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February 1, 2008

The Honorable Jim Nussle  
Director  
Office of Management and Budget  
725 17<sup>th</sup> Street, NW  
Washington, DC 20503

VIA FAX

Dear Mr. Nussle:

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 Administration's FY 2009 budget request to Congress.

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, and Part C consumers, grantees, and providers.

CAEAR Coalition respectfully requests that the Administration's FY 2009 budget recommendation to Congress include requests for:

- **\$840.4m for Part A** (+\$213.2m over FY 2008)
- **\$466.8m for Part B base** (+\$80m over FY 2008)
- **\$943.5m for Part B ADAP** (+\$135m over FY 2008)
- **\$299.3m for Part C** (+\$100.5m over FY 2008)
- **\$50m for Part F AETC** (+\$15.9m)

We also support the community requests for other components of the Ryan White Program.

The Administration's 2009 budget recommendation presents a crucial opportunity for President Bush to build upon his legacy of invigorating and strengthening the United States' response to the international HIV/AIDS crisis. By increasing the resources for responding to HIV/AIDS in the U.S. to a level that reflects the gravity of the situation, President Bush can make meaningful progress toward addressing the vast unmet treatment and care needs of the more than one million people living with HIV/AIDS at home.

CAEAR Coalition  
February 1, 2008

The first set of 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 A). For example, between 2001 and 2005 the number of people living with AIDS (the most recent year for which data are available) grew 28% and yet funding for medical care and support services in the nation's hardest hit communities grew less than 4% between 2001 and 2008. 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 2008 as the number of people they care for grew by 42%. The reductions in funding to the Part B base in FY 2008 were especially devastating to state-level efforts to respond to increasing demand.

In addition, the Health Resources and Services Administration predicted that between 7,700 and 15,300 people living with HIV/AIDS would enter the health care system annually as the result of Centers for Disease Control and Prevention (CDC) initiatives to promote routine HIV testing to identify people living with HIV and link them to care. The success of the CDC initiatives continues to generate new clients seeking care at Ryan White-funded clinics with no commensurate increase in the funds necessary to provide access to comprehensive, compassionate treatment and care. With the continued influx of newly diagnosed individuals into care and the additional 43,000 estimated new cases of HIV every year, Ryan White Part A, Part B, and Part C must receive adequate increases to meet the health care and supportive services needs of individuals already in care and those newly identified HIV patients.

Attached are charts outlining the basis for CAEAR Coalition's Part A and Part C requests, highlighting the demand for Part A and Part C services and the related cost of providing care and treatment (see Attachments B and C). It is crucial that additional funds also 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.

Members of the CAEAR Coalition Board of Directors would greatly appreciate the opportunity to meet with you to discuss the need for increased Ryan White resources. Please know that CAEAR Coalition looks forward to working with you and others in the Administration to end the domestic HIV/AIDS epidemic and 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,

