



FEDERAL AIDS POLICY PARTNERSHIP
AIDS BUDGET & APPROPRIATIONS COALITION

June X, 2017

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

The Honorable Patrick Leahy
Vice Chairman
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: Impacts of Proposed Domestic HIV/AIDS Program Cuts in President's FY2018 Budget

Dear Chairman Cochran, Vice Chairman Leahy, Chairman Rogers, and Ranking Member Lowey:

The undersigned XX organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), urge you to reject the proposed massive cuts to many HIV/AIDS and related programs in President Trump's FY2018 Budget and to take action to ameliorate the sequestration caps for non-defense discretionary programs. Now is not the time to decimate HIV/AIDS programs. Decreasing funding for these programs will result in more infections, increased lifetime medical costs, and ultimately more deaths from preventable and treatable diseases.

As Congress begins to work on a FY2018 budget and individual appropriations bills, we urge you first to take action that will lift the non-defense discretionary spending caps. If such action is not taken, sequestration will return and there would be major cuts across the Federal budget, causing devastating consequences to HIV/AIDS and other programs. We are pleased to hear that Members of Congress are beginning to discuss raising the caps. In doing so, we would urge you to ensure there is parity between non-defense and defense spending increases. Congress has provided much needed sequester relief in previous fiscal years, and we hope you do so in FY2018.

While we were encouraged by passage of the bipartisan FY2017 Omnibus bill, we are extremely dismayed and concerned with many aspects of President Trump's FY2018 Budget, and urge you to reject its proposed massive cuts to many HIV/AIDS and related programs. As detailed below, President Trump has proposed to: 1) cut Centers for Disease Control and Prevention (CDC) HIV Prevention programs, including HIV School Health, by \$149 million or 19 percent; 2) eliminate the Ryan White HIV/AIDS Program AIDS Education and Training Centers (AETCs) and Special Projects of National Significance (SPNS); 3) eliminate the Health and Human Services (HHS) Secretary's Minority

AIDS Initiative Fund (SMAIF) and cut Substance Abuse and Mental Health Services Administration (SAMHSA)'s Minority AIDS Initiative funding by \$18 million; 4) cut Housing and Urban Development's Housing Opportunities for Persons with AIDS (HOPWA) program by \$26 million or 7 percent; 5) cut National Institutes of Health AIDS Research by \$550 million or 18 percent; 6) cut CDC STD Prevention programs by \$22 million; and 7) eliminate the Teen Pregnancy Prevention Program (TPPP) while continuing funding for failed abstinence-only until marriage grants.

While deep cuts were proposed to many HIV programs, the President has proposed that funding be maintained to all other Parts of the Ryan White HIV/AIDS Program and CDC Viral Hepatitis Prevention activities. These programs, along with the others outlined in this letter, are all facing increased demands and require funding increases. **As you craft the FY2018 Appropriations bills, we urge you to reject the President's proposed cuts and consider the growing need for increased funding to prevent, care and treat HIV.** *We would particularly highlight that the FY2017 Omnibus did contain cuts to two important programs: Part C of Ryan White HIV/AIDS Program was cut by \$4.0 million and CDC's STD Prevention Program was cut by \$5.0 million. We urge you to prioritize these programs in FY2018 in order to restore their decreased funding.*

(Note: For a complete listing of historical and proposed funding levels, along with coalition requests by program, see the ABAC funding [chart](http://bit.ly/2t9WM00) at <http://bit.ly/2t9WM00>. For a detailed description, justification, and original FY2018 ABAC's requests to Congress, see the May, 2017 ABAC [letter](#).)

Below are the domestic HIV and related programs the President has proposed to be cut or eliminated in his FY2018 budget, along with the implications, if the proposed cuts were actually realized.

