

AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

February **X**, 2016

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Barbara Mikulski
Vice Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Subject: FY2017 Community Requests for Domestic HIV/AIDS Programs

Dear Chairman Cochran, Vice Chairwoman Mikulski, Chairman Rogers, and Ranking Member Lowey:

As Congress begins to draft the FY2017 appropriations bills we, the undersigned **X** organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), request that you continue to demonstrate a strong, bipartisan commitment to ending HIV/AIDS in the United States. If we are to achieve the goals of the National HIV/AIDS Strategy, and ultimately achieve an AIDS-free generation, a robust federal investment must continue. We are thankful Congress and the Administration came together last year and reversed some of the damaging sequester cuts, which resulted in sustained funding for domestic HIV/AIDS programs. Now, as you craft the FY2017 spending measures, we urge you to continue these investments.

While we have made some progress in our fight against HIV/AIDS in the U.S., much more must be done in order to decrease the number of new infections and provide care and treatment to all people living with HIV. There continues to be approximately 50,000 new infections each year and only 30 percent of the 1.2 million people living with HIV in the U.S. are virally suppressed. Diagnosing, treating and achieving viral suppression for all individuals living with HIV are key elements to preventing HIV and achieving an AIDS-free generation.

We ask that you maintain the federal government's commitment to safety net programs for low income people living with HIV/AIDS, such as the Ryan White HIV/AIDS Program and the Housing Opportunities for People with AIDS (HOPWA) program. In order to prevent new infections, we ask that you fully fund HIV, STD, and Hepatitis prevention programs at the CDC

and throughout the Department of Health and Human Services (HHS), as well as AIDS research at the NIH so that we may find a cure and address additional research priorities. In order to address the extreme racial and ethnic disparities and assist those communities most impacted by HIV, we also urge you to fully fund the Minority AIDS Initiative (MAI).

Below are the specific discretionary programs we ask you to support, along with the accompanying justification. (See ABAC funding [chart](http://bit.ly/1HxvGEN) at <http://bit.ly/1HxvGEN> for more detailed and historical funding levels, including the President's FY2017 budget requests.)

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program, acting as the payer of last resort, provides medications, medical care, and essential coverage completion services to approximately 512,000 low-income, uninsured, and/or underinsured individuals living with HIV. Individuals living with HIV who are in care and on treatment have a much higher chance of being virally suppressed and therefore, reduce the opportunity to transmit the virus. In fact, over 81 percent (an increase of over 17 percent since 2010) of Ryan White clients have achieved viral suppression compared to just 30 percent of all HIV-positive individuals nationwide. This is due not only to access to expert quality health care and effective medications, but also to the patient centered, comprehensive care that the Ryan White Program provides that enables its clients to remain in care and adherent to treatment.

The Ryan White Program continues to serve the most vulnerable people living with HIV, including racial and ethnic minorities who make up nearly three-quarters of Ryan White clients. Almost two-thirds of Ryan White clients are living at or below 100 percent of the Federal Poverty Level (FPL) and over 90 percent are living at or below 250 percent of FPL. In order to improve the continuum of care and progress toward an AIDS-free generation, continued, robust funding for all parts of the Ryan White Program is needed. Therefore, we ask you to oppose the Administration's proposal to consolidate Parts C and D of the program, as you have done in the past.

An increasing key role of the Ryan White Program is to provide care completion services to clients who have public and private insurance. This is not a new role for the program. Nearly three-quarters of all Ryan White Program clients are covered by some form of health care coverage, and over half of all clients have coverage through Medicaid and/or Medicare. However, public and private insurance programs do not always provide the comprehensive array of services required to meet the needs of individuals living with HIV/AIDS. Services critical to managing HIV, often inadequately covered by insurance, include case management; mental health and substance use services; adult dental services; and transportation, legal, and nutritional support services. While increasingly clients have access to insurance, patients still experience cost barriers to insurance, such as high premiums, deductibles, and other patient cost sharing. The Ryan White Program, particularly the AIDS Drug Assistance Program, assist with these costs so that clients can access comprehensive and effective medical care and treatment.

Many Ryan White Program clients live in states that have not expanded Medicaid and must rely on the Ryan White Program as their only source of HIV/AIDS care and treatment. This is particularly true in the South, where 44 percent of all people diagnosed with HIV live.