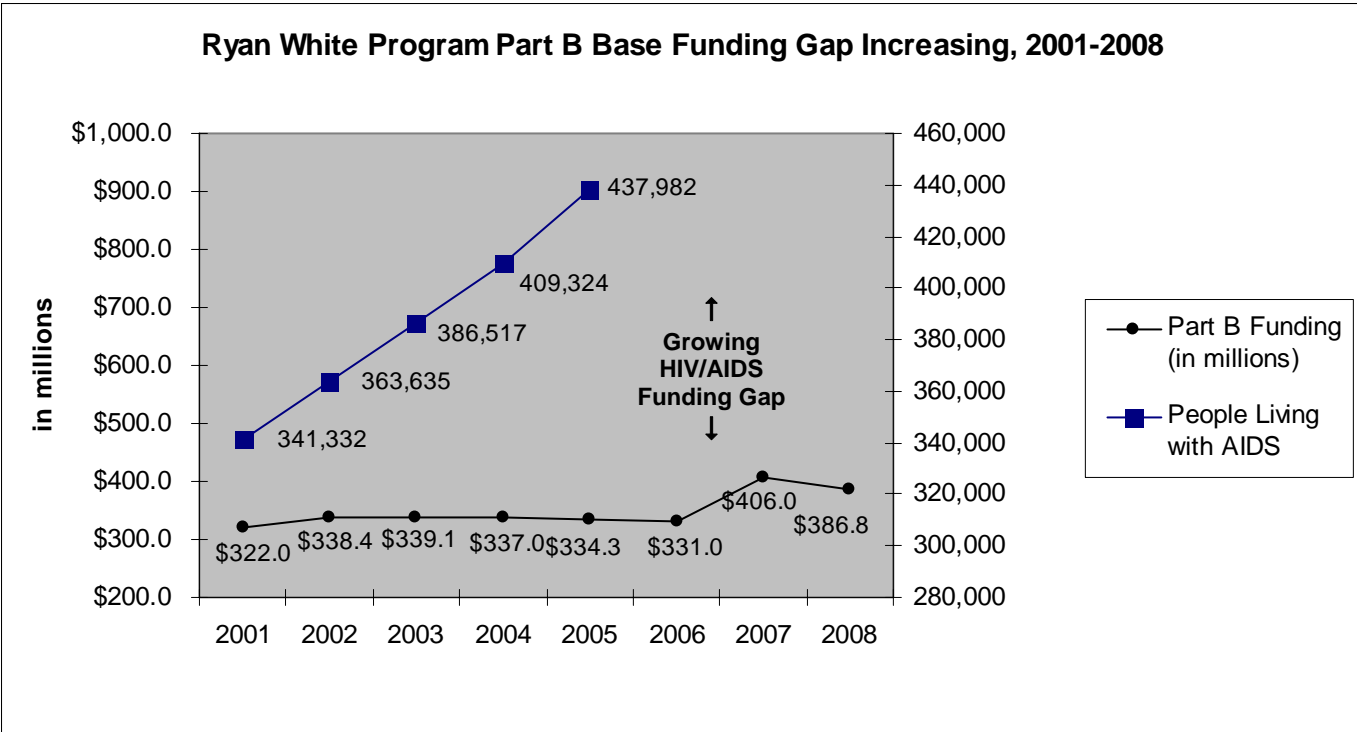
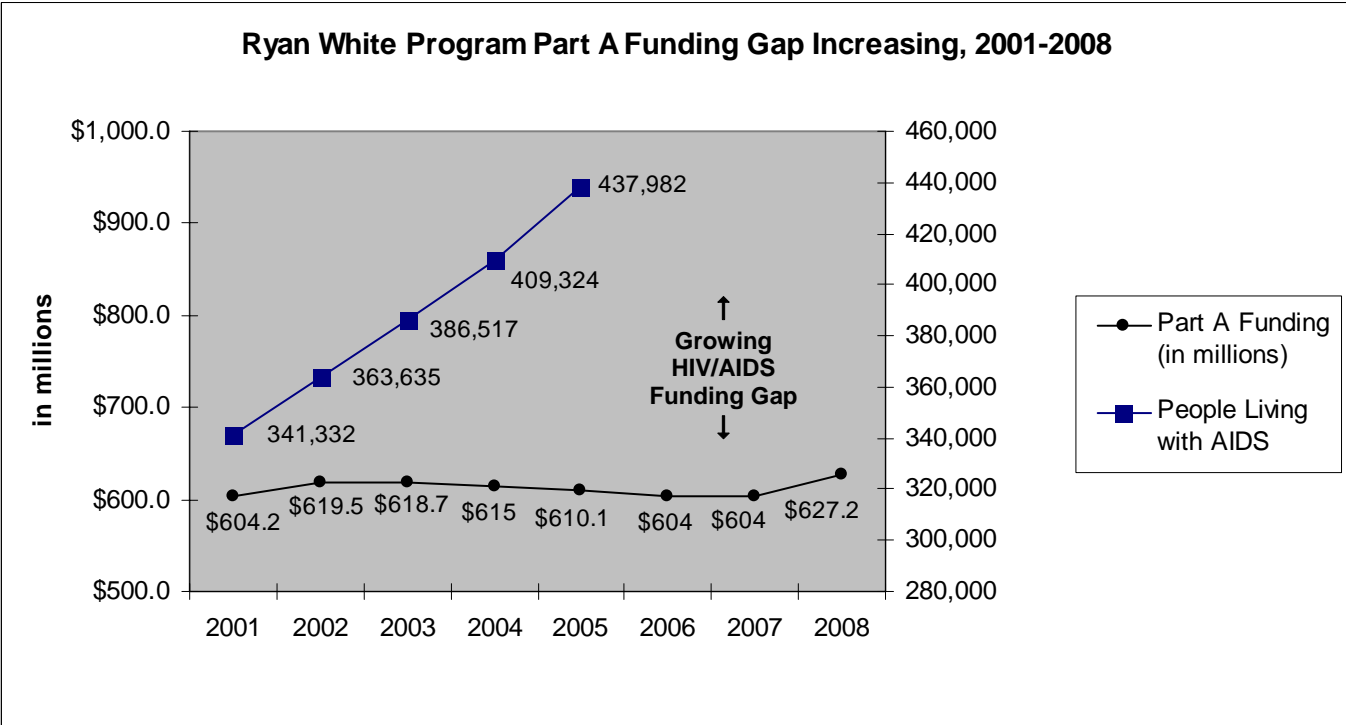
A handwritten signature in blue ink that reads "Christopher B" with a stylized flourish extending to the right.

