

**Congress of the United States**  
**Washington, DC 20515**

April 6, 2017

The Honorable Tom Cole  
Chairman  
Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
Committee on Appropriations  
2358 Rayburn House Office Building  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
Committee on Appropriations  
2413 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Cole and Ranking Member DeLauro:

As the committee begins consideration of the Fiscal Year (FY) 2018 Labor, Health and Human Services, Education and Related Agencies (Labor HHS) appropriation bill, we thank you for your continued commitment to addressing the HIV/AIDS epidemic in the United States. We appreciate that you have recognized this need in the past and ask that you increase funding for domestic HIV/AIDS programs as you formulate the FY2018 Labor HHS appropriations bill.

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 in many communities and the number of people needing care and treatment increase. Additionally, HIV/AIDS programs also suffer the impact imposed by our government operating under a continuing resolution; funding levels for this year remain well below their 2010 level, after adjusting for inflation.

As you prepare the FY2018 Labor HHS Appropriations bill 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. In order to prevent new infections, we ask that you adequately fund HIV and STD prevention programs at the Centers for Disease Control (CDC) and the Department of Health and Human Services (HHS); we also ask for AIDS research funding at the NIH. Below are the specific discretionary programs that we ask you to support.

**The Ryan White HIV/AIDS Program**

The Ryan White HIV/AIDS Program, acting as the payer of last resort, provides medications, medical care, and essential coverage completion services to approximately 533,000 low-income, uninsured, and/or underinsured individuals living with HIV. Individuals living with HIV who are in care and on treatment have a much greater chance of being virally suppressed, reducing the likelihood of viral transmission. In fact, over 83 percent of Ryan White clients have achieved viral suppression, compared to just 30 percent of all HIV-positive individuals, nationwide, and an increase of over 21 percent since 2010. This is due not only to access to expert quality health care and effective medications, but also to the patient-centered, comprehensive care that the Ryan White Program provides, which enables its clients to remain in care and adherent to treatment.

The Ryan White Program continues to serve the most vulnerable people living with HIV, including racial and ethnic minorities, who make up nearly three-quarters of Ryan White clients. Almost two-thirds of Ryan White clients are living at or below the Federal Poverty Level (FPL) and over 90 percent are living at or below 250 percent of FPL. 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 is needed.

Many Ryan White Program clients live in states that have not expanded Medicaid and rely on the Ryan White Program as their only source of HIV/AIDS care and treatment. This is particularly true in the South, where 44 percent of all people diagnosed with HIV reside.

With a changing and uncertain healthcare landscape, continued funding for the Ryan White Program is critically important to ensure that access to healthcare, medications, and other services for people with HIV are consistently maintained.

***We urge you to fund the Ryan White HIV/AIDS Program at a total of \$2.465 billion in FY2018, an increase of \$141.8 million over FY2016, distributed in the following manner:***

- **Part A: \$686.7 million**
- **Part B (Care): \$437 million**
- **Part B (ADAP): \$943.3 million**
- **Part C: \$225.1 million**
- **Part D: \$85 million**
- **Part F/AETC: \$35.5 million**
- **Part F/Dental: \$18 million**
- **Part F/SPNS: \$34 million**

## **HIV Prevention**

### *CDC HIV Prevention and Surveillance*

There has been incredible progress in the fight against HIV/AIDS over the last 30 years. Through investments in HIV prevention, hundreds of thousands of new infections have been averted and billions of dollars in treatment cost have been averted. The CDC recently reported that, between 2008 and 2014, the number of new HIV diagnoses declined by 18 percent since. This confirms that HIV prevention efforts are working. However, there are still an estimated 37,600 new infections each year. While HIV is declining in certain communities, including among heterosexuals, people who inject drugs, and women, it is increasing in others, and gay and bisexual men remain the most affected community, with over 70 percent of all new infections. Black gay men continue to be the community with the highest number of new infections, while there are increased infections among both younger and Latino gay men. The South is particularly impacted, with 50 percent of the estimated infections in 2014 while representing 37 percent of the U.S. population.

