

SUPPORT FUNDING FOR DOMESTIC HIV/AIDS PREVENTION, TREATMENT, AND RESEARCH

This is a programmatic request.

Dear Colleague:

Amidst rising infection rates and shrinking state budgets, increased federal funding for HIV/AIDS programs is more vital than ever. The HIV/AIDS epidemic remains a severe and worsening public health crisis in the United States, devastating communities nationwide. At least 1.1 million Americans are living with HIV or AIDS, and another 56,000 are newly infected each year. We are losing ground in the battle against HIV; while treatment efforts, funding levels, and governmental responses have not kept pace with the epidemic.

As state and local government continue to make cuts to programs, it is more important than ever that the federal government help stabilize programs designed to prevent and treat HIV/AIDS so that we can effectively respond to the growing epidemic. **We invite you to join us in sending the attached letter to the Appropriations Committee requesting the following appropriations for domestic HIV/AIDS activities:**

- **\$3.1 billion** (+\$810.3 million) for the **Ryan White HIV/AIDS Programs**
- **\$1.6 billion** (+\$878 million) for **CDC HIV Prevention Activities**
- **\$60.2 million** (+\$20 million) for the **CDC Division of Adolescent and School Health's HIV Prevention Education**
- **\$133.7 million** (+\$19.2 million) for **Comprehensive Sex Education**
- Retention of the **Syringe Exchange Language** passed as part of the FY 2010 appropriations which ensures federal funding cannot be used for the distribution of syringes in places that are deemed inappropriate by local public health or local law enforcement authorities
- **\$610 million** (+\$207.1 million) for the **Minority HIV/AIDS Initiative**
- **+\$400 million** for **HIV/AIDS research** at the National Institutes of Health
- **\$1.4 million** for the implementation of the **National HIV/AIDS Strategy**
- **\$410 million** (+\$75 million) for the for the **Housing Opportunities for Persons with AIDS** (HOPWA)

If you have any questions or would like to sign on, please contact Mandy Spears (mandy.spears@mail.house.gov, 5-5751) in Congressman Pascrell's office.

Sincerely,

/s Bill Pascrell, Jr.

/s Tammy Baldwin

/s Michael Capuano

/s Maxine Waters

Dear Chairman Obey and Ranking Member Lewis:

Amidst rising infection rates and shrinking state budgets, increased federal funding for HIV/AIDS programs is more vital than ever. The undersigned Members of Congress urge you to increase funding for domestic HIV/AIDS programs in the FY2011 Labor-HHS, Transportation/HUD, and Financial Services bills.

While the President's FY 2011 budget request proposed some increases for HIV/AIDS programs, they fall short of the true need facing our nation's communities. The HIV/AIDS epidemic remains a severe and worsening public health crisis in the United States, devastating communities nationwide. An estimated 1.1 million adults, children, and adolescents are living with HIV in the United States. Of those estimated to be living with HIV, half do not have reliable access to care, including the 21 percent who are unaware of their HIV infection. The HIV epidemic continues to have a disproportionate impact among communities of color—African Americans, Latinos, Native Americans, and Asian Pacific Islanders; men who have sex with men; the incarcerated; and those living in poverty. We are losing ground in the battle against HIV; while treatment efforts, funding levels, and governmental responses have not kept pace with the epidemic.

In the U.S., *nearly half* of persons living with HIV/AIDS who are aware of their HIV status are *not* in regular medical care. Early and reliable access to HIV care and treatment helps patients with HIV live relatively *healthy and productive lives* and is *cost-effective*. One study from the Ryan White Part C Clinic at the University of Alabama at Birmingham found that patients treated at the later stages of HIV disease required *2.6 times more health care dollars annually than those receiving earlier treatment*.

Increased need for public HIV/AIDS programs coupled with chronic underfunding of HIV services at the state and federal level has created a burgeoning crisis. States, cities, and counties are currently experiencing record deficits and are consequently cutting funding for state and local health departments' HIV, STD, TB, and viral hepatitis programs. To compound this problem, these cuts come after at least two years of state and local cuts driven by budget deficits. According to a December 2009 survey of states' HIV/AIDS programs conducted by NASTAD, *state HIV/AIDS funding reductions totaling more than \$170 million occurred in 29 states during FY 2009*. The state budget outlook for FY2010 once again is dire, and health departments and community-based organizations (CBOs) continue to reduce staff and services. Thirty-three percent of all programs reported in the NASTAD survey anticipate a decrease in state funding in FY2010. HIV/AIDS clinics around the country continue to close and/or cut hours and services. *It is more important than ever that the federal government help stabilize these programs by funding them at the highest levels possible.*

