

CAEAR Coalition

Spring 2011 Membership Meeting Hill Visit Materials

- **Appropriations Chart**
- **ABAC Letter to Congressional Leaders, March 25**
- **Congressional Visit Key Messages, Requests and Supporting Documents**



Ryan White Program Appropriations: FY2011 and FY2012

Program	FY 2010 Conference Report	FY 2011 CAEAR Coalition Request	FY 2011 President's Budget Request	FY 2011 Highest Passed ¹ Level	CAEAR Coalition FY 2012 Request	President's FY 2012 Budget Request
Part A	\$679.1m (+\$16m)	\$905m (+225.9m)	\$679.1m (+\$0m)	\$694.1m (+\$15m)	\$751.9m	\$679.1m
Part B Base	\$418.8m (+\$10m)	\$474.7m (+55.9m)	\$428.8m (+\$10m)	\$428.8m (+\$10m)	\$495.0m	\$418.8m
Part B ADAP	\$860.0m ² (+\$45m)	\$1205.1m (+370.1m)	\$885.0m ³ (+\$25m)	\$895.0m (+\$35m)	\$991.0m	\$940.0m
Part C	\$206.8m (+\$4.9m)	\$337.8m (+131m)	\$211.9m (+\$5.1m)	\$211.9m (+\$5m)	\$272.2m	\$211.5m
Part D	\$77.8m (+\$0.9m)	\$84.8m (+7m)	\$77.8m (+\$0)	\$77.8m (+\$0)	TBD	\$77.8m
Part F AETC	\$34.8m (+\$0.4m)	\$50m (+15.2m)	\$37.4m (+\$2.6m)	\$37.4m (+\$2.6)	\$50.0m	\$34.8m
Part F Dental Reimb.	\$13.6m (+0.2m)	\$19m (+5.4m)	\$15.4m (+1.8m)	\$15.4m (+\$1.8m)	TBD	\$13.6m

1. Includes numbers from the FY2011 House Subcommittee bill, FY 2011 Senate Committee bill and the FY 2011 House Continuing Resolution.

2. Includes an additional \$25 million in FY2010 reprogrammed funding announced in July 2010.

3. The President submitted a budget amendment in August 2010 to increase this account by \$30 million.

AIDS Budget and Appropriations Coalition

(an affiliated workgroup of the Federal AIDS Policy Partnership)

March 25, 2011

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

The Honorable John Boehner
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Nancy Pelosi
Democratic Leader
United States House of Representatives
Washington, DC 20515

Re: FY11 Funding Levels for Domestic HIV/AIDS Programs

Dear Majority Leader Reid, Minority Leader McConnell, Speaker Boehner, and Democratic Leader Pelosi:

On behalf of the undersigned HIV/AIDS service and advocacy organizations, we urge you to provide adequate increases for the domestic HIV/AIDS programs outlined below and protect them from any cuts as you finalize spending levels for fiscal year 2011. Additionally, we urge you to pass a continuing resolution that is free of any extraneous policy riders that would negate current law.

HIV/AIDS remains a significant and serious health concern in the United States with over 1.1 million people currently living with HIV and an estimated 56,000 new infections annually. HIV disproportionately impacts racial and ethnic minority communities and low income people who depend on public services for their life-saving health care and treatment. It is primarily the responsibility of the public health system to ensure that infectious diseases, such as HIV, are prevented. Early and reliable access to HIV care and treatment help patients with HIV live healthy and productive lives and is cost effective. Investing in HIV prevention today translates into less spending in the future on care and treatment.

Amidst rising infection rates and shrinking state and local budgets, increased federal funding for HIV/AIDS programs is more vital than ever. While we realize there are constraints within the federal budget, the programs outlined below help serve the most vulnerable in our society, many of whom are struggling to survive both physically and economically.

Ryan White Program

The Ryan White HIV/AIDS Program provides life-extending healthcare, drug treatment, and support services to approximately 529,000 low-income, uninsured and underinsured individuals and families affected by HIV/AIDS. Due to increased caseloads and budget cuts, Ryan White programs are hitting capacity limits and implementing service reductions. Patients are facing record wait times to access clinical care and life-saving therapy. Currently there are 7,553 people on AIDS Drug Assistance Program (ADAP) waiting lists in 11 states, and states are moving thousands of people off their programs onto

pharmaceutical company supported charities. Other states are reducing their drug formularies and eligibility levels.

