

June 10, 2011

The Honorable Daniel Inouye
Chairman
Senate Appropriations Committee
United States Senate
Washington DC 20510

The Honorable Thad Cochran
Ranking Member
Senate Appropriations Committee
United States Senate
Washington DC 20510

Dear Chairman Inouye and Ranking Member Cochran:

Thirty years after the first reports that led to the discovery of HIV, the epidemic continues to surge in the United States. With the development of life-saving anti-retroviral drugs, more people are living longer, healthier lives. However, that also means that more and more people require access to care, medication and support services. The undersigned Senators urge you to increase funding for domestic HIV/AIDS programs in the Fiscal Year (FY) 2012 Labor-HHS, Transportation/HUD, and Financial Services bills. In light of the realities of the epidemic and state and local budget cuts, we ask that you support our requests outlined below so that we can reduce the number of new infections, provide necessary care and treatment, and invest in new research.

An estimated 1.1 million people are living with HIV in the United States and there are over 56,000 new infections every year. Of those estimated to be living with HIV, half do not have reliable access to care, and 21% are unaware of their HIV status. The HIV epidemic continues to have a disproportionate impact among communities of color and minority populations—African Americans, Latinos, Native Americans, and Asian Pacific Islanders; men who have sex with men; the incarcerated; and those living in poverty. Unfortunately, despite advances in medical treatment, we are losing ground in the battle against HIV as funding levels have not kept pace with the growing epidemic.

We are pleased that President Obama has proposed some increases for HIV/AIDS programs so that the country can begin to realize the vision and goals of the National HIV/AIDS Strategy (NHAS). The comprehensive strategy seeks to better coordinate our response to HIV in order to reduce the number of new infections, increase access to care and improve health outcomes, and reduce HIV-related health disparities.

CDC HIV Prevention and Surveillance

President Obama proposed an increase of \$57.2 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. 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, in particular, high-risk populations. In order to adequately address the HIV epidemic in this nation, an additional \$525.3 million is needed over each of the

next five years. **We request an increase of at least \$57.2 million to reach the President's request for the CDC HIV prevention and surveillance activities in FY 2012.**

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 FY 2012 budget requests \$2.4 billion for the Ryan White Program, which is an increase of \$64 million over FY 2011. Yet this requested increase will not maintain the coverage required by this payer of last resort system of care, particularly given increased patient loads and ongoing dramatic state and local cuts.

Each Part of the Ryan White Program has come under increasing pressure in recent years. Part A funds community-based care systems that provide outpatient health care and a range of critical support services in the 52 hardest hit urban communities in the nation. These communities are seeing significant increases in the need for access to appropriate treatment and care, particularly as new testing efforts help locate people living with HIV who require care. Similarly, Part B provides similar treatment and care funding at the state level.

The AIDS Drug Assistance Programs (ADAP) are struggling to provide medications to all those in need. During FY 2010, ADAPs experienced an average monthly growth of 1,382 clients. This is an unprecedented increase of 96 percent from FY 2008 when ADAPs experienced an average monthly growth of 706 clients. ADAPs are also increasingly implementing cost-containment measures such as reduced eligibility, eliminating drugs from formularies, and enrollment caps. As of June 3, 2011, there were 8,111 individuals on ADAP waiting lists in thirteen, more than ten times as many people as this time last year.

Many of the 349 Part C medical clinics that serve over 247,000 HIV/AIDS patients nationwide experienced continued service reductions in 2010, including fewer clinic hours, longer wait times for appointments, staff cuts, and reductions in the medical services provided. Part D programs continue to provide HIV medical and social services to 90,000 uninsured and underinsured women (including increasing numbers of pregnant women) children, youth, and their families living with HIV/AIDS at an average cost of less than \$1400 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.

While the estimated need of the Ryan White program is much greater, we request that you fund it at the authorized level, which translates into an increase of \$350.3 million over FY2011.

CDC STD Prevention and Viral Hepatitis

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. In order to adequately address the STD epidemic in this nation, an additional \$212.7 million is needed for a total of \$367.4 million. **We request an increase of at least \$6.7 million to reach the President's request for the CDC Sexually Transmitted Disease prevention and surveillance activities in FY 2012.**

We also request an increase of \$40 million for a total of \$59.3 million in FY2012 for the CDC's Division of Viral Hepatitis (DVH) for a national testing, education and surveillance initiative as outlined in the Division's professional judgment budget submitted to Congress last year. It is estimated that up to 15 percent of people living with HIV are co-infected with HBV, and up to 30 percent are co-infected with HCV. Further, viral hepatitis is the leading cause of non-AIDS-related death in people co-infected with HIV and viral hepatitis.

Comprehensive Sex Education

We need to invest in programs that provide young people with complete, accurate, and age-appropriate sex education that helps them reduce their risk of HIV, other STDs, and unintended pregnancy. Young people aged 13–29 account for over one-third of the estimated 56,300 new HIV infections each year, the largest share of any age group. This means that two young people every hour are infected with HIV in the U.S. While young people in the U.S., aged 15–25, make up only one-quarter of the sexually active population, they contract about half of the 19 million STDs annually.

We request an increase of \$10 million, for a total of \$50 million, for the CDC's Division of Adolescent and School Health's (DASH) HIV/STD Prevention Education. DASH is a unique source of support for HIV prevention efforts in our nation's schools. After the family home, schools are the primary places responsible for the development of young people. This gives schools an opportunity to dramatically improve the health and well-being of their students each day—including playing an important role in HIV, STD, and unintended pregnancy prevention. Research shows that well-designed, well-implemented, school-based HIV/STD prevention programs can significantly reduce sexual risk behaviors among students.

So many negative health outcomes are inter-related and we need to strategically and systemically provide all youth with the information and skills they need to delay sex and to prevent HIV, and other STDs, and unintended pregnancy when they do become sexually active. **We 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 funded at a level of \$130 million, a \$25.2 million increase over FY 2011.** This increase will allow 100,000 more youth to receive the sex education and positive youth development programs they need to navigate their lives and make safe and healthy decisions.

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.

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 CDC, 50% of the total estimated number of diagnoses of HIV infection among adults and adolescents in 2009 were among blacks/African Americans. In the Latino, Asian Pacific Islander, and the Native American communities, the numbers of HIV infections are startling. ***It is vital that the MAI be funded at \$610 million in FY 2012.*** We note that these funds, for the most part, are contained within other HIV program requests.

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 the National Institutes of Health's (NIH's) mission and work. To date, AIDS research has contributed to research for effective treatments for other diseases, including cancers and Alzheimer's disease. In 2010, AIDS research produced startling advances with two clinical trials indicating the efficacy of new HIV prevention technologies. ***We ask that you appropriate no less than \$35 billion for NIH. This would represent an increase for research of approximately \$4.3 billion in FY 2012.***

National HIV/AIDS Strategy

For the first time the United States has an outcomes-focused, comprehensive National HIV/AIDS Strategy (NHAS) to more efficiently and cost effectively address the domestic HIV/AIDS epidemic. The Office of National AIDS Policy (ONAP) has begun the process of implementing this strategy with broad community and federal involvement. We request ***a \$1.4 million appropriation to ONAP to ensure the implementation of the National HIV/AIDS Strategy in the FY 2012 Financial Services and General Government Subcommittee appropriations bill.***

Additionally, in order to assist in the implementation of the Strategy, we support the President's request that up to one percent of HHS discretionary funds appropriated for domestic HIV/AIDS activities be provided to the Office of the Assistant Secretary for Health to foster collaborations across HHS agencies and finance high priority initiatives.

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

Sincerely,
