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March 16, 2010

The Honorable Tom Harkin
Chairman
Subcommittee on Labor-HHS-Education
Senate Appropriations Committee
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable David R. Obey
Chairman
Subcommittee on Labor-HHS-Education
House Appropriations Committee
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Thad Cochran
Ranking Member
Subcommittee on Labor-HHS-Education
Senate Appropriations Committee
113 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Todd Tiahrt
Ranking Member
Subcommittee on Labor-HHS-Education
House Appropriations Committee
1016 Longworth House Office Building
Washington, DC 20515

Dear Chairmen Harkin and Obey and Ranking Members Cochran and Tiahrt:

On behalf of the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition, I am writing to urge your support for increased funding for the Ryan White Program in the FY 2011 appropriations.

CAEAR Coalition is a national membership organization which advocates for federal appropriations, legislation, policy and regulations to meet the care, treatment, support service and prevention needs of people living with HIV/AIDS and the organizations that serve them. CAEAR Coalition's proactive national leadership is focused on the Ryan White Program as a central part of the nation's response to HIV/AIDS. CAEAR Coalition's members include Ryan White Program Part A, Part B, Part C and Part F consumers, grantees, and providers.

The reauthorization of the Ryan White Program signed in October 2009 was a tremendous victory for people living with HIV/AIDS and those who care for them. We are grateful for Congressional efforts to ensure that this vital program continued uninterrupted when it expired in September.

CAEAR Coalition respectfully requests that Congress provide the following FY 2011 funding for the Ryan White Program:

- **\$905m for Part A (+225.9m)**
- **\$474.7m for Part B base (+55.9m)**
- **\$1,205.1m for Part B ADAP (+370.1m)**
- **\$337.8m for Part C (+131m)**
- **\$84.8m for Part D (+7m)**
- **\$50m for Part F AETC (+15.2m)**
- **19m for Part F Dental (+5.4m)**

As President Obama noted when he signed the legislation in October, “over the past 19 years this legislation has evolved from an emergency response into a comprehensive national program for the care and support of Americans living with HIV/AIDS. It helps communities that are most severely affected by this epidemic and often least served by our health care system, including minority communities, the LGBT community, rural communities, and the homeless. It's often the only option for the uninsured and the underinsured. And it provides life-saving medical services to more than half a million Americans every year, in every corner of the country.”

The legislation passed last year includes small increases in the annual authorized appropriations for the program and, if appropriated, these increases would provide important and much-needed new funds to those on the ground. These authorized amounts, however, are well below the level of need in hard-hit communities, especially in light of years of stagnant funding. Attached are calculations highlighting the level of funding required in FY 2011 to bring Part A and Part C up to their required levels of funding by FY 2012 (see attachment A). It is also crucial that additional funds be made available to the AIDS Education and Training Centers in Part F to support the training of health care providers to care for the growing patient caseloads.

The Ryan White program's contributions to the nation's fight against HIV/AIDS are evident in our firsthand experiences with the program and confirmed by OMB's Program Assessment Rating Tool (PART). The PART found that the Ryan White Program has contributed to the decline in the number of new AIDS cases and deaths due to HIV/AIDS (see Attachment B). The PART assessment also gave the program a score of 100% in Program Results and Accountability, making it one of only seven out of 1,016 federal programs to receive that score. Key to its effectiveness is the program's proven ability to address disparities in access to HIV treatment and care—the program serves women and racial and ethnic minorities in significantly higher proportions than their representation among reported AIDS cases.

The FY 2011 appropriation presents a crucial initial opportunity for you to restore the Ryan White Program to the levels of funding demanded by the epidemic as the Centers for Disease Control and Prevention continue their increased efforts to expand HIV testing to help people living HIV learn their status. With the continued influx of newly diagnosed individuals into care and the additional 56,000 estimated new cases of HIV every year, the Ryan White program must receive adequate increases to meet the health care and supportive services needs of individuals already in care and those newly identified HIV patients.

The attached charts shows the ever-growing gap between the number of people living with AIDS in the U.S. in need of care and the resources available to serve them (see Attachment C). For example, between 2001 and 2007 the number of people living with AIDS grew 33% and yet funding for medical care and support services in the nation's hardest hit communities grew less than 12% between 2001 and 2010. Similarly, funding for Part C-funded, community-based primary care clinics, which provided medical care for people living with HIV/AIDS in rural and urban communities nationwide, grew by only 11% between 2001 and 2010 as the number of people they care for grew by 52%. We have also included additional background information on HIV/AIDS in the U.S. and on the Ryan White Program (see Attachments D and E).

CAEAR Coalition
March 16, 2010

CAEAR Coalition looks forward to working with you and your committees to provide high quality, appropriate community-based HIV medical care, support services and treatment for the more than one million Americans living with HIV/AIDS.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernest Hopkins". The signature is stylized with a large, sweeping initial "E" and a long, horizontal stroke extending to the right.

Ernest Hopkins
Chair, Board of Directors

Attachments