FEDERAL AIDS POLICY PARTNERSHIP

AIDS BUDGET & APPROPRIATIONS COALITION

March 16, 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 Rodney Frelinghuysen
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: FY2018 Community Requests for Domestic HIV/AIDS Programs

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

As Congress begins to draft the FY2018 budget and appropriations bills, the undersigned 118 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), urge you to continue to demonstrate your strong, bipartisan commitment to addressing HIV/AIDS in the United States.

With over 1.2 million people living with HIV in the United States, and an estimated 37,600 new infections in 2014, HIV remains a non-curable infectious disease. As a public health issue, the federal government plays a significant role in leading our nation's response to the epidemic.

Due to advances in medical science, we now have treatments for people living with HIV, which when taken consistently, can help people live near normal life expectancies. We also know how to prevent HIV. Recent research has demonstrated that if an individual living with HIV is on antiretroviral treatment, their HIV can be suppressed to such a level that the possibility of transmitting the virus is almost non-existent. Therefore, HIV treatment is also means to prevent HIV. That is why the federal government leads concerted efforts to provide access to HIV testing to ensure people living with HIV know their status, and are linked to care and treatment. Additionally, people who do not have the virus but are at risk of contracting HIV can take medication to help prevent infection.

If we take steps to adequately prevent HIV and provide treatment to those living with HIV, scientists believe we can actually end HIV and AIDS. But in order to reach that goal, we must continue to maintain a commitment to ending AIDS, provide the necessary leadership and provide the necessary resources for domestic HIV/AIDS and related programs.

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 at HRSA and the Housing Opportunities for People with AIDS (HOPWA) program at HUD. 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 or http://bit.ly/2nbJIaP for more detailed and historical funding levels for each program.) [Note: Since the federal government is operating under a continuing resolution and final FY2017 appropriation funding levels are not known, the below funding levels are based on FY2016 amounts. Several HIV/AIDS and related programs were proposed to be cut by either the House or Senate in their respective FY2017 bills. Those proposed cuts are not reflected below. If any program were to be cut, ABAC's highest priority would be to immediately restore them in FY2018.]

We are extremely pleased that in the President's Budget Blueprint, the Ryan White HIV/AIDS Program was identified as a high priority program that delivers critical health care services to low-income and vulnerable populations. However, we are extremely concerned with proposed severe cuts to other programs, including the National Institutes of Health, which would be cut by $5.8 billion or 19 percent. Overall, HHS would be cut by 18 percent and HUD by over 13 percent. While the Budget Blueprint severely cuts non-defense discretionary (NDD) programs, it provides substantial increases in national security programs. As Congress develops the FY2018 budget, we urge you to take a balanced approach to non-defense and defense discretionary funding totals.

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 533,000 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 83 percent (an increase of over 21 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 it 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.

An increasing key role of the Ryan White Program is to provide care completion services to clients who have public or private insurance. This is not a new role for the program. About eighty percent of all Ryan White Program clients are covered by some form of health care insurance, including about half of clients being covered by 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. Therefore providing robust funding for the Ryan White Program is particularly important to these jurisdictions.

With a changing and uncertain healthcare landscape, continued funding for the Ryan White Program is critically important now and in the future to ensure that access to healthcare, medications, and other services for people with HIV are consistently maintained.
***We urge you to fund the Ryan White HIV/AIDS Program at a total of $2.465 billion in FY2018, 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
There has been incredible progress in the fight against HIV/AIDS over the last 35 years. Through investments in HIV prevention, hundreds of thousands of new infections have been averted and billions of dollars in treatment costs have been averted. The CDC recently reported that between 2008 and 2014, the number of new HIV infections declined by 18 percent. The prevention of 33,200 cases over these six years has resulted in an estimated cost savings in medical care of $14.9 billion. This provides solid evidence that HIV prevention efforts are working.

However, there are still an estimated 37,600 new infections each year. While HIV is declining in certain communities, including among heterosexuals, people who inject drugs, and women, it is

increasing in others, and gay and bisexual men remain the most affected community, with over 70 percent of all new infections. Black gay men continue to be the community with the highest number of new infections, while there are increased infections among both younger and Latino gay men. The South is particularly impacted, with 50 percent of the estimated infections in 2014 while representing 37 percent of the U.S. population.