Christopher Brown  
Chair, CAEAR Coalition

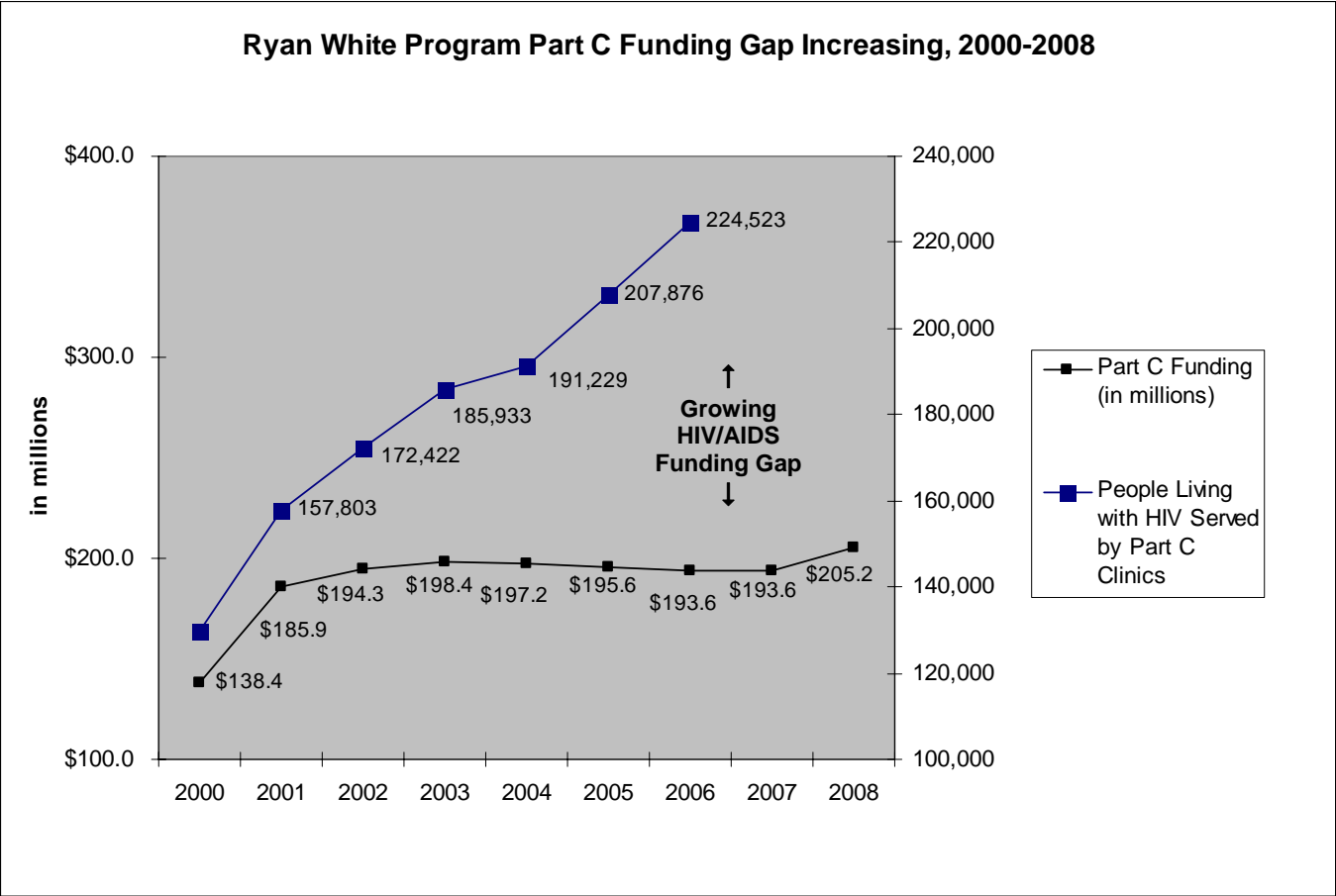
Attachments

cc: Donald Dempsey, Office of Management and Budget  
Julie Goon, National Economic Council

# Attachment A: Growing HIV/AIDS Funding Gaps



# Attachment A: Growing HIV/AIDS Funding Gaps



## Calculating Increasing Demand for Ryan White Program Part A Services: FY 2009

1,039,000–1,185,000--the number of people living with HIV/AIDS<sup>1</sup>

756,392–862,860--the number of people living with HIV/AIDS in Part A jurisdictions<sup>2</sup>

151,278–172,572--the number of people living with HIV/AIDS who are uninsured and live in a Part A jurisdictions<sup>3</sup>

\$5,190 per person per year for outpatient medical care (including lab work, STD/TB/Hep screening, and ob/gyn care) and some related support services, including dental, mental health, substance abuse treatment, case management and home health care<sup>4</sup>

\$785,123,820–\$895,648,680--the estimated amount to meet the need for outpatient medical care (excluding medications) and some related support services at Ryan White Program Part A-funded care centers  
[\$5,190 x 151,278–172,572]

\$840,386,250--CAEAR Coalition's FY 2009 Ryan White Program Part A request, an increase of \$213.2 million over the FY 2008 appropriation

1. Glynn M, Rhodes P. Estimated HIV prevalence in the United States at the end of 2003. National HIV Prevention Conference; June 2005; Atlanta. Abstract 595.
2. Percentage based on prevalence rates in *AIDS Cases, by Geographic Area of Residence and Metropolitan Statistical Area of Residence*, CDC, 2004
3. Percentage based on data from Kaiser Family Foundation, *Financing HIV/AIDS Care: A Quilt of Many Holes*, May 2004.