Additionally, we support the President's request to increase by \$9 million the Special Projects of National Significance in order to increase hepatitis C virus (HCV) testing, and care and treatment for people living with HIV who are co-infected with HCV.

We urge you to fund the Ryan White HIV/AIDS Program at a total of \$2.465 billion in FY2017, an increase of \$141.8 million over FY2016, distributed in the following manner:

- **Part A: \$686.7 million**
- **Part B (Care): \$437 million**
- **Part B (ADAP): \$943.3 million**
- **Part C: \$225.1 million**
- **Part D: \$85 million**
- **Part F/AETC: \$35.5 million**
- **Part F/Dental: \$18 million**
- **Part F/SPNS: \$34 million**

HIV Prevention

CDC HIV Prevention and Surveillance

While there has been incredible progress in the fight against HIV/AIDS over the last 30 years, there are still about 50,000 new infections annually. Through investments in HIV prevention, hundreds of thousands of new infections have been averted and the number of new HIV diagnoses has dropped 19 percent since 2005. These decreases have occurred among heterosexuals, people who inject drugs, and African Americans. Through expanded HIV testing efforts, the number of people who are aware of their HIV status has increased from 81 percent in 2006 to 87 percent. Despite this progress, some communities continue to experience increases in new infections. Gay, bisexual, and other men who have sex with men (MSM) continue to be the most impacted, accounting for 70 percent of the estimated new HIV diagnoses in 2014. One community particularly impacted has been black MSM, where the number of new diagnoses have increased 22 percent since 2005. Through intensified testing and prevention programs these increases have stabilized, but they must continue in order to bring down the number of new infections.

Last summer, the White House released an updated National HIV/AIDS Strategy to 2020. One of its main goals is to reduce new HIV infections. This will be accomplished by intensified prevention efforts in communities where HIV is most prevalent, expanded prevention efforts using a combination of effective evidence-based approaches, and ensuring that all Americans are educated on the risks of HIV, as well as prevention and transmission.

The CDC Division of HIV Prevention will lead this effort, along with its partners in the field; state and local public health departments, and community-based organizations. Each is responsible for carrying out HIV testing programs, targeted prevention interventions, public education campaigns, and surveillance activities. We support the proposed CDC initiative that allows health departments to spend a portion of their funding on pre-exposure prophylaxis (PrEP), which has been shown to reduce the risk of HIV infection by up to 92 percent in people who are at high risk. In the long term, prevention saves money. Averting all 50,000 new infections each year would result in savings of approximately \$20 billion in lifetime treatment costs.

For FY2017, we request an increase of \$67 million over FY2016 for a total of \$822.7 million for the CDC Division of HIV prevention and surveillance activities. [Note: This request does not include the request for DASH, see below.]

Division of Adolescent and School Health (DASH)

One in four new HIV infections are among young people between the age of 13 and 24. Young men from racial and ethnic minority communities bear a disproportionate burden of the disease, particularly among young black MSM. DASH is a unique source of support for our nation's schools, helping education agencies provide school districts and individual schools with the tools to implement high-quality, effective, and sustainable programs to reduce HIV, other STDs, and unintended pregnancies among adolescents. The recent release of CDC's School Health Profiles revealed that less than half of all high schools and only 20 percent of middle schools provide all of the CDC-identified sexual health topics. In addition to supporting critically needed surveillance and research efforts, increased funding to DASH would help build schools' capacity to implement quality sexual health education, support student access to health care, and enable safe and supportive environments.

We request that the CDC Division of Adolescent and School Health receive a total of \$50 million in FY2017, an increase of \$16.9 million over FY2016 final funding.

CDC STD Prevention

An essential component to our HIV prevention strategy must include adequate and robust investments in STD prevention programs at the CDC. Recent data shows that for the first time in nearly a decade, rates for chlamydia, gonorrhea, and syphilis all increased in 2014. Rates for primary and secondary syphilis, which are the most infectious stages of syphilis, increased by a shocking 15 percent in 2014, on top of a 10 percent increase in 2013 and an 11 percent increase in 2012. The CDC estimates that nearly 20 million new sexually transmitted infections occur every year in the U.S., half of which occur in young people aged 15-24, and account for \$16 billion in health care costs. Increasing STD rates and decreasing or stagnant investments have resulted in an STD public health infrastructure that is in crisis. Given the strong link between HIV and other STDs, if we are to attain the National HIV/AIDS Strategy's goal of reducing new HIV infections, investments in STD prevention must occur.

