bills

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

Now that Congress has begun to work on the FY2016 appropriations bills, the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), would like to share with you our serious concerns with several aspects of them. While we are very appreciate of the work of the House and Senate Appropriation Committees and the many positive elements in these bills, which are outlined below, there are several programs that have been proposed to be eliminated or dramatically cut. (See ABAC funding [chart](http://bit.ly/1HxvGEN) at <http://bit.ly/1HxvGEN> complete listing of funding levels for specific programs).

These programs are critical to our nation's continued effort to fight HIV/AIDS in the United States. Having the resources necessary to decrease new infections, ensure people are diagnosed and provided care and treatment, and reduce health disparities will require continued dedicated federal resources. Unfortunately, if these bills were to be enacted as is, we believe we would not be able to achieve the goals of the National HIV/AIDS Strategy, which is about to be updated to 2020, or to eventually end AIDS, and we will go backwards in the progress that has been made already.

We call on the Congress and the President to come to the table to develop an overarching budget deal that eliminates sequestration and increases the budget caps to levels high enough to adequately fund necessary healthcare and other critical investments to ensure the future growth of our nation.

Program Cuts

With increased budget levels, we would ask that funding for the following programs be restored:

HHS Secretary's Minority AIDS Initiative Fund (SMAIF). The Senate Labor-HHS bill (S.1695) completely eliminates all \$52 million for this initiative. SMAIF programs aim to improve the HIV-related health outcomes for racial and minority communities who are most affected by HIV/AIDS. These resources are distributed to various HHS agencies to improve collaboration by federal parties and develop innovative best practices and strategies to improve health outcomes for those most impacted by HIV. They enhance, rather than replace, other federal resources. A complete loss of funding would have far-reaching implications including the elimination of AIDS.gov which reaches a least 1 million people each year, links individuals to HIV testing sites, and acts as an invaluable resource of information on HIV/AIDS and viral hepatitis. It would shut down the third year of the Partnerships 4 Cures demonstration initiative, which works in four states with 22 community health centers to develop and implement effective and sustainable service delivery models that improve the identification of undiagnosed HIV infection and improve HIV outcomes along the care continuum. It would also eliminate the MSM of Color initiative which provides funding to jurisdictions where men who have sex with men (MSM) of color face a heavy burden of HIV and are doing poorly compared to other groups in achieving viral suppression. Funding for HIV programs at the Indian Health Service, Regional Health Administrators, the Office of Population Affairs, the Office of Minority Health, and the Office of Women's Health would also be effected. **We strongly urge the Congress to reject the Senate proposal to eliminate all funding for the HHS Secretary's Minority AIDS Initiative Fund, and support the funding level in the House bill (H.R. 3020).**

SAMHSA Minority AIDS Initiative funding was cut by \$9 million in the Senate Labor-HHS bill. SAMHSA's HIV/AIDS program enhances and expands effective, culturally-competent HIV/AIDS-related behavioral services in minority communities for people who need behavioral health services. These funds are not duplicative of other federal programs and target specific populations and provide prevention, treatment, and recovery support services, along with HIV testing for people at risk of mental illness. Additionally, they support integration of intimate partner violence (IPV) screening and referrals in behavioral health to reduce IPV and resultant HIV-related health disparities. **We strongly urge the Congress to reject any cut to SAMHSA's Minority AIDS Initiative funding and support the funding level in the House bill.**

Ryan White HIV/AIDS Program Special Projects of National Significance (SPNS) program is completely eliminated under the Senate bill. The \$25 million program develops innovative service models for HIV care to respond to the needs of Ryan White Program clients. SPNS initiatives work to address the needs of some of the most vulnerable populations, including women of color, transgender individuals, incarcerated persons, homeless people with multiply-diagnosed co-morbidity, Latinos, MSM, and individuals co-infected with HIV and hepatitis C. SPNS helps develop innovative delivery systems to improve the continuum of care in order to address the hardest to reach populations. Current programs fund a program to increase HIV care in community health centers, health information technology to improve the HIV care continuum,

culturally appropriate interventions to reach Latinos, building medical homes for HIV positive homeless populations, and enhancing care for transgender women of color. **We strongly urge the Congress to reject the Senate proposal to eliminate all SPNS funding, and support the funding level in the House bill.**

CDC Division of STD Prevention was cut by \$32 million in the Senate bill. Sexually transmitted diseases (STDs), such as chlamydia, gonorrhea, and syphilis are on the rise in the United States and increase susceptibility to HIV infection. The Division of STD Prevention is currently the only federal agency providing funding for STD prevention in all 50 states and nine cities/territories. The proposed funding cut of 20 percent would likely prevent CDC from continuing its work in all these states, which would have a devastating effect on states' STD prevention and control efforts—particularly in states that solely rely on federal funding for their STD prevention programs. The proposed funding cuts would also reduce the number of contact tracing staff who find and counsel STD-exposed individuals for testing and treatment, and would likely have a significant impact on the United States HIV epidemic. **We strongly urge the Congress to reject the Senate proposal to cut \$32 million from CDC's STD Division, and support the funding level in the House bill.**

Teen Pregnancy Prevention Program (TPPP), the first-of-its-kind that is evidence-based, was essentially eliminated in both the House and Senate bills. TPPP enables a local approach involving parents and the community in supporting the healthy development of young people. In the last four years, TPPP has served more than half a million young people; trained more than 7,000 professionals; and partnered with over 3,000 community-based organizations. The program's rigorous evaluation and training and technical assistance to communities provides young people access to age-appropriate and medically-accurate information to prevent unintended pregnancy, HIV, and other STDs. The devastating cuts to TPPP would effectively dismantle this work. It is unfortunate that in addition to decimating TPPP, the House and Senate bills would significantly increase funding for abstinence-only-until-marriage programs that have been shown to be ineffective and stigmatizing to young people. These programs promote the withholding of critical health information that young people need to lead healthy lives. **We strongly encourage Congress to restore TPPP funding to its current level. We also urge the elimination of funding for abstinence-only-until-marriage programs.**

