July 20, 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

The Honorable Harold Rogers  
Chairman  
House Appropriations Committee  
U.S. House of Representatives  
Washington DC 20515

The Honorable Norm Dicks  
Ranking Member  
House Appropriations Committee  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairmen Inouye and Rogers and Ranking Members Cochran and Dicks:

Thirty years after the first reports that led to the discovery of HIV, the epidemic continues to surge in the United States. Amidst rising infection rates and shrinking state budgets, increased federal funding for HIV/AIDS programs is more vital than ever. The undersigned local, state, and national HIV/AIDS service and advocacy organizations urge you to increase funding for domestic HIV/AIDS programs in the Fiscal Year (FY) 2012 Labor-HHS-Education, Transportation/HUD, and Financial Services appropriations bills. In light of the realities of the epidemic and state and local budget cuts, we ask that you support the requests outlined below so that we can reduce the number of new infections, provide necessary care and treatment, and invest in new research. While we realize there are constraints within the federal budget, these programs help serve the most vulnerable in our society, many of whom are struggling to survive both physically and economically.

HIV/AIDS remains a significant and serious health concern in the United States with an estimated 1.2 million people living with HIV in the United States and over 56,000 new infections annually. 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.

Early and reliable access to HIV care and treatment help patients with HIV live healthy and productive lives and is cost effective. A study at the University of Alabama at Birmingham found that patients treated at the later stages of HIV disease required 2.6 times more health care dollars annually than those receiving earlier treatment. Investing in HIV prevention today translates into less spending in the future on care and treatment. Preventing one infection will save approximately $355,000 in future lifetime medical costs. Preventing all the new 56,000 cases in just one year would translate into an astounding $20 billion in lifetime medical costs. Investing in HIV prevention as well as early and ongoing care and treatment are clearly cost-effective.

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. Every HIV infection prevented saves approximately $355,000 in future lifetime medical costs. 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**

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 Ryan White HIV/AIDS Program provides 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. **While the estimated need of the Ryan White program is much greater, we request that you fund it at least at the authorized level, which translates into an increase of $350.3 million over FY2011.** The community request in millions for the Ryan White Program is as follows: Part A $751.9, Part B base $494.8, Part B ADAP $991, Part C $272.2, Part D $83.1, Part F AETCs $50, and Part F Dental $19.

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. ADAPs are also increasingly implementing cost-containment measures such as reduced eligibility, eliminating drugs from formularies, and enrollment caps. As of June 16, 2011, there were 8,404 individuals on ADAP waiting lists in 13 states, more than 10 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.

**CDC STD Prevention and Viral Hepatitis**

Given the strong epidemiological link between HIV and other sexually transmitted diseases (STDs), including high rates of co-infection among certain populations an increased investment in 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 STD 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 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 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 the Committees 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.**

**Housing Opportunities for Persons With AIDS**
The Housing Opportunities for Persons With AIDS (HOPWA) program, which enjoys wide bipartisan support, is the only federal housing program that specifically provides cities and states hardest hit by the AIDS epidemic with the resources to address the housing crisis facing people living with HIV/AIDS. Advances in treatment have offered new hope to people living with HIV/AIDS, but the costs associated with these treatments often force people to decide between essential medications and other necessities, such as housing. HOPWA answers this need, providing affordable housing to thousands of Americans battling HIV/AIDS. Locally controlled, HOPWA provides maximum flexibility to states and communities to design and implement strategies that respond to local housing needs. The President’s FY12 budget requests $335 million for HOPWA, which represents flat funding for the program, even though the total number of households served by HOPWA has declined, largely due to the increased number of eligible jurisdictions. **We request $362 million for HOPWA, which will reduce waiting lists for housing, help communities develop new housing for people with HIV/AIDS, and provide rental assistance to keep people in their homes.**

**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.**
Finally, our challenges and opportunities internationally require resources consistent with the fully authorized amounts Congress provided in the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (PEPFAR). Specifically for FY 2012, we urge you to support a total of at least $8.9 billion for HIV/AIDS—including $7.25 billion for bilateral programs within PEPFAR, $350 million for USAID Global AIDS programs, and at least $1.3 billion for the Global Fund (which may include contributions, as in the past, from the National Institutes of Health) within the State, Foreign Operations spending bill.