4. Institute of Medicine, Committee on the Public Financing and Delivery of HIV Care, *Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White*, 2005.

## Calculating Increasing Demand for Ryan White Program Part C Services: FY 2009

1,039,000–1,185,000--the number of people living with HIV/AIDS<sup>1</sup>

224,523--the total number of people living with HIV/AIDS served by  
Part C providers in 2006<sup>2</sup>

41,645--the number of new clients living with HIV/AIDS entering into care  
at Part C sites in 2006<sup>3</sup>

\$2,414 per person per year for outpatient medical care (including lab work,  
STD/TB/Hep screening, and ob/gyn care)<sup>4</sup>

\$299,281,030--the estimated total funding needed to meet the increased  
demand for outpatient medical care (excluding medications) at Ryan White  
Program Part C-funded care centers<sup>5</sup>  
[FY 2008 appropriation (\$198.75 million) + (\$2,414x41,645)]

\$299,281,030--CAEAR Coalition's FY 2009 Ryan White Program Part C  
request, an increase of \$100.5 million over the FY 2008 appropriation

1. Glynn M, Rhodes P. Estimated HIV prevalence in the United States at the end of 2003. National HIV Prevention Conference; June 2005; Atlanta. Abstract 595.
2. 2006 data provided by the HRSA HIV/AIDS Bureau.
3. 2006 data provided by the HRSA HIV/AIDS Bureau.
4. Institute of Medicine, Committee on the Public Financing and Delivery of HIV Care, Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White, 2005
5. The amount of funding that would be required to cover the full primary care costs for all Part C clients is \$642,529,552 (266,168x\$2,414).