Through expanded HIV testing efforts, largely funded by the CDC, the number of people who are aware of their HIV status has increased from 81 percent in 2006 to 87 percent.

Fortunately, we have the tools and strategy to prevent HIV, but continued funding for the CDC Division of HIV Prevention will be needed so that the CDC and its grantees can maintain recent gains and intensify prevention efforts in communities where HIV is most prevalent. CDC leads this effort with its partners in the field: state and local public health departments, and community-based organizations. Each is responsible for carrying out HIV testing programs, targeted prevention interventions, public education campaigns, and surveillance activities. There is no single way to prevent HIV, but jurisdictions use a combination of effective evidence-based approaches including testing, linkage to care, condoms, syringe service programs, and one of the newest tools, pre-exposure prophylaxis (PrEP). PrEP is a FDA approved drug that keeps HIV negative people from becoming infected. Taken daily, it reduces the risk of HIV infection by up to 92 percent in people who are at high risk.

***For FY2018, we urge you to request an increase of \$67 million over FY2016 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.]***

#### *CDC STD Prevention*

An essential component to our HIV prevention strategy must include adequate and robust investments in STD prevention programs at the CDC. Rates for chlamydia, gonorrhea, and syphilis have surged to a 20-year high, and 2015 was the fourth consecutive year of double-digit increases of syphilis rates; congenital syphilis (syphilis transmitted from a woman to a fetus) rates have risen four-fold in the last three years. These increases threaten progress made in HIV prevention. The CDC estimates that nearly 20 million new sexually transmitted infections occur every year in the U.S., half of which occur in young people, aged 15-24, and account for \$16 billion in health care costs. Public health infrastructure has been continually strained by budget reductions, and health departments across the country cannot address these growing epidemics with decreasing resources.

***We request an increase of \$35 million for a total of \$192.3 million for the CDC's Division of STD Prevention in FY2018.***

#### *Syringe Services Programs*

The CDC recently reported that the number of new HIV infections among people who inject drugs have declined by 56 percent between 2008 and 2014. Access to syringe service programs can be attributed to as one reason for this precipitous drop. However, these declines might be in jeopardy given the recent increase in the usage of heroin and other opiates that is occurring in many parts of the country. Recognizing the outbreaks of HIV and hepatitis C and the proven effectiveness of syringe service programs, federal funding of certain syringe exchange services, but not the actual purchase of syringes, is now legally permitted. Funding for these services must be in those jurisdictions that are experiencing or is at risk for a significant increase in hepatitis or HIV infections due to injection drug use.

***We urge you to maintain the current appropriations language that allows access to syringe services in those jurisdictions that are experiencing or is at risk for a significant increase in HIV or hepatitis infections due to injection drug use.***

**HIV/AIDS Research at the National Institutes of Health**

AIDS research supported by the NIH is far-reaching and has supported innovative science for improved drug therapies, and behavioral and biomedical prevention interventions; it has saved and improved the lives of millions around the world. 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 this country, robust resources must be provided to NIH. AIDS research at NIH has proved the efficacy of pre-exposure prophylaxis (PrEP), the effectiveness of treatment as prevention, and the first partially effective AIDS vaccine. However, without increases in HIV research, advances in cure research will be stopped in their tracks, gains made in newer more effective HIV treatments and vaccines will be slowed, and funding will be insufficient to support young researchers who are critical to the future of HIV and other diseases research. In addition to all benefits this research has provided to the field of HIV/AIDS, AIDS research has contributed to the development of effective treatments for other diseases, including cancer and Alzheimer's disease.