For these reasons, we strongly urge you to support an increase in funding of at least \$116.7 million for the Ryan White Program. We support the funding be divided in the following ways: **\$15 million for Part A**, which will go to 52 metropolitan areas in 28 states, the District of Columbia and Puerto Rico; **\$10 million for Part B base**, which goes to all states; **\$78 million for ADAP**, which goes to all states; **\$5 million for Part C**, which funds 444 clinics in 49 states, DC and Puerto Rico; **\$2.5 million for Part D**, which funds 98 programs in 36 states for Women, Children and Youth; **\$ 2.6 million for Part F**, which funds the AIDS Educations and Training Centers; **and \$1.8 million for Part F Dental programs.** While these numbers do not represent the true need, in most instances, they represent what was proposed by Congress in earlier versions of FY11 spending bills.

The delay in passing a final spending bill for FY11 has created great uncertainty for the providers of care and treatment under the Ryan White Program. The fiscal constraints caused by the weak economy and increased caseloads are compounded with the receipt of only partial grant awards, which makes it extremely difficult to plan and budget year long operations and activities.

HIV Prevention at the CDC

We strongly support the President's FY2011 request to increase funding for HIV prevention at the CDC by \$66 million for activities to reduce new infections and increase HIV testing. In FY2010, \$30 million from the Prevention and Public Health Fund supported: comprehensive HIV prevention planning and implementation in the 12 highest impacted cities and counties; increased HIV testing and linkage to care; expanded HIV surveillance; and increased HIV, viral hepatitis, STD prevention, and sexual health promotion for Tribal Communities. To ensure that these critical activities continue, we urge you to support an increase of \$66 million in FY2011. We note that \$35 million of this amount is fully offset and would not represent additional federal funding.

Division of Adolescent and School Health

We urge you to continue investing dedicated funding for the Division of Adolescent and School Health (DASH) at the CDC as a separate and dedicated funding stream and include at least \$40.2 million for DASH's HIV prevention work. Young people ages 13-29 years old account for one-third of all new HIV infections, the largest share of any age group.

Teen Pregnancy Prevention Initiative

All young people should be provided with comprehensive, medically accurate, and age-appropriate sex education that helps them reduce their risk of unintended pregnancy, HIV/AIDS, and other STDs. Young people are at risk for a variety of negative health outcomes and educators on the ground know that they best serve young people when they address the inter-related health needs of young people. **We strongly oppose the elimination of the Teen Pregnancy Prevention Initiative as proposed by HR 1 and instead support the original House approved FY11 level of \$133.7 million.**

HIV/AIDS Research at the National Institutes of Health

We ask that you increase overall funding for the National Institutes of Health (NIH) in FY 2011, especially for the HIV portfolio and reject any funding cuts. 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 adequately invest in NIH. In recent years, there have been great strides in HIV research. With proper funding in 2011, exciting new scientific opportunities in HIV prevention, HIV therapeutics and cure research may be leveraged to turn the tide of the HIV epidemic worldwide.

Housing Opportunities for Persons with AIDS

For the more than 62,000 households coping with HIV/AIDS, 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. The need for housing people living with HIV/AIDS has exploded as other housing options available have become strained. **We urge you to increase HOPWA by \$15 million for a total of \$350 million as was originally proposed by the House passed Transportation, Housing, and Urban Development Appropriations bill.**

National HIV/AIDS Strategy

The Office on National AIDS Policy (ONAP) is coordinating the implementation of the National HIV/AIDS Strategy. **Please support \$1.4 million for the work that ONAP is doing to implement the National HIV/AIDS Strategy as was proposed by both the House and Senate Financial Services and General Government Appropriations bills.**

HR 1

We also emphatically state our opposition to the substantial funding cuts and policy riders included in HR 1 and urge you to reject them. The draconian funding cuts, program terminations, and policy provisions contained in HR 1 would impose serious constraints on the ability to provide care and treatment to people who are currently living with HIV/AIDS, curtail effective programs and services that work to prevent future infections, and derail the discovery of medical research that help improve the treatment and prevention of HIV.