HIV Prevention

President Obama proposed an increase of \$31 million for HIV prevention programs at the Centers for Disease Control and Prevention (CDC). While we are grateful for this proposed increase during such difficult economic times, this amount is far from what is needed to reduce the number of new infections in the United States, which still stands at over 56,000 per year. Currently only four percent of all federal HIV/AIDS funding is directed for prevention. State and local health departments and community-based organizations need increased resources to strengthen and expand outreach, education, HIV testing, and prevention programs targeting high-risk populations. **We respectfully request \$1.6 billion (+\$878 million) CDC HIV prevention activities in FY 2011.**

With increased funding, other crucial prevention efforts can be augmented such as the delivery and evaluation of behavioral interventions, social marketing campaigns, surveillance, and other preventative education programs. Community based organizations and state and local health departments are all facing severe financial challenges.

Through budget cuts, hiring freezes, layoffs, and furloughs, health departments across the nation continue to curtail core public health functions including those that prevent the spread of HIV and other infectious diseases. Additional federal resources are absolutely necessary if we are to reverse the increase of new infections. Investing in HIV prevention will result in billions of dollars in reduced health care costs in the future. Moreover, given the strong epidemiological link between HIV and other STDs, including high rates of co-infection among certain populations an increased investment in STD programs (through the Division of STD Prevention) is an essential component of scaling up HIV prevention efforts. The cost of treating new cases of HIV each year that is attributable to Chlamydia, gonorrhea, syphilis, and genital herpes is over \$1 billion per year.

Recent estimates suggest that, 15 to 24 year-olds—which represent 25 percent of the sexually-active population—acquire nearly half of all new STDs. Each year, one in four sexually-active teenagers contracts a sexually transmitted disease. In addition, nearly 15 percent of the 56,000 annual new cases of HIV infections in the United States occurred in youth ages 13 through 24 in 2006. This means that an average of one young person every hour of every day is infected with HIV in the United States. It is essential that we provide schools with the resources they require to build and strengthen their capacity to protect and improve child and adolescent health. **We respectfully request \$60.2 million (+\$20 million) the CDC Division of Adolescent and School Health's HIV Prevention Education.**

Comprehensive Sex Education

We need to invest in programs that provide all of our young people with complete, accurate, and age-appropriate sex education that helps them reduce their risk of HIV, other STDs, and unintended pregnancy. In these tight budget times, we are pleased that the President's FY2011 budget increased funding for the new teen pregnancy prevention initiative. However, by focusing the funding on teen pregnancy prevention, and not including the equally important health issues of STDs and HIV, we think the Administration has missed an opportunity to provide true, comprehensive sex education that promotes healthy behaviors and relationships for all young people, including LGBT youth. So many negative health outcomes are inter-related and we need to strategically and systemically provide youth with the information and services they need to make responsible decisions about their sexual health. **We respectfully request that the teen pregnancy prevention initiative be broadened to address HIV and other STDs, in addition to the prevention of unintended teen pregnancy, and fund it at least at the President's requested level of \$133.7 million (+\$19.2 million).** We are pleased that the President's budget has once again included zero funding for failed abstinence-only-until-marriage programs and we encourage our colleagues not to include funding for these ineffective programs.

Access to Sterile Syringes

We urge the committee to continue the policy that allows local communities to retain control of local HIV and Hepatitis prevention efforts by retaining language that ensures federal funding shall not be used for distribution of syringes in places that are deemed inappropriate by local public health or local law enforcement authorities. Sixteen percent of HIV/AIDS cases and more than 55 percent of hepatitis C cases have been attributed directly or indirectly related to injection drug use. Numerous studies have shown that syringe exchange programs are a cost-effective means to lower rates of HIV/AIDS and viral hepatitis, do not increase the use of illegal drugs and help connect people to medical treatment including substance abuse treatment.

The Ryan White Program

Ryan White HIV/AIDS Programs provide life extending medical care, mental health and drug treatment, and support services to approximately 577,000 low-income, uninsured and underinsured individuals and families affected by HIV/AIDS each year. The President's FY2011 budget requests \$2.33 billion for the Ryan White Program, which is an increase of \$39.5 million over FY 2010. While it is a vote of confidence for the Administration to request increased funding for the Ryan White Program when recommending a domestic federal budget freeze, the requested funding increase is inadequate to maintain the comprehensive system of care the Ryan White Program provides. This is especially true given the dramatic reductions in state and local contributions to this program. As reported in the NASTAD survey for state programs receiving cuts in FY2009, 39 percent reported