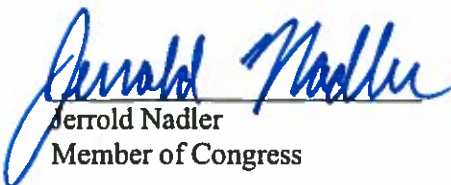
***Consistent with the most recent Trans-NIH AIDS Research By-Pass Budget Estimate for FY2017, we ask that you request \$3.225 billion for HIV research at the NIH in FY2018, an increase of \$225 million.***

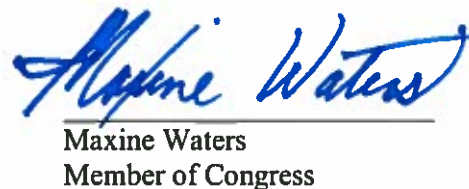
We thank you for your continued leadership and support of domestic HIV/AIDS programs for so many people with HIV and the organizations and communities that serve them nationwide

Sincerely,

  
Bill Pascrell, Jr.  
Member of Congress

  
Barbara Lee  
Member of Congress

  
Jerrold Nadler  
Member of Congress

  
Maxine Waters  
Member of Congress



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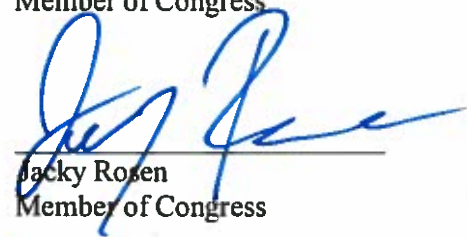
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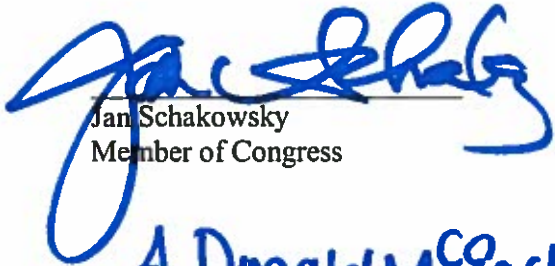
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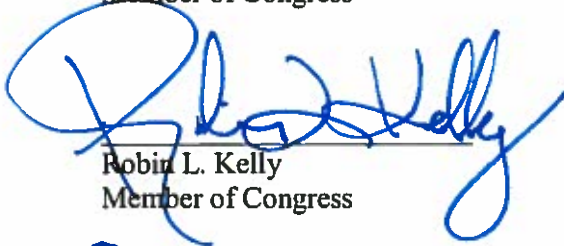
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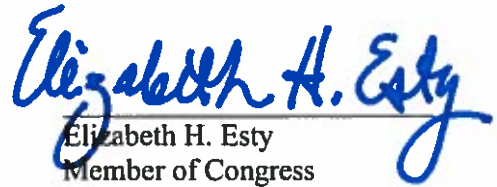
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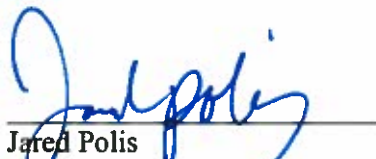
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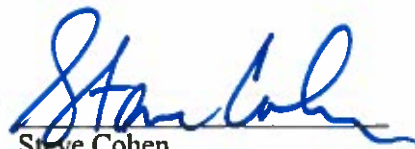
  
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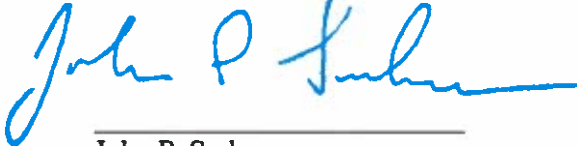
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Louise McIntosh Slaughter  
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Anthony G. Brown  
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Cheri Bustos  
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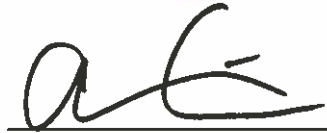
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Joyce Beatty  
Member of Congress




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André Carson  
Member of Congress



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Eddie Bernice Johnson  
Member of Congress



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James P. McGovern  
Member of Congress



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Peter Welch  
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Debbie Wasserman Schultz  
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