Title X Family Planning: The House has proposed to completely eliminate the Title X family planning program while the Senate proposes to cut Title X by nearly \$29 million. Title X is the nation's only dedicated source of family planning funding, and as part of its services offers HIV/AIDS prevention education and testing in addition to screening and treatment for other STDs. By cutting this program, nearly 4.6 million poor and low-income men and women across the country in 4,200 health care centers will be denied access to these important services. **We strongly urge the House and Senate to restore funding for this vital program.**

Affordable Care Act (ACA): Both House and Senate bills eliminate funding to carry out many aspects of the ACA. The ACA has been successful in extending health care coverage to millions, including people living with HIV who previously were unable to afford health insurance or were barred from enrolling due to pre-existing conditions. More than 11 million people have gained private insurance through the exchanges while another 12.3 million have gained healthcare under

Medicaid. As a result, according to Gallup, uninsurance rates have declined from 17.1 percent at the end of 2013 to 11.4 percent midway through 2015.

Agency for Healthcare Research and Quality (AHRQ) is a trusted source of data and analysis about our nation's health care system and it also sponsors the U.S. Preventive Services Task Force (USPSTF), the leading entity that studies the clinical and cost effectiveness of preventive services, such as screening for HIV and viral hepatitis. It also supports the HIV Research Network (HIVRN), a critical longitudinal clinical research cohort that monitors and assesses essential data on the accessibility, quality, utilization, safety, and costs of health care services provided to persons with HIV disease. **We strongly urge the Congress to reject the House proposal to eliminate all funding for AHRQ and the \$127 million cut proposed by the Senate. At a minimum we would urge maintaining current funding of \$364 million.**

Programs Increased or Maintained

The House bill maintains current funding for the **Ryan White HIV/AIDS Program**, while the Senate bill maintains funding for all Parts of the Program but **eliminates all \$25 million for the Special Projects of National Significance (SPNS)** (see above). The Ryan White Program provides medications, medical care, and essential coverage completion services to approximately 536,000 low-income, uninsured, and/or underinsured individuals living with HIV/AIDS.

Both the House and Senate bills maintain current funding for **CDC's Division of HIV Prevention** and **the Division of Adolescent and School Health (DASH)**. There are currently 50,000 new HIV infections every year, and new infections among men who has sex with men , minorities—particularly black and Latino MSM—and young people are on the rise.

While neither the House nor the Senate matched the Administration proposed doubling of **CDC's Division of Viral Hepatitis** to \$62 million, the Senate bill proposes an increase of \$5 million while the House bill maintains current funding. Hepatitis infections, particularly hepatitis C, are on the rise with increases in opioid and injection drug use practices, while millions of people remain unaware of their infection or, for many who are aware, unable to access treatment. **We would hope that if a budget agreement is attained and there is an increased allocation for the Labor-HHS bills, that the Congress will prioritize increased funding for CDC's hepatitis prevention programs.**

We strongly support the House and Senate proposal to fund syringe exchange programs (except for the purchase of syringes) in areas experiencing, or at risk for, elevated rates of HIV or hepatitis infections. The science has long proven that these programs are effective interventions that reduce HIV and hepatitis infections, link injection drug users to treatment and do not increase drug use. This change is overdue at a time when so many communities are facing crises, including Scott County, Indiana, which is experiencing an HIV outbreak of more than 170 cases in a county that usually has fewer than 5 in a year.

We are pleased the House proposed a \$5 million increase to the **Housing Opportunities for Persons with AIDS (HOPWA)** program at HUD under its Transportation and HUD Appropriations bill (H.R. 2577), while the Senate version maintains current funding levels. We

are also pleased that both the House and Senate recognize the need to modernize the formula used to distribute HOPWA funds so that funding would no longer be based on cumulative AIDS cases, but rather a combination of HIV cases, rental costs, and poverty levels. In the final bill, we would hope that at least the \$5 million increase contained in the House passed bill will be included along with a modernization of the formula for grant awards. We recognize there are differing views on how to modernize the formula in order to limit the impacts caused by the formula changes on affected jurisdictions, and urge that they be resolved between the Administration and the Congress in consultation with the HIV/AIDS community.

We also recognize that both the House and Senate have proposed to increase our nation's commitment to medical research at the **National Institutes of Health (NIH)**. In the final bill, we would urge that at least the Senate proposed increase of \$2 billion be agreed to. Continued funding for AIDS research at the NIH is critical to ending AIDS domestically and globally. We are on the brink of promising new game-changing breakthroughs in the area of HIV cure research and new treatments, and there are critical ongoing trials of vaccines, microbicides and pre-exposure prophylaxis (PrEP) using antiretroviral drugs. We further emphasize that funding for one disease state must not come at the cost of another. Growing health threats on many fronts require an overall increased federal investment in medical research to advance discoveries that will benefit us all.

Again, we thank you for your continued leadership in the fight against HIV/AIDS and your support of these critical federal programs. We urge the Congress to raise the misguided budget caps and come to an agreement that ensures these programs receive continued and adequate funding. We look forward to working with you and the entire Congress as you address the FY2016 appropriations bills.

Sincerely,

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