Specifically, we oppose the following:

- Completely defunding Title X family planning programs and prohibiting any funding for Planned Parenthood Federation of America, Inc. and its clinics;
- Completely defunding the Teen Pregnancy Prevention Program;
- Banning any federal funding of syringe exchange programs and prohibiting the District of Columbia from spending any of its own local funds on syringe exchange programs;
- Defunding implementation of important elements of the Patient Protection and Affordable Care Act;
- Eliminating all funding of the Prevention and Public Health Fund;
- Cutting CDC Prevention funds by nearly \$900 million;
- Cutting NIH research by \$2.5 billion; and
- Cutting Community Health Centers by \$1 billion.

In conclusion, we urge the Congress to work with the President on finalizing a continuing resolution that he can sign so that we can quickly come to a conclusion on FY11 spending levels. In such a continuing resolution we hope it will ensure adequate funding to respond to the nation's HIV/AIDS epidemic and irresponsible funding cuts and policy riders will be rejected.

Thank you for your consideration of our requests. If you have any questions, please contact the ABAC co-chairs Donna Crews at dcrews@aidsunited.org, Jen Heitel Yakush at jyakush@siecus.org, or Carl Schmid at cschmid@theaidsinstitute.org.

Sincerely,

Acadiana C.A.R.E.S
ActionAIDS
ADAP Advocacy Association (aaa+)
Advocates for Youth
African American Health Alliance

AIDS Action Baltimore
AIDS Action Committee of Massachusetts
AIDS Alabama
AIDS Alliance for Children, Youth & Families
AIDS Foundation of Chicago
AIDS/HIV Health Alternatives
The AIDS Institute
AIDS Legal Referral Panel of the San Francisco Bay Area
AIDS Project Los Angeles
AIDS Taskforce of Greater Cleveland
AIDS United
Alaskan AIDS Assistance Association
American Academy of HIV Medicine
amfAR, the Foundation for AIDS Research
Association of Nurses in AIDS Care
Association of Nutrition Services Agencies
AVAC
BIENESTAR
CAEAR Coalition
CANN - Community Access National Network
Cascades AIDS Project
Central City Community Health Clinics
Colorado AIDS Project
Community Education Group
CT AIDS Resource Coalition
Georgia Equality
Harlem United
Harm Reduction Coalition
HealthHIV
HIV Dental Alliance
HIV Prevention Justice
HIV Medicine Association
HIVictorious, Inc.
Housing Works
Human Rights Campaign
Hyacinth AIDS Foundation
LA Gay & Lesbian Center
Latino Commission on AIDS
LIGHT Health & Wellness Comprehensive Services Inc
Lower East Side Harm Reduction Center
Mendocino County AIDS/Viral Hepatitis Network
Menlo House
Metropolitan Latino AIDS Coalition (MLAC)
Minnesota AIDS Project
Nashville CARES
National AIDS Housing Coalition
National Alliance of State & Territorial AIDS Directors (NASTAD)
The National Association of People with AIDS (NAPWA)
National Coalition for LGBT Health
National Coalition of STD Directors
National Council of Jewish Women (NCJW)
National Latino AIDS Action Network (NLAAN)

National Minority AIDS Council (NMAC)
North Central Texas HIV Planning Council
Okaloosa AIDS Support and Informational Services, Inc. (OASIS)
Our House
Pan Pacific Consulting
Project Inform
Racial and Ethnic Health Disparities Coalition (REHDC)
Ryan White Medical Providers Coalition
Sadler Healthcare
Sexuality Information and Education Council of the U.S. (SIECUS)
National Black Leadership Commission on AIDS
Treatment Access Expansion Project
Treatment Action Group (TAG)
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
VillageCare
Western Pacific Med/Corp
Women Together For Change

cc: Members, United States Senate
Members, United States House of Representatives

Increased Ryan White Program Resources Needed in 2011 and 2012 to Respond to Growing Need for Care