Through expanded HIV testing efforts, largely, funded by the CDC, the number of people who are aware of their HIV status has increased from 81 percent in 2006 to 87 percent.

Fortunately, we have the tools and strategy to prevent HIV, but continued funding for the CDC Division of HIV Prevention will be needed so that the CDC and its grantees can maintain recent gains and intensify prevention efforts in communities where HIV is most prevalent. CDC leads this effort 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. There is no single way to prevent HIV, but jurisdictions use a combination of effective evidence-based approaches including testing, linkage to care, condoms, syringe service programs, and one of the newest tools, pre-exposure prophylaxis (PrEP). PrEP is a FDA approved drug that keeps HIV negative people from becoming infected. When taken consistently, it reduces the risk of HIV infection by up to 92 percent in people who are at high risk.

We request that the CDC Division of HIV Prevention receive a total of $822.7 million in FY2018, an increase of $67 million over FY2016. [Note: This request does not include the request for DASH, see below.]

Division of Adolescent and School Health (DASH)

More than one in five new HIV infections are among young people between the ages of 13 and 24. Young people, particularly Black and Latino young MSM, are disproportionately affected by HIV. DASH is a unique source of support for our nation's schools, helping education agencies provide school districts and schools with the tools to implement high-quality, effective, and sustainable programs to reduce HIV, other STDs, and unintended pregnancies among adolescents. The most recent CDC 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 adolescent health behavior reporting and research, 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 FY2018, an increase of $16.9 million over FY2016.

CDC STD Prevention

An essential component to our HIV prevention strategy must include adequate and robust investments in STD prevention programs at the CDC. Rates of chlamydia, gonorrhea, and syphilis have surged to a 20 year high; 2015 was the fourth year in a row of double digit increases of syphilis rates and congenital syphilis (syphilis transmitted from a woman to a fetus)

have risen four-fold in the last three years. These increases threaten to undue progress made in HIV prevention. 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. Public health infrastructure has been continually strained by budget reductions and health departments across the country cannot address these growing epidemics with decreasing resources.

We request that the CDC's Division of STD Prevention receive a total of $192.3 million in FY2018, an increase of $35 million over FY2016.

CDC Viral Hepatitis Prevention

There are nearly 55,000 new hepatitis transmissions each year, and the CDC estimates that between 2010 and 2014 the country saw a more than 150 percent increase in new hepatitis infections. Similar to the factors that resulted in the 2015 HIV and hepatitis C (HCV) outbreak in Scott County, Indiana, these new hepatitis infections are largely driven by increases in injection drug use. Of the nearly 5.3 million people living with hepatitis B (HBV) and/or 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 HCV-related deaths now surpasses the number of deaths associated for all 60 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.

The CDC's Division of Viral Hepatitis (DVH) is currently funded at only $34 million for the entire country. This is nowhere near the estimated $308 million CDC estimates is needed for a national viral hepatitis program focused on decreasing mortality and reducing the spread of the disease. We have the tools to prevent this growing epidemic, but only with significantly increased funding can there be an adequate level of testing, education, screening, treatment and the surveillance needed to reduce new infections and eliminate hepatitis in the U.S.

We request that the CDC's Division of Viral Hepatitis receive a total of $70 million in FY2018, an increase of $36 million over FY2016.

Adolescent Sexual Health Promotion

We must support adolescent sexual health promotion and sexuality education programs that provide young people with research-based and medically accurate information and skills they need to make responsible and healthy decisions for themselves for their lifelong sexual health. 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 innovative interventions to advance adolescent health. The first cohort of awardees for the Teen Pregnancy Prevention Program served nearly half a million young people. The current cohort of grantees is on track to support nearly 1.5 million young people by FY2019 at current funding levels, but could support significantly more young people and communities with additional funding.

We request that the Teen Pregnancy Prevention Program receive a total of $130 million in FY2018, an increase of $29 million over FY2016.

Despite decades of research that shows that abstinence-only-until-marriage (AOUM) programs are ineffective at their sole goal of abstinence until marriage for young people, more than $2 billion has been spent on AOUM programs since its emergence in 1982. These programs withhold necessary and lifesaving information, reinforce gender stereotypes, often ostracize LGBTQIA+ 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 "sexual risk avoidance education" program and the Title V "abstinence education" state grant program in FY2018, which would result in a $85 million savings based upon FY2016 funding levels.