CDC HIV Prevention

The President has proposed that CDC HIV prevention activities be cut by \$148 million, or 19 percent. This would devastate HIV prevention programming and reverse the important progress that the nation has made in reducing new HIV infections. From 2008 to 2014, new HIV infections were reduced by 18 percent. The prevention of 33,200 cases over these six years has resulted in an estimated cost savings of \$15 billion in medical care. This is a result of implementing high-impact prevention, increasing testing services, and increased and sustained HIV prevention funding. If the budget request was enacted, states and local health departments and community-based organizations would have to reduce testing, despite knowledge of HIV status being a critical aspect of preventing new infections and linking people to care and treatment. In addition, other prevention activities, such as education, risk reduction, surveillance, and response capacity would be reduced. These cuts would exacerbate existing health disparities, slow progress towards national HIV prevention goals, and ultimately lead to new HIV infections and increased healthcare costs.

HIV School Health: If the proposed HIV Prevention cuts are taken across the board, it would translate into a 19 percent cut to HIV School Health. These cuts are being proposed even though young people continue to bear a disproportionate burden of new HIV and other sexually transmitted infections (STIs). Prevention education in schools and HIV surveillance remains critical. CDC's Division of Adolescent and School Health are a unique source of support for HIV and other STI prevention efforts in our nation's schools, providing resources and expert guidance to state and local education agencies to support adolescent health. Additionally, surveillance efforts serve as a resource for health information across CDC on youth, playing a critical role in documenting public health trends and challenges to inform decision-making to best support young people. The full impact of \$6+ million cut to HIV School Health would mean 1,000,000 fewer young people served directly through the reach of their efforts, but the additional loss of expertise, capacity building, and guidance would result in even further drastic losses and impacts in communities across the country.

Ryan White HIV/AIDS Program

AIDS Education and Training Centers (AETCs): The President has proposed to eliminate the Ryan White HIV/AIDS Program's AIDS Education and Training Centers (AETCs) (\$33.6 million).

AETCs are a national network of HIV clinical and educational experts who educate and train healthcare providers on the latest HIV/AIDS treatment and care approaches, technologies, and best practices. They ensure the educational development of the health professional workforce, keep up with clinical and technological advances and ensure that we maintain and increase services at the highest quality to end the HIV epidemic in the U.S. When the need for knowledgeable clinicians trained to provide HIV treatment arises, the AETCs have stepped in to ensure quality care. When the devastating HIV outbreak of more than 200 HIV cases in rural Scott County, Indiana occurred, the AETCs stepped in to train the only physician and his staff. The AETCs train on issues ranging from the implementation of newly acquired diagnostic skills, to helping find and identify HIV positive people and linking them to care, to the utilization of HIV medication management skills to ensure persons become virally suppressed. Failure to fund the AETCs will result in fewer providers entering the HIV workforce and a loss in both quantity and quality of HIV treatment and prevention services. Loss of such services has the potential to reverse progress in fighting the HIV epidemic potentially leading to an increase in new diagnoses and worse health outcomes.

Special Projects of National Significance (SPNS): The President has proposed to completely eliminate the Ryan White HIV/AIDS Program's Special Projects of National Significance (SPNS) (\$25 million). SPNS Programs enable HIV service providers develop innovative models of HIV care and treatment. These models help programs quickly respond to the emerging needs of clients served by Ryan White HIV/AIDS Programs. In particular, the program focuses on advancing knowledge and skills in the delivery of health care and support services to underserved populations living with HIV. In addition, the SPNS Program funds health information technology (HIT) systems that allow provider organizations to report client-level data and improve health outcomes. The SPNS Program funds 64 ongoing programs in seven innovative model initiatives with the goal of creating the evidence base for interventions for people who are significantly difficult to engage and achieve viral suppression. Failure to fund the SPNS program will result in loss of services for as many as 8,700 HIV-positive clients currently being served by the SPNS program. It will also result in the loss of research into evidence based initiatives that inform HIV treatment and care providers seeking to end the HIV epidemic.

Minority AIDS Initiative

Secretary's Minority AIDS Initiative Fund: The President has proposed to eliminate the HHS Secretary's Minority AIDS Initiative Fund (SMAIF) (\$54 million). The Minority AIDS Initiative (MAI) promotes novel programs that address critical emerging issues, and have established new collaborations across Federal agencies. These projects are significant in that they are designed to complement – and not duplicate – other HIV prevention and care activities and to create lasting changes in Federal programs that improve the quality, efficiency and impact of HIV programs that serve racial and ethnic minorities. Recent SMAIF funding supports efforts to improve the HIV care continuum for minority populations in the South, with a focus on MSM, youth, transgender women, and people who inject drugs, as well as state and local health departments to collaborate with community-based organizations to develop comprehensive models of prevention, care, behavioral health, and social services for MSM of color, and a SAMHSA initiative that improves health outcomes for people of color at risk of HIV by connecting them with syringe service programs that provide HIV and viral hepatitis screenings, access to pre-exposure prophylaxis (PrEP), and drug treatment. The elimination of these funds would severely impede the response in tackling the epidemic for those who bear the highest burden. This would only further entrench the epidemic costing billions in medical costs.