The Need for HIV/AIDS Care and Treatment is Growing

- CDC has significantly increased efforts to **expand HIV testing in hard-hit communities** to help people living with HIV learn their status and enter care.
- **Researchers estimate that CDC's expanded HIV testing guidelines will bring an additional 46,000 people into care over five years** and reduce the 21% of people living with HIV but not in care. Bringing these individuals into care will save money in the long run, but requires an initial investment now—caring for individuals early in their disease will **increase the cost of care by \$2.7 billion over five years and the majority of those costs will fall to federal discretionary programs like the Ryan White Program** and will not be offset by entitlement programs.¹
- **45% of HIV-infected people in the U.S. for whom antiretroviral therapy would likely be recommended are not-accessing treatment**—together, primary medical care and medications are key to helping people living with HIV maintain their health.²

The Ryan White Program Works

- The OMB's Program Assessment Rating Tool (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**.
- The PART assessment 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.
- The program **addresses disparities in access to HIV treatment and care**, serving women and racial and ethnic minorities in significantly higher proportions than their representation among reported AIDS cases.

Ryan White-Funded Programs are Economic Engines in their Communities

- Ryan White-funded programs, including many community health centers, bring jobs and economic development to low-income urban communities and sparsely populated rural areas, serving as anchors for existing and new businesses and investments. These organizations employ people in their communities, providing critical entry-level jobs and community-based training and career building.
- A large, urban community health center brings an estimated economic impact of \$21.6 million, employing 281 people, and a small, rural health center has an estimated economic impact of \$3.9 million, employing 52 people.³

State Budget Cuts Have Created an Immediate Funding Crisis

- The AIDS Drug Assistance Programs (ADAPs) in many states 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. Adjustments have been made to Medicaid reimbursement rates to address economic conditions but no similar steps have been taken for ADAP.

¹ Martin, E. G., Paltiel, A. D., Walensky, R. P. and Schackman, B. R. (2010), Expanded HIV Screening in the United States: What Will It Cost Government Discretionary and Entitlement Programs? A Budget Impact Analysis. *Value in Health*, 13: 893–902. <http://www.ncbi.nlm.nih.gov/pubmed/20950323>

² Kates J. Insurance Coverage and Access to HIV Testing and Treatment: Considerations for Individuals at Risk for Infection and for Those with Undiagnosed Infection. *Clinical Infectious Diseases*, 2007;45 (Suppl 4). http://cid.oxfordjournals.org/content/45/Supplement_4/S255.full

³ National Association of Community Health Centers, Access Granted, August 2007. <http://www.nachc.com/research>

- **7,558 people in 11 states are on waiting lists for the program. 18 states have cost-containment strategies that limit access.** Two states removed people from their ADAP after reducing financial eligibility. Some states have been forced to remove vital drugs from their ADAP formulary and/or institute annual expenditure caps and cost-sharing.
- Community is also engaged in cost-containment measures with industry, including rebates, price reductions, and patient assistance programs.

Requested Increases Authorized in Legislation

Program Component		FY 2011 Authorization	FY 2011 Current Request	FY 2012 Authorization	FY 2012 Request	Estimated Need
Part A		\$716.1 M	\$694.1M (+\$15M)	\$759.1M	\$759.1M	\$1,018M
Part B	Base	\$1,417M	\$428.8M (+\$10M)	\$1,489M	\$495M	
	ADAP		\$913M (+\$78M)		\$991.0 m	
Part C		\$259.2M	\$211.9M (+\$5M)	\$272.2M	\$272.2M	\$406.8M
Part F: AETCs		\$38.3M	\$37.4 (+\$2.6M)	\$40.2M	\$50M	

Part A—Cities and Communities

More than 70% of all people living with HIV/AIDS in the U.S. reside in a Part A community. Part A serves an estimated 300,000 people living with HIV/AIDS per year. **\$694.1 million in 2011 and \$759.1 million in 2012** will partially address the current unmet need for medical care and some support services for uninsured and underinsured people living with HIV/AIDS in these hard-hit communities. The rising cost of care due to **health care inflation** and the **complexity of care as the population ages** are affecting the amount of services provided—the number of visits for health-related care decreased from 3.18 million visits in 2005 to 2.6 million in 2009.