Syringe Services Programs

The CDC recently reported that the number of new HIV infections among people who inject drugs have declined by 56 percent between 2008 and 2014. Access to syringe service programs at the state and local level are a major reason for this welcome drop. However, these declines might be in jeopardy given the recent increase in the usage of heroin and other opiates that is occurring in many parts of the country. Outbreaks of HIV and hepatitis C related to the shared use of syringes have occurred in Indiana and elsewhere in the past two years. Recognizing the proven effectiveness of syringe service programs, federal funding of syringe exchange services, but not the actual purchase of syringes, is allowed in jurisdictions that are experiencing or at risk for a significant increase in hepatitis or HIV infections due to injection drug use.

We urge you to maintain the current appropriations language that allows access to syringe services in those jurisdictions that are experiencing or at risk for a significant increase in HIV or hepatitis infections 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 FY2017, we request that HIV research at the NIH receive a total of $3.225 billion in FY2018, an increase of $225 million over FY2016.

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. HUD estimates a range of 344,508 to 483,707 HIV positive households nationwide eligible for but not receiving assistance. 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. An increase in funding will permit jurisdictions that will lose funding as a result of the recently enacted formula update to maintain level funding.

We request that HOPWA be funded at $385 million in FY2018, an increase of $50 million over FY2016.

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. In 2015, while they only comprise 12 percent of the US population, they accounted for 45% of all HIV diagnoses. In 2014, 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 FY2018, an increase of $183 million over FY2016. *Please note that most of these funds are contained within the budgets of the programs described above.*

We thank you for considering these requests. 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 Carl Baloney at cbaloney@aidsunited.org; Emily McCloskey at emccloskey@nastad.org, or Carl Schmid at CSchmid@theaidsinstitute.org.

Sincerely,

ActionAIDS (PA)
ADAP Advocacy Association (DC)
ADAP Educational Initiative (OH)
Advocates for Youth (DC)
Affirmations Lesbian Gay Community Center (MI)
African Services Committee (NY)
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 New Haven (CT)
AIDS Resource Alliance (PA)
AIDS Resource Center of Wisconsin (WI)
AIDS United (DC)
AIDS/HIV Services Group (ASG) (VA)
American Academy of HIV Medicine (DC)
American Liver Foundation (NY)
American Sexual Health Association (NC)
Amida Care (NY)
API Wellness (CA)
APICHA Community Health Center (NY)
APLA Health (CA)
Asian & Pacific Islander American Health Forum (DC)
Association of Nurses in AIDS Care (OH)
AVAC (NY)
Baltimore Student Harm Reduction Coalition (MD)
Bill's Kitchen, Inc. (PR)
BOOM! HEALTH (NY)
Borinquen Medical Centers (FL)
Bronx Lebanon Family Practice (NY)
Buddies for NJ, Inc. (NJ)
CAEAR Coalition (DC)
CANN - Community Access National Network (DC)
Canticle Ministries, Inc. (IL)
Cascade AIDS Project (OR)
Catholics for Choice (DC)
The Center for Black Equality – Baltimore (MD)
CHOW Project (HI)
Clare Housing (MN)
Community Access National Network (DC)
Community AIDS Network, Inc. (FL)
Community AIDS Resource and Education Services (CARES) (MI)
Community Education Group (DC)
Community Servings (MA)
Dab the AIDS Bear Project (FL)
DC Fights Back (DC)
Digestive Disease National Coalition (DC)
Elizabeth Glaser Pediatric AIDS Foundation (DC)
Equitas Health (OH)
Georgia AIDS Coalition (GA)
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
Hope House of St. Croix Valley (MN)
Housing Works (NY)
Hyacinth AIDS Foundation (NJ)
International Association of Providers of AIDS Care (DC)
Life We Live Youth Advocates Of Colors (TN)
LifeLinc of Maryland (MD)
Lifelong AIDS Alliance (WA)

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 Inc. (MD)
Multnomah County HIV Health Services Center (OR)
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 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)
Rhode Island Public Health Institute (RI)
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)
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)