SAMHSA: The President has proposed to cut SAMHSA's Minority AIDS Initiative funding by \$17.7 million. SAMHSA's HIV/AIDS program enhances and expands effective, culturally-competent HIV/AIDS-related behavioral services in minority communities for people who need behavioral health services. These funds are not duplicative of other federal programs and target specific populations and provide prevention, treatment, and recovery support services, along with HIV testing for people at risk of mental illness. Additionally, they support integration of intimate partner violence (IPV) screening and referrals in behavioral health to reduce IPV and resultant HIV-related health disparities.

Housing Opportunities for Persons with AIDS

The President has proposed that HUD's Housing Opportunities for Persons with AIDS (HOPWA) program be cut by \$26.0 million or 7 percent. HOPWA directly addresses the housing and service needs of people living with HIV/AIDS. Research has shown that housing is the greatest unmet service need for people living with HIV. In fact, according to HUD, approximately 391,000 low-income people living with HIV/AIDS are currently in need of housing. The HOPWA program annually serves about 60,000 households, including 12,000 children. Seventy-six percent of these families are extremely low income (0-30% of the Area Median Income). In 2015-16, the HOPWA program leveraged \$2.74 for every federal dollar spent, totaling \$839,443,141, for an extraordinary economic gain. If the cut was enacted, about 4,000 households would lose their housing, thereby destabilizing the health of people living with HIV/AIDS. When people are without housing while simultaneously trying to manage HIV/AIDS, they are more likely to be or become ill and able to transmit the virus to others. In 2017, HUD began implementing the Housing Opportunity Through Modernization Act (HOTMA), which included the long-sought switch to basing grant awards on the number of people living with HIV rather than cumulative AIDS cases. This allows HOPWA to be more strategically distributed to communities that need it the most. However, a large need still exists in communities that are poised to lose funding under the new formula.

AIDS Research

The President has proposed to cut HIV/AIDS Research at the NIH by \$554 million or 18 percent, as well as a 23 percent reduction to the National Institute of Allergies and Infectious Diseases, and elimination of the Fogarty International Center. Enactment of these cuts will delay development of an HIV vaccine and cure. It would also slow progress being made to better understand how to better treat and care for HIV patients in the US and globally. Since new NIH grants are funded from the one fifth of grants that turn over each year, these cuts would stop all new grants in FY2018, disrupting critical research agendas and the careers of many US researchers. Despite a recent welcome and much appreciated increase to NIH in the FY17 budget, NIH funding levels for HIV research did not increase, so these cuts would fall particularly hard on this critical work.

Teen Pregnancy Prevention Program

The President has proposed to completely eliminate the Office of Adolescent Health's Teen Pregnancy Prevention Program (TPPP) (\$108 million). Since FY 2010, TPPP has supported community driven research-based approaches to enhance the healthy development of young people. In its first five-year awards cycle, TPPP served more than half a million young people; trained more than 7,000 professionals; and partnered with over 3,000 community-based organizations. The 84-funded entities in 33 states, DC, and the Marshall Islands currently serve nearly 300,000 young people each year through evidence-based and evidence-informed innovative strategies to support adolescent health. The President's Budget proposal to eliminate the program in its entirety would not only harm the young people currently benefiting from the program, it would devastate the progress made in communities around the nation and in better understanding and adapting programs, interventions, and education to be most effective in preventing STIs, including HIV, unintended pregnancy, and promoting lifelong health for our nation's youth.

