Submitted to the
United States Senate
Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related Agencies

On behalf of CAEAR Coalition:
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On behalf of the tens of thousands of individuals living with HIV/AIDS to whom the members of the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition provide care, I want to thank Chairman Tom Harkin and Ranking Member Thad Cochran for affording CAEAR Coalition the opportunity to submit this written testimony for the record regarding increased funding for the Ryan White HIV/AIDS Program**.**

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.

A Wise Investment in a Program That Works

The Ryan White Program works. Those on the epidemic's frontlines know this to be true, and that faith received a ringing endorsement from the White House Office of Management and Budget (OMB). In its 2007 Program Assessment Rating Tool (PART), OMB gave the Ryan White Program its highest possible rating of "effective"—a distinction shared by only 18% of all programs rated. According to OMB, effective programs "set ambitious goals, achieve results, are well-managed and improve efficiency." Even more impressively, OMB's assessment of the Ryan White Program found it to be in the top 1% of all federal programs in the area of "Program Results and Accountability." **Out of the 1,016 federal programs rated—98 percent of all federal programs—the Ryan White Program was one of seven that received a score of 100% in "Program Results and Accountability."**

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. As you are aware, the Ryan White Program serves as the indispensable safety net for thousands of low-income, uninsured or underinsured people living with HIV/AIDS.

- Part A provides much-needed funding to the 56 major metropolitan areas hardest hit by the HIV/AIDS epidemic with severe needs for additional resources to serve those living in their communities.
- Part B assists states and territories in improving the quality, availability, and organization of health care and support services for individuals and families with HIV disease.
- The AIDS Drug Assistance Program (ADAP) in Part B provides urgently needed medications to people living with HIV/AIDS in all 50 states and the territories.
- Part C provides grants to 357 faith and community based primary care health clinics and public health providers in 49 states, Puerto Rico and the District of Columbia. These clinics play a central role in the delivery of HIV-related medical services to underserved communities, people of color, and rural areas.
- Part F AETC supports training for health care providers to identify, counsel, diagnose, treat, and manage individuals with HIV infection and to help prevent high-risk behaviors that lead to infection. It has 130 program sites in all 50 states.

We thank you in advance for your consideration of our comments and our request for:

- $905 million for Part A to support grants to the cities hardest hit by HIV/AIDS so they can provide quality care to people with HIV/AIDS (an increase of $225.9 million);
- $474.7 million for Part B base to provide additional needed resources to the states in their efforts to address the HIV/AIDS epidemic (an increase of $55.9 million).
- $1205.1 million in funding for the ADAP line item in Part B so uninsured and underinsured people with HIV/AIDS can access the prescribed medications they need to survive (an increase of $307.1 million)
- $337.8 million for Part C to support grants to community-based organizations, agencies, and clinics that provide quality care to people living with HIV/AIDS (an increase of $131 million).
- $50 million to fund the 11 regional centers funded under by Part F AETC to offer specialized clinical education and consultation on HIV/AIDS transmission, treatment and prevention to frontline healthcare providers (an increase of $15.9 million).

The increases CAEAR Coalition seeks in the current funding for Part A, Part B base and ADAP, Part C, and Part F AETC reflect the reality that the HIV/AIDS epidemic and the health care and social service needs of people with HIV/AIDS require significantly more federal resources than those provided in recent years. There continues to be an 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. 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%.

Growing Needs, Diminishing Resources

In 2008, CDC yet again revised upward its estimate of persons living with HIV/AIDS in the U.S. to 1,106,400 (as of 2006). Approximately one-half of those people have yet to access HIV-related medical care and there is a projected influx of newly diagnosed individuals into care as a

result of CDC initiatives to promote routine HIV testing. CDC also estimates that in 2006, over 56,000 people were newly infected with HIV. Ryan White Program Part A , Part B base and ADAP, Part C, and Part F AETCs must receive adequate increases to meet the health care and supportive services needs of individuals already in care and those newly identified HIV patients entering care—many of whom will require comprehensive medical treatment and supportive services at the time of diagnosis.

Additional increases are desperately needed to address the growing demand for services, offset the rising cost of care, and help the many jurisdictions forced year after year to make service reductions and eliminations to rebuild their programs.

State budget cuts have created an immediate ADAP funding crisis. Many state ADAPs are on the brink of the worst funding shortfall in many years and there is a record number of people in need of ADAP services due to the economic downturn. As of March 2010, there are 662 people on ADAP waiting lists in 10 states. Additionally, ADAP waiting lists and other cost-containment measures, including limited formularies, reducing eligibility, or removing already enrolled people from the program, are clear evidence that the need for HIV-related medications continues to outstrip availability. ADAPs are forced to make difficult trade-offs between serving a greater number of people living with HIV/AIDS with fewer services or serving fewer people with more services. Additional resources are needed to reduce and prevent further use of cost-containment measures to limit access to ADAPs and to allow all state ADAPs to provide a full range of HIV antiretrovirals and treatment for opportunistic infections.

The number of clients entering the 357 Part C community health centers and outpatient clinics has consistently increased over the last five years. Over 248,000 persons living with HIV and AIDS receive medical care in Part C–funded community health centers and clinics each year. These community- and faith-based HIV/AIDS providers are staggering under the burden of treatment and care after years of funding cuts prior to the modest increase in recent years. The CDC has implemented a number of initiatives designed to promote routine HIV testing to identify people living with HIV. Their success continues to generate new clients seeking care at Part C–funded health centers and clinics with no commensurate increase in the funds necessary to provide access to comprehensive, compassionate treatment and care.

Increasing Testing Requires Increasing Access to Care

The FY 2011 appropriation presents a crucial initial opportunity 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 with 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.

CAEAR Coalition supports efforts to help identify those individuals infected with HIV but unaware of their status. However, CAEAR Coalition is concerned that without the simultaneous allocation of additional resources for treatment, these CDC initiatives have resulted in a

significant increase in the demand for HIV/AIDS services without the capacity in place to provide that care.

Increased demand for services has placed a severe strain on the HIV/AIDS safety net and forced community-based providers to stretch already scarce resources even further to address growing needs. This additional pressure on an already overburdened system will leave many of the 200,000+ HIV-infected individuals who do not know their HIV status without access to the care they need. CAEAR Coalition urges Congress and the Administration to provide a commensurate increase for treatment programs to meet the demand that has resulted from the CDC testing initiative.

Sufficient Funding for Ryan White Programs Saves Money and Saves Lives

Increased funding for Ryan White Programs will reap a significant health return for minimal investment. Data show that Part A and Part C programs have reduced HIV-related hospital admissions by 30 percent nationally and by up to 75 percent in some locations. The programs supported by the Ryan White HIV/AIDS Program also have been critical in reducing AIDS mortality by 70 percent. Taken together, the Ryan White Program works – resulting in both economic and social savings by helping keep people healthy and productive.

CAEAR Coalition is eager to work with Congress to meet the challenges posed by the HIV/AIDS epidemic. Congress and the Administration must do more to address the grim reality that the domestic epidemic is not static; it is continuing to grow at a significant rate and more federal resources are needed to prevent it from becoming a public health catastrophe similar to what we are witnessing in the developing world. Already, some communities in the United States have infection and death rates similar to those in Africa. We must make a commensurate domestic investment to care for people in our own communities. CAEAR Coalition looks forward to working with the Committee and the Congress to help meet the needs of Americans living with HIV/AIDS as the appropriations process moves forward.

Given the Ryan White Program's stellar history of accomplishments, the vast need for more resources to address unmet need, and such strong praise from the federal government's most stringent and assiduous assessors, we hope the committee will act to provide these relatively modest funding increases.