We request an increase of \$8.1 million for a total of \$165.4 million for the CDC's Division of STD Prevention in FY2017.

CDC Viral Hepatitis Prevention

There are nearly 55,000 new hepatitis transmissions each year, and the CDC estimates that between 2010 and 2013 the country saw an increase of more than 150 percent in new hepatitis infections. Similar to the factors that resulted in the 2015 HIV and hepatitis C outbreak in Scott County, Indiana, these new hepatitis infections are largely driven by increases in the use of heroin and other opiates. Of the nearly 5.3 million people living with hepatitis B (HBV) and/or hepatitis C (HCV) in the U.S., as many as 65 percent are not aware of their infection. HBV and HCV remain the leading causes of liver cancer, one of the most lethal and fastest growing cancers in America. In fact, according to the CDC the number of deaths attributed to HCV now surpass the number of deaths associated for all 59 other notifiable infectious diseases combined.

Co-infection levels among people living with HIV and HCV is 25 percent and 10 percent among individuals with HIV and HBV. Viral hepatitis is the leading cause of non-AIDS-related deaths in people co-infected with HIV and viral hepatitis. Though the CDC's Division of Viral Hepatitis (DVH) received a small increase in FY2016, it is nowhere near the estimated \$170 million CDC estimated is needed to reduce new hepatitis infections in the U.S. We have the tools to prevent this growing epidemic and to eliminate hepatitis in the U.S., but unfortunately, funding for DVH has remained insufficient to provide the level of testing, education, and surveillance needed.

We request an increase of \$28.8 million above the FY2016 level, for a total of \$62.8 million for the CDC's Division of Viral Hepatitis.

Adolescent Sexual Health Promotion

We need to strategically fund adolescent sexual health promotion and sexuality education programs that provide all youth with evidence-based and medically accurate information and skills they need to make responsible decisions, delay sex, and prevent HIV and other STDs, and unintended pregnancy when they do become sexually active. The Teen Pregnancy Prevention Program, through the Office of Adolescent Health, provides capacity building support for evidence-based programs, replicates evidence-based programs in communities with greatest needs, and supports early intervention to advance adolescent health. The first cohort of awardees for the Teen Pregnancy Prevention Program served nearly half a million young people, and the current group, if funding continues at least at current levels, will serve over 1.2 million young people through FY2019.

We request that the Teen Pregnancy Prevention Program be funded at a level of \$130 million in FY2017, a \$29 million increase over FY2016.

Despite substantial research that shows that abstinence-only-until-marriage (AOUM) education is not effective, nearly \$2 billion has been spent on AOUM programs over the last three decades. These programs withhold necessary and lifesaving information, reinforce gender stereotypes, often ostracize LGBT youth, and stigmatize young people who are sexually active or survivors of sexual violence.

We request that funding be completely eliminated for failed and incomplete abstinence-only-until-marriage programs in FY2017, which would translate into a savings of \$85 million.

Syringe Services Programs

Recognizing the outbreaks of HIV and hepatitis C in several parts of the country due to increase usage of heroin and other opiates, and the proven effectiveness of syringe service programs, Congress agreed, as part of the FY2016 omnibus appropriations bill, to allow federal funding of certain syringe exchange services. It does not allow for the actual purchase of syringes by state and local health departments. Additionally, funding for these services must be in those jurisdictions that are experiencing or is at risk for a significant increase in hepatitis infections or an HIV outbreak due to injection drug use.

We urge Congress to maintain the current appropriations language that allows access to syringe services in those jurisdictions that are experiencing or is at risk for a significant increase in hepatitis infections or an HIV outbreak due to injection drug use.