Despite 35 years and more than \$2 billion wasted on harmful abstinence-only-until-marriage programs that have been proven time and time again to be ineffective at the sole goal of delaying sexual activity among youth until marriage, **the President's FY 2018 Budget includes a request of \$10 million to perpetuate this failed and harmful approach.** The newly rebranded "sexual risk avoidance education," is merely more of the same decades-old efforts to scare and shame young people into abstinence rather than providing life-affirming and life-saving information, such as information on preventing HIV, other STIs, and unintended pregnancies and communication and healthy relationship skill development that is essential to lifelong sexual health.

The proposed cuts outlined above, if enacted, would have a drastic impact on our public health, and directly affect people living with HIV and those who might be at risk for HIV. HIV prevention, treatment, care, housing, and research are all at risk if the President's budget proposals were to be enacted. We strongly urge to reject them.

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

Sincerely,

ActionAIDS (PA)	Association of Nurses in AIDS Care (OH)
ADAP Educational Initiative (OH)	Baltimore Student Harm Reduction
Advocates for Youth (DC)	Coalition (MD)
Affirmations Lesbian Gay Community	Bill's Kitchen, Inc. (PR)
Center (MI)	BOOM! HEALTH (NY)
AIDS Action Baltimore (MD)	Borinquen Medical Centers (FL)
AIDS Alabama (AL)	Bronx Lebanon Family Practice (NY)
AIDS Alliance for Women, Infants,	Buddies for NJ, Inc. (NJ)
Children, Youth & Families (DC)	CAEAR Coalition (DC)
AIDS Care (PA)	CANN - Community Access National
AIDS Community Research Initiative of	Network (DC)
America (NY)	Canticle Ministries, Inc. (IL)
AIDS Foundation of Chicago (IL)	Cascade AIDS Project (OR)
The AIDS Institute (DC & FL)	The Center for Black Equality – Baltimore
AIDS Legal Council of Chicago (IL)	(MD)
AIDS Project New Haven (CT)	CHOW Project (HI)
AIDS Resource Center of Wisconsin (WI)	Clare Housing (MN)
AIDS United (DC)	Community AIDS Resource and Education
AIDS/HIV Services Group (ASG) (VA)	Services (CARES) (MI)
American Academy of HIV Medicine (DC)	Community AIDS Network, Inc. (FL)
American Liver Foundation (NY)	Community Education Group (DC)
American Sexual Health Association (NC)	Community Servings (MA)
Amida Care (NY)	Dab the AIDS Bear Project (FL)
API Wellness (CA)	DC Fights Back (DC)
APICHA Community Health Center (NY)	Digestive Disease National Coalition (DC)
APLA Health (CA)	Equitas Health (OH)
Asian & Pacific Islander American Health	Georgia AIDS Coalition (GA)
Forum (DC)	Georgia Equality (GA)

The Global Justice Institute (NY)
 Harlem United (NY)
 Harm Reduction Coalition (NY)
 HealthHIV (DC)
 Heartland Cares (KY)
 Hep Free Hawaii (HI)
 Heritage Health and Housing (NY)
 HIV Dental Alliance (GA)
 HIV Medicine Association (VA)
 HIV Prevention Justice Alliance (IL)
 HIVRN Associates
 Housing Works (NY)
 Hyacinth AIDS Foundation (NJ)
 International Association of Providers of
 AIDS Care (DC)
 LifeLinc of Maryland (MD)
 Lifelong AIDS Alliance (WA)
 Life We Live Youth Advocates Of Colors
 (TN)
 LLHC (Louisiana Latino Health Coalition
 for HIV/AIDS Awareness) (LA)
 Los Angeles LGBT Center (CA)
 Mendocino County AIDS/Viral Hepatitis
 Network (CA)
 Metropolitan Area Neighborhood Nutrition
 Alliance (MANNA) (PA)
 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 Coalition for LGBT Health (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)
 Presbyterian AIDS Network (DC)
 Prevention On The Move/ Steward
 Marchman Act Behavioral Healthcare
 (FL)
 Project Inform (CA)
 PWN-USA-Ohio (OH)
 Rural AIDS Action Network (MN)
 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)
 Thrive Alabama (AL)
 TOUCH-Together Our Unity Can Heal, Inc.
 (NY)
 Treatment Action Group (TAG) (NY)
 Trillium Health (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)