Part B—AIDS Drug Assistance Program

\$913 million in 2011 and \$991 million in 2012 are needed to reduce and prevent waiting lists, formulary reductions and other cost containment measures and to allow all state ADAPs to provide the full range of antiviral medications and treatments for infections and side effects.

Part C—Community Health Centers and Clinics

Over 247,000 persons living with HIV/AIDS receive medical care in Part C–funded community health centers and clinics each year. **\$211.9 million in 2011 and \$272.2 million in 2012** would allow Part C clinics to provide outpatient medical care to the 30,000+ people expected to enter care at those sites next year.

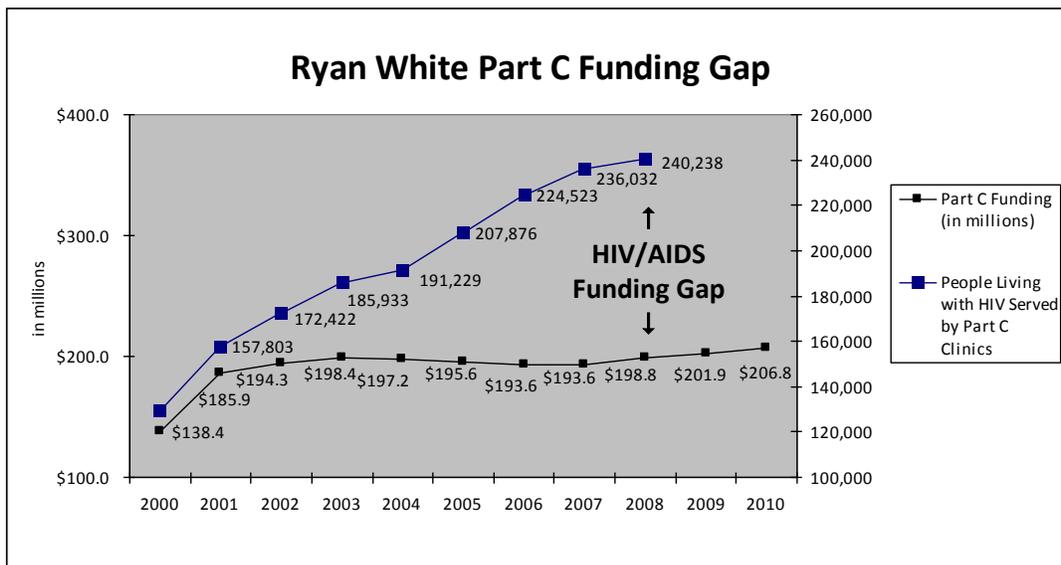
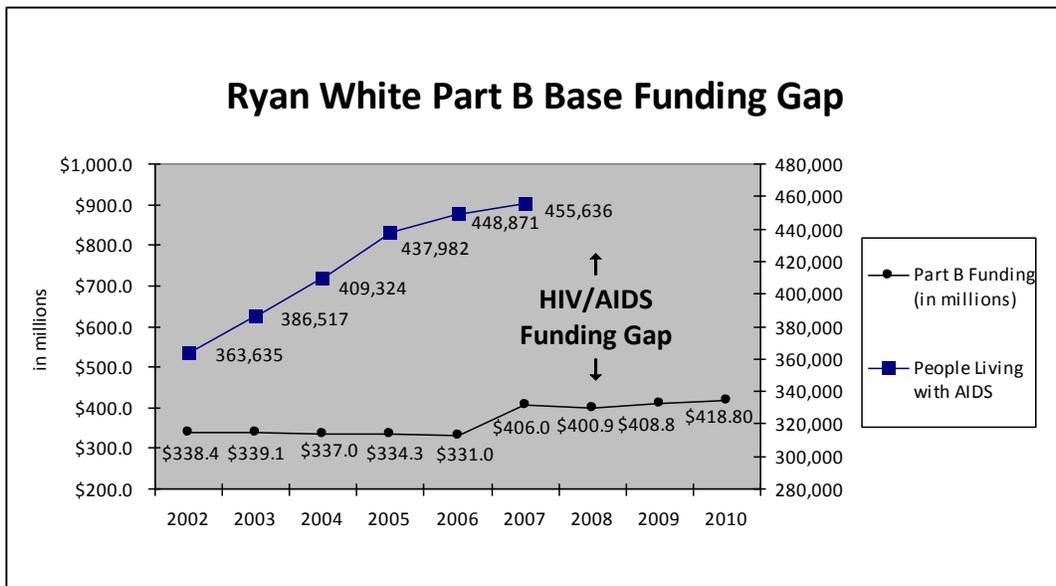
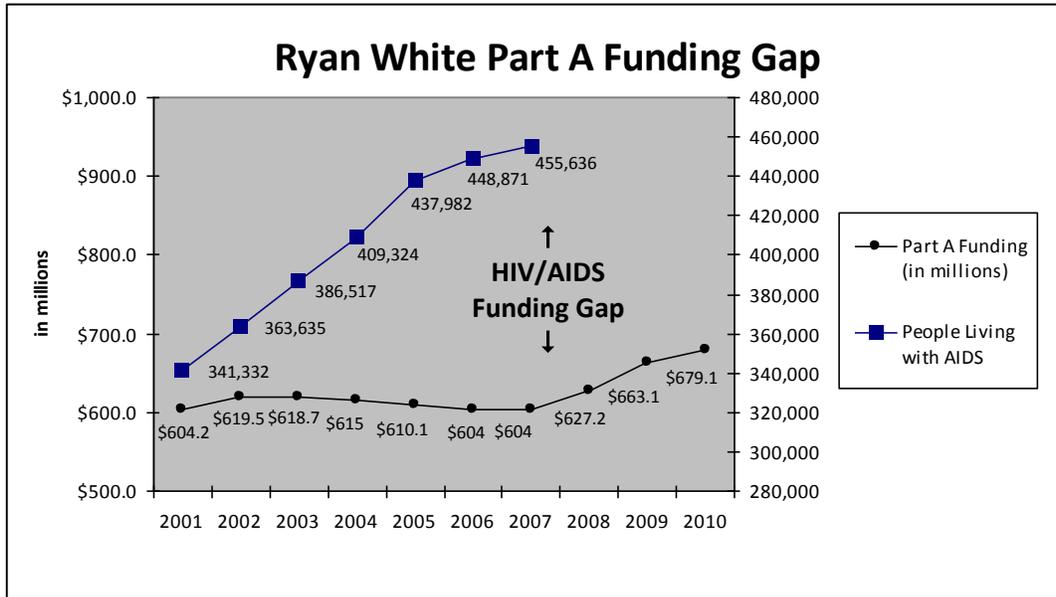
Part F—AIDS Education and Training Centers