cuts to the Part B Program and 48 percent reported cuts to ADAP programs. Part C programs continue to experience service reductions in 2010, including fewer clinic hours, staff cuts and service reductions for standard HIV/AIDS medical care and treatment. Despite just a one percent increase in funding, Part D programs continue to provide HIV medical and social services to 55,000 women (including increasing numbers of pregnant women), children, youth and their families living with HIV/AIDS at an average cost of less than \$1,500 per person. The AIDS Education and Training Centers provide ongoing workforce development and cutting edge training to physicians, nurses, pharmacists and other members of the staff expanding treatment and care capacity for HIV positive people in an ever changing epidemic. The Dental Reimbursement Program provides access to quality dental care to people living with HIV/AIDS while simultaneously providing educational and training opportunities to dental residents, dental students, and dental hygiene students who deliver the care.

Part of providing access to HIV care and treatment is providing appropriate access to life-saving medications. The AIDS Drug Assistance Programs are struggling to provide medications to all those in need. During FY2009, ADAPs experienced an average monthly growth of 1,271 clients. This is an unprecedented increase of 80 percent from FY2008 when ADAPs experienced an average monthly growth of 706 clients. ADAPs are increasingly implementing cost-containment measures such as reduced eligibility, eliminating drugs from formularies and enrollment caps. As of February 5th, 472 individuals were on waiting lists in 11 states.

Based on the community's data-driven assessment, we respectfully request \$3.101 billion (+\$810.3 million) for the following Ryan White treatment programs:

- **Part A – \$905 million** (+\$225.9 million) for grants to 56 eligible metropolitan areas;
- **Part B Care – \$474.7 million** (+\$55.9 million) for care grants to state, territories, and emerging communities;
- **Part B AIDS Drug Assistance Program (ADAP) – \$1.205 billion** (+\$370.1 million) for AIDS drug and treatment assistance to states and territories;
- **Part C – \$337.9 million** (+\$131 million) for early intervention services and capacity development grants;
- **Part D – \$84.8 million** (+\$7 million) for services for women, infants, youth, and their families;
- **Part F AETCs – \$50 million** (+\$15.2 million) for AIDS Education and Training Centers; and
- **Part F Dental – \$19 million** (+\$5.4 million) for Dental School Reimbursement Programs and the Community-Based Dental Partnership Program.

Minority HIV/AIDS Initiative

As the HIV/AIDS epidemic continues to impact communities of color at an alarming rate full funding of the Minority HIV/AIDS Initiative (MAI) is essential. According to the Centers for Disease Control and Prevention in 2006 African Americans made up 13 percent of the United States population, but made up 46 percent of new HIV infections that year. In the Latino, Asian Pacific Islander, and the Native American communities the numbers of HIV infection are just as startling. **We respectfully request \$610 million (+\$207.1 million) for the Minority AIDS Initiative in FY2011.**

HIV/AIDS Research at the National Institutes of Health

If the United States is to remain the global leader in HIV/AIDS research for better drug therapies, evidence-based behavioral and biomedical prevention interventions, and vaccines, Congress must invest adequate resources into NIH's mission and work. To date, AIDS research has contributed to research into effective treatments for other diseases, including cancers and Alzheimer's disease. **We respectfully request the inclusion of a \$400 million increase for HIV/AIDS research at the National Institutes of Health (NIH) in FY 2011.**

Housing Opportunities for Persons with AIDS (HOPWA)

For the more than 56,600 households coping with HIV/AIDS and expected to be assisted this year, the Housing Opportunities for Persons With AIDS program (HOPWA) is a critical source of housing and services that work to

prevent the spread of the virus, facilitate improved health outcomes and save taxpayer dollars by reducing reliance on other systems such as hospitals, emergency rooms and shelters. AIDS housing need has exploded in virtually every region of the country as other housing options available in the past through the continuum of low income housing programs and the Ryan White CARE Act disappear. Stable housing is irrefutably linked to positive health outcomes and this program is critical in maintaining the health of persons living with HIV/AIDS. **We respectfully request \$410 million (+\$75 million) for HOPWA in FY 2011.**

National HIV/AIDS Strategy

The United States needs an outcomes-focused, comprehensive National HIV/AIDS Strategy to better address the HIV/AIDS epidemic at home. The Office of National AIDS Policy (ONAP) has begun the process of developing this strategy with broad community and federal involvement. **We respectfully request \$1.4 million (no change from FY 2010) for the implementation of a National HIV/AIDS Strategy at the Office of National AIDS Policy (ONAP) in FY2011.**

Thank you for your time and consideration of our request. We look forward to working with you to ensure sufficient funding to respond to the nation's HIV/AIDS epidemic.

Sincerely,