HIV/AIDS Research at the National Institutes of Health

AIDS research supported by the NIH is far reaching and has supported innovative basic science for better drug therapies, behavioral and biomedical prevention interventions, and has saved and improved the lives of millions around the world. For the U.S. to maintain its position as the global leader in HIV/AIDS research for the 35 million people globally and 1.2 million people living with HIV in this country, robust and adequate resources must be provided to HIV research at NIH. AIDS research at NIH has proved the efficacy of pre-exposure prophylaxis (PrEP), the effectiveness of treatment as prevention, and the first partially effective AIDS vaccine. However, without increases in HIV research, advances in cure research will be stopped in their tracks, gains made in newer more effective HIV treatments and vaccines will be slowed, and funding will be insufficient to support young researchers who are critical to the future of HIV and other diseases research. In addition to all benefits this research has provided to the field of HIV/AIDS, AIDS research has contributed to the development of effective treatments for other diseases, including cancer and Alzheimer's disease.

Consistent with the most recent Trans-NIH AIDS Research By-Pass Budget Estimate for FY2013, we ask that you request \$3.6 billion for HIV research at the NIH in FY2017, an increase of \$600 million.

HIV Research Network at the AHRQ

We urge you to restore \$1.6 million at the Agency for Healthcare Research and Quality (AHRQ) to fully fund the HIV Research Network (HIVRN). The HIVRN is a small but vital HIV clinical research program that measures the quality and cost-effectiveness of HIV/AIDS care across the country. It has long been co-funded with 80 percent of its resources from the AHRQ and 20 percent from the HRSA. HRSA, which relies upon HIVRN's data for monitoring status of clients served by the Ryan White program, includes its share of the funding in the President's budget to continue the program in FY2017. But the HIVRN cannot operate on just the \$400,000 provided by HRSA. *Therefore, we urge you to restore \$1.6 million for the HIV Research Network, as part of the Measurement and Data Collection work at AHRQ.*

Housing Opportunities for People with AIDS (HOPWA)

Stable housing plays an important role in helping to prevent new HIV infections, help individuals living with HIV adhere to treatment, and reduces the likelihood of HIV-related complications. Adequate funding for HOPWA is needed to ensure safe, affordable housing for low-income people living with HIV/AIDS. Research shows that lack of stable housing is linked to inadequate HIV health care, high viral load, poor health status, avoidable hospitalizations, and early deaths. Though HOPWA is a proven, highly effective housing program, it only meets a fraction of the need, especially given that it is estimated that half of all people living with HIV in the U.S. will need some sort of housing assistance during the course of their illness.

We request that HOPWA be funded at \$375 million, an increase of \$40 million over FY2016, along with a formula modernization proposal, which was included in the President's

budget. We recognize there are differing views to limit the impacts caused by the formula changes on affected jurisdictions. One was included in the President's budget, another in the House-passed H.R. 3700, the Housing Opportunities Through Modernization Act of 2016. We urge that the differing views be resolved between the Administration and the Congress in consultation with the HIV/AIDS community.

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS. African Americans, more than any other racial/ethnic group, continue to bear the greatest burden of HIV in the U.S. The rate of new infections in the African American community is eight times that of whites. In 2013, Hispanics accounted for almost a quarter of all new HIV infections despite representing only 17 percent of the U.S. population. The Minority AIDS Initiative aims to improve the HIV-related health outcomes for racial and ethnic minorities and reduce HIV-related health disparities. The resources for MAI supplement other federal HIV/AIDS funding and are designed to encourage capacity building, innovation, collaboration, and the integration of best practices. The HHS Secretary MAI Fund supports cross-agency demonstration initiatives to support HIV prevention, care and treatment, and outreach and education activities across the federal government.

We request that the MAI be funded at \$610 million in FY2017. We note that most of these funds are contained within the budgets of the programs described above.

We thank Congress for its strong bipartisan support for domestic HIV/AIDS programs across the federal government. With adequate funding, these programs can aid us in our fight against HIV/AIDS in this country and ensure that everyone has access to the proper prevention, care, and treatment options they need.

Should you have any questions, please contact the ABAC co-chairs Ronald Johnson at RJohnson@aidsunited.org, Emily McCloskey at emccloskey@nastad.org, or Carl Schmid at CSchmid@theaidsinstitute.org.