\$37.4 million in 2011 and \$50 million in 2012 for AIDS Education and Training Centers would support the training of health care providers to care for growing patient caseloads and address the growing complexities of treating those with co-morbidities and drug side effects.

Funding Requests

We support the full community request for the entire Ryan White portfolio.

HIV/AIDS Funding Gaps: FY 2001–2010



OMB: The Ryan White HIV/AIDS Program Works

*The White House Office of Management and Budget’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.”*

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.”

Ryan White Program PART Assessment Scores	
Purpose & Design	100%
Strategic Planning	86%
Program Management	91%
Program Results/Accountability	100%

Half of the OMB ranking is based on the category 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.”**

OMB’s Summary Assessment of the Ryan White Program

◆**The program has had a positive impact. It has contributed to the decline in the number of AIDS cases and deaths due to HIV/AIDS.** From 1999 to 2003 deaths due to HIV/AIDS went from 5.3 to 4.7 per 100,000. A cause of the decrease is increased use of antiretroviral medications. In 2000 the program's AIDS Drug Assistance Program (ADAP) served 128,078 clients. In 2005 ADAP served 143,339 clients.

◆**The program has exhibited strong and effective collaborations with similar programs.** The program collaborates with Federal, State and local partners, as well as with private and non-profit HIV/AIDS care, treatment and advocacy groups. By working with this wide range of partners, persons infected with and affected by HIV/AIDS receive coordinated comprehensive care and support services.

◆**The program has demonstrated improved management and oversight of the use of Federal funds.** The previous PART review and other assessments indicated deficiencies in the oversight of grantees' use of Ryan White funds. The program has taken corrective action by expanding grantee technical assistance and monitoring grantee financial accountability and performance.