November 4, 2010

Re: Final FY2011 Labor, HHS Appropriations for Domestic HIV/AIDS and Hepatitis Programs

Dear Chairmen Obey and Harkin and Ranking Members Tiahrt and Cochran:

As your Committees seek to finalize the Fiscal Year 2011 Appropriation for Labor, HHS, Education, and Related Agencies, The AIDS Institute, a national public policy research, advocacy, and education organization, urges you to support funding of domestic HIV/AIDS and Hepatitis programs at the highest possible levels. We realize the great pressures on this year’s federal budget, but we know you understand that investing in care and treatment for low-income people with HIV/AIDS in the United States is not only the compassionate thing to do because it will save people’s lives, but it will also save money in the long term. Investing in HIV prevention today will save from spending on costly care and treatment in the future.

The AIDS Institute would particularly like the Committees to focus on increased funding for the Ryan White AIDS Drug Assistance Program (ADAP) and HIV prevention funding at the Centers for Disease Control and Prevention (CDC). Additionally, we are concerned with ensuring adequate funding for all Parts of the Ryan
White HIV/AIDS Program and the Division of Adolescent and School Health (DASH) and Hepatitis Prevention at the CDC.

Federal funding is particularly critical at this time since state and local budgets have been severely cut as a result of the severe economic downturn. Many states and local governments have cut their HIV prevention and HIV/AIDS care programs, as demand for services is escalating.

**Ryan White HIV/AIDS Programs - AIDS Drug Assistance Program**
The AIDS Drug Assistance Program (ADAP) provides life-saving HIV drug treatment to over 150,000 people, the majority of whom are people of color (65%) and very poor (77% are at or below 200% of the federal poverty level). ADAPs are experiencing unprecedented growth due to people losing their jobs and their health insurance, and increased testing efforts, while state budgets are shrinking. Meanwhile, the federal share of the ADAP program has dropped to only 49 percent, compared to 69 percent in 2000.

Due to this lack of funding, states have instituted waiting lists, reduced the number of drugs on their formularies, reduced eligibility and capped enrollment. There are currently over 4,100 people in 9 states on ADAP waiting lists. This is an unprecedented number and is continuing to grow each and every day. While the Administration reprogrammed $25 million to ADAP this past summer, it was far from enough to address the crisis. Without significant increases, the situation will become even worse in the future. In fact, according to the National Alliance of State and Territorial AIDS Directors, 14 states are planning to institute additional cost containment measures before the end of the ADAP calendar year on March 31, 2011. States have already disenrolled patients from the program and more are planning to do so.

**While we appreciate the proposed increase of $50 million for ADAP in FY11 by the House and Senate, The AIDS Institute urges you to increase that amount in the final bill to provide lifesaving medications to the increasing number of people in need.**

The AIDS Institute supports the President’s supplemental budget request of $30 million for ADAP through the Part B supplemental to ensure that states that received emergency funding in FY10 can continue to provide medications to their clients in FY11. However, we hope that some flexibility can be maintained so that the funds can be directed to where the greatest need exists.

**Centers for Disease Control and Prevention - HIV Prevention and Surveillance**
Each year there are an estimated 56,000 new HIV infections in the United States. This is completely unacceptable and warrants a greater focus on HIV prevention. Currently, only about 3 percent of the federal government’s HIV/AIDS spending is allocated to prevention. Investing in HIV prevention today translates into less spending in the future on care and treatment. Preventing one infection will save $355,000 in future lifetime medical costs. Treating all the new 56,000 cases in just one year translates into an astounding $21 billion in lifetime medical costs.
In an effort to reduce the number of new infections, President Obama released an ambitious National HIV/AIDS Strategy this past summer. By the end of 2015, the Strategy seeks to lower the annual number of new infections by 25 percent and increase the percentage of people living with HIV who know their serostatus to 90 percent. In order to achieve these necessary goals, additional resources will be required.

The President has proposed an increase of $66 million in FY11 for CDC’s HIV Prevention programs. The original request for FY11 was an increase of $31 million and in a supplemental budget request, the President asked for an additional $35 million, which is fully offset and will not increase federal spending. In order to enhance our investment in HIV prevention and begin to reduce the number of new infections and achieve the goals of the National HIV/AIDS Strategy, The AIDS Institute urges you to increase CDC’s HIV Prevention programs by $66 million in FY11.

**Ryan White HIV/AIDS Program (non ADAP)**
The AIDS Institute urges you to accept at least the House proposed increases for the other Parts of the Ryan White Program and include an increase to Part D, which provides care and support to women, children, and youth.

The Ryan White HIV/AIDS Program is the centerpiece of the government’s response to caring and treating low-income people with HIV/AIDS. It currently serves over half a million low-income, uninsured, and underinsured people. Just as caseloads are rising for the ADAP program, they are increasing for all Parts of the Ryan White Program for the same reasons.

Therefore, The AIDS Institute urges you to accept at least the House proposed funding increases: Part A: $15 million; Part B Base: $10 million; Part C: $5 million; AETCs: $2.6 million; Dental: $1.8 million. In addition, we urge you to provide some increase to Part D.

**Centers for Disease Control and Prevention - Division of Adolescent and School Health (DASH)**
The AIDS Institute supports a dedicated funding line for the Division of Adolescent and School Health at the CDC. DASH works to improve youth and adolescent health by providing coordinated education including HIV and other STD prevention. In the Senate version of the bill, DASH was consolidated into a chronic disease prevention funding stream. This consolidation would effectively eliminate funding for DASH and thus the DASH-funded evidence based HIV prevention programs. Youth account for almost a quarter of new HIV infections and eliminating prevention programs in schools could result in even a higher number of infections. DASH provides a unique way to collaborate and integrate many different school health programs to ensure the most cohesive education for students. The AIDS Institute supports school health programs and believes that DASH HIV programs need to be funded as a standalone item at a minimum of $40 million.
Centers for Disease Control and Prevention - Division of Viral Hepatitis

Given the huge impact that Hepatitis B & C have on the health of so many people, and the large treatment costs, The AIDS Institute urges you to accept the House proposed increase of $3.8 million to CDC’s Division of Viral Hepatitis, rather than the $1.8 million increase proposed by the Senate. Accepting this increase would bring the Division’s total budget to $23.1 million, which is still very inadequate.

The AIDS Institute thanks you for your past support for these and other HIV/AIDS and Hepatitis programs and asks that you give consideration to these comments as you deliberate over the final FY11 appropriation bill.

Should you have any questions or comments, feel free to contact Carl Schmid, Deputy Executive Director, The AIDS Institute (202) 462-3042 or cschmid@theaidsinstitute.org. Thank you very much.

Sincerely,

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cc:  Members, House Appropriations Committee
     Members, Senate Appropriations Committee