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,

1 Tribe Inc (Daytona Beach, FL)
A Brave New Day (Jackson, MS)
ActionAIDS (Philadelphia, PA)
ADAP Advocacy Association (aaa+)
Advocates for Youth
AIDS Action Committee of Massachusetts (Boston, MA)
AIDS Alabama (Birmingham, AL)
AIDS Alliance for Children, Youth & Families
AIDS Care Service (North Carolina)
The AIDS Institute
AIDS Services Foundation Orange County (Irvine, CA)
AIDS United
American Academy of HIV Medicine
American Social Health Association
amfAR, the Foundation for AIDS Research
ASIAC (Philadelphia, PA)
BIENESTAR (Los Angeles, CA)
Bond Community Health Center, Inc. (Tallahassee, FL)
Bread For The Soul (Washington, DC)
CAEAR Coalition
CANN - Community Access National Network
Cascade AIDS Project (Portland, OR)
Community Education Group (Washington, DC)
Dab the AIDS Bear Project (Fort Lauderdale, FL)
Equality Florida (Florida)
The Family Center (New York, NY)
Family Clinic at Children’s of Alabama (Birmingham, AL)
Gay Men’s Health Crisis (New York, NY)
Georgia AIDS Coalition (Snellville, GA)
Georgia Mental Health Consumer Network (Decatur, GA)
Global Health Council
Global Justice Institute
Global Research and Advocacy Group (GRAG) (United Kingdom and Senegal)
Harlem United (New York, NY)
Hawaii Island HIV/AIDS Foundation (Kailua Kona, HI)
HealthHIV (Washington, DC)
HIV Law Project (New York, NY)
HIV Medicine Association
Home of Miracles & Embraces, Inc. (H.O.M.E.) (Fredericksburg, VA)
Hope and Help Center of Central Florida, Inc. (Winter Park, FL)
Human Rights Campaign
Hyacinth AIDS Foundation (New Jersey)
Illinois Caucus for Adolescent Health (ICAH) (Chicago, IL)
Integrated Efforts for Community Development (IECOD) (Uganda)
International Women's Health Coalition
Keep Project (Kanyana, Uganda)
Latino Commission on AIDS (New York, NY)
Lifelong AIDS Alliance (Seattle, WA)
Los Angeles Gay and Lesbian Center (Los Angeles, CA)
Malama Pono Health Services (Lihue, Kauai, HI)
Metropolitan Community Churches
Metropolitan Latino AIDS Coalition (MLAC) (Washington, DC)
Miami Valley Positives for Positives (Dayton, OH)
MyFabulousDisease.com (Ft. Lauderdale, FL)
National AIDS Housing Coalition
The National Association of People with AIDS (NAPWA)
National Association of Social Workers
National Coalition for LGBT Health
National Coalition of STD Directors
National Latino AIDS Action Network (NLAAN)
National Minority AIDS Council (NMAC)
National Working Positive Coalition
New Mexico AIDS Services (Albuquerque, NM)
NO/AIDS Task Force (New Orleans, LA)
North Carolina Harm Reduction Coalition (Durham, NC)
Okaloosa AIDS Support and Informational Services, Inc. (OASIS) (Ft. Walton Beach, FL)
Pasco AIDS Support Community Organization, Inc. (New Port Richey, FL)
Positive Resource Center (San Francisco, CA)
Project Inform
Red Ribbon Charitable Foundation (Pensacola, FL)
Ryan White Medical Providers Coalition (Arlington, VA)
San Francisco AIDS Foundation (San Francisco, CA)
Sexuality Information and Education Council of the U.S. (SIECUS)
Southwest CARE Center (Santa Fe, NM)
Treatment Action Group (TAG)
Tumaini Trust Fund (Dar Es Salaam, Tanzania)
U.S. Positive Women’s Network
UNID@S, The National Latin@ LGBT Human Rights Organization
United Methodist Church, General Board of Church & Society
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
VillageCare (New York, NY)
We C.A.R.E.—Consumer Advisory Board—Community Regional Medical Center (Fresno, CA)
Women Organized to Respond to Life-threatening Diseases (WORLD) (Oakland, CA)
Your Health Clinic (Sherman, TX)

Cc: Senate Appropriations Committee
    House Appropriations Committee

Enclosure: AIDS Budget and Appropriations Coalition FY2012 Request Chart