Sincerely,

[list in formation]

ACRIA (NY)

ActionAIDS (PA)

ADAP Educational Initiative (OH)

Advocates for Youth (DC)

Affirmations Lesbian Gay Community
Center (MI)

AIDS Action Baltimore (MD)

AIDS Action Coalition (AL)

AIDS Alabama (AL)

AIDS Alliance for Women, Infants,
Children, Youth & Families (DC)

AIDS Care (PA)

AIDS Community Research Initiative of
America (NY)

AIDS Foundation of Chicago (IL)

The AIDS Institute (DC & FL)

AIDS Legal Council of Chicago (IL)

AIDS Project Los Angeles (CA)

AIDS Project New Haven (CT)

AIDS Resource Center Ohio (OH)

AIDS Resource Center of Wisconsin (WI)

AIDS United (DC)

AIDS/HIV Services Group (ASG) (VA)

American Academy of HIV Medicine (DC)

American Psychological Association (DC)
 American Sexual Health Association (NC)
 APICHA Community Health Center (NY)
 APLA Health & Wellness (CA)
 Asian & Pacific Islander American Health Forum (DC)
 Association of Nurses in AIDS Care (OH)
 Baltimore Student Harm Reduction Coalition (MD)
 BOOM! HEALTH (NY)
 CAEAR Coalition (DC)
 CANN - Community Access National Network (DC)
 Canticle Ministries, Inc. (IL)
 CARES (MI)
 Cascade AIDS Project (OR)
 CHOW Project (HI)
 Community AIDS Network, Inc. (FL)
 Community Education Group (DC)
 Dab the AIDS Bear Project (FL)
 Family Centers Inc. (CT)
 Georgia AIDS Coalition (GA)
 Georgia Equality (GA)
 The Global Justice Institute (NY)
 Grady Health System (GA)
 Harlem United (NY)
 Harm Reduction Coalition (NY)
 HealthHIV (DC)
 Heartland Cares (KY)
 Hep Free Hawaii (HI)
 HIV ACCESS (CA)
 HIV Dental Alliance (GA)
 HIV Medicine Association (VA)
 HIVRN Associates (MD)
 Housing Works (NY)
 Howard Brown Health (IL)
 Hyacinth AIDS Foundation (NJ)
 International Association of Providers of AIDS Care (DC)
 Legacy Community Health (TX)
 LifeLinc of Maryland (MD)
 Lifelong AIDS Alliance (WA)
 Life We Live Youth Advocates Of Colors (TN)
 Los Angeles LGBT Center (CA)
 Mendocino County AIDS/Viral Hepatitis Network (CA)
 Metropolitan Community Churches (FL)
 Metropolitan Latino AIDS Coalition (MLAC) (DC)
 Michigan Coalition for HIV Health and Safety (MI)
 Minnesota AIDS Project (MN)
 Moveable Feast (MD)
 NASTAD (National Alliance of State and Territorial AIDS Directors) (DC)
 National AIDS Housing Coalition (DC)
 National Association of County and City Health Officials (DC)
 National Black Gay Men's Advocacy Coalition (NBGMAC) (DC)
 National Black Women's HIV/AIDS Network, Inc. (TX)
 National Coalition of STD Directors (DC)
 National Gay and Lesbian Task Force Action Fund (DC)
 National Latino AIDS Action Network (NLAAN) (NY)
 NMAC (DC)
 North Carolina AIDS Action Network (NC)
 North Central Texas HIV Planning Council (TX)
 Pediatric AIDS Chicago Prevention Initiative (IL)
 Positive Women's Network – USA (CA)
 Positively Healthy (DC)
 Prevention On The Move/ Steward Marchman Act Behavioral Healthcare (FL)
 Project Inform (CA)
 PWN-USA-Louisiana (LA)
 PWN-USA San Diego Region (CA)
 San Francisco AIDS Foundation (CA)
 Seattle TGA HIV Planning Council (WA)
 Sexuality Information and Education Council of the U.S. (SIECUS) (DC)
 Sierra Foothills AIDS Foundation (CA)
 Southern HIV/AIDS Strategy Initiative (NC)
 START at Westminster (DC)
 TOUCH-Together Our Unity Can Heal, Inc. (NY)

Treatment Action Group (TAG) *(NY)*
Urban Coalition for HIV/AIDS Prevention
Services (UCHAPS) *(DC)*
VillageCare *(NY)*

Washington Heights CORNER Project *(NY)*
Women at Work International
The Women's Collective *(DC)*
Women With a Vision, Inc. *(LA)*

DRAFT