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The AIDS Institute
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BILLS PASSED

- AIDS Medicaid Waiver  SB 694 & HB 619
  HB 5201 & SB 2514

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- Medication Synchronization  SB 800 & HB 1191
State Update
Florida Legislative Session

**BILLS FAILED TO PASS**

- Direct Primary Care HB 161 & SB 240
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- Step Therapy or “Fail First” SB 530 & HB 877
State Update

Florida HIV/AIDS Advocacy Network (FHAAN)

Co-Chairs

Ken Bargar
Joey Wynn
Federal Update

NATIONAL ORGANIZATIONS JOIN FORCES

Joint
• Lobbying
• Press statements
• Policy analysis
• Communications

Share
• Resources
• Intelligence
Federal Update

PRIORITy ISSUES

Affordable Care Act

• Senate NOT expected to rubber-stamp the House version of the AHCA that passed

• Senate expected to vote on its own ACA repeal legislation by August
Federal Update

PRIORITy ISSUES
Affordable Care Act

Concerned about.....

• Preexisting conditions
• Increased costs and less plan options
• Essential health benefits
• Drug formulary changes
FY 17 - May 5th President Donald Trump signed a $1 trillion spending bill to keep the government operating through September.

FY 18 - White House and Congress hammer out a spending plan for the fiscal year that starts Oct. 1, 2017
Federal Update

FY 18 Federal Budget UPDATED

• President’s budget released late Tuesday 5/23.
• CDC’s HIV prevention programs cut by $149 million or 19%
• Eliminate the Ryan White Program’s AIDS Education and Training Centers (AETC) and the Special Projects of National Significance (SPNS) programs.
• Eliminate the HHS Minority AIDS Initiative Fun
• Reduce SAMHSA’s Minority AIDS Initiative programs
• Cut the HOPWA program at HUD by $26 million.
Federal Update

PRIORITY ISSUES

Concerns About Continuation of:

• Presidential Advisory Council on HIV/AIDS (PACHA)
• Office of National AIDS Policy (ONAP)
• National HIV/AIDS Strategy
Federal Update

PRIORITY ISSUES

Concerns About Changes to:

• Medicaid
• Ryan White and feasibility of reauthorization
• Elimination of CDC programs due to funding cuts or administration restrictions
• Consolidation of HUD programs and impact on HOPWA
Federal Update

Sign on letters to President and Congress:

FY2018 Community Requests for Domestic HIV/AIDS Programs (10 pages)
### FY2018 Appropriations for Federal HIV/AIDS Programs

May 02, 2017

*(Increases/decreases from previous fiscal year are shown in parentheses.)*

<table>
<thead>
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<th>HHS PROGRAM</th>
<th>FY2016 Final</th>
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<th>FY2017 Omnibus</th>
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NATIONAL ORGANIZATIONS JOIN FORCES TO ENSURE CONTINUED PROTECTIONS FOR PEOPLE LIVING WITH HIV AND PROGRESS TOWARD ENDING THE HIV EPIDEMIC

FEBRUARY 27, 2017

In order to continue the progress, we have made over the past decades in the HIV/AIDS movement, leaders of five national non-partisan health organizations have announced a collaborative, strategic partnership aimed at bolstering ongoing efforts to advocate for HIV and STD programs and appropriations.

AIDS United (AU), NASTAD, the National Coalition of STD Directors (NCSD), NMAC, and The AIDS Institute (TAI) have been working in partnership since the November election to identify and share resources to sustain successes and progress we have made in HIV and STD prevention, care and treatment in the United States. The resounding calls in our communities for unity and collaboration in this time of political change, and following a highly attended joint event for stakeholders that the organizations hosted on November 16, encouraged the formation of this new collaborative partnership that has also led to the securing of a shared lobbying resource.

The partnership is a first-ever for these five organizations; each collaborating organization will maintain its individual mission, structure and advocacy efforts and will continue utilizing their unique skills to promote their constituents’ policy interests. This partnership will enhance, not replace, existing efforts of the individual organizations or coalitions.

Uncertainty about the new Congress and Administration’s plans for health care under the Affordable Care Act are causing worry and concern for people living with HIV, our organizations’ constituents, our partners, and HIV health providers across the U.S. This partnership will work with policymakers and others to preserve HIV legislative successes, promote necessary appropriation and funding levels, address retaining crucial aspects of existing health care coverage, including the Affordable Care Act and Medicaid, and work to continue the progress we have made on HIV and STD prevention, treatment, care, and support.

The collaborators are committed to ensuring a united approach to using and directing their shared lobbying resource and to ensure that this approach is coordinated with, and not duplicative of, other efforts. The five organizations will continue seeking additional ways to promote unity and identify necessary shared resources to support the national HIV and STD policy agenda.

###
FOR IMMEDIATE RELEASE
May 4, 2017

CONTACT: Kyle Taylor
Manager, Communications
ktaylor@NASTAD.org | 202-434-7134

House of Representatives Passes Bill to Take Away Insurance Coverage for Millions

Today, AIDS United, NASTAD, the National Council of STD Directors, NMAC and The AIDS Institute join together to condemn the House of Representatives for passing the American Health Care Act (AHCA). If enacted, the AHCA would take away insurance coverage for millions of Americans and end protections for people with pre-existing conditions. This bill is disastrous for people living with or at risk for HIV and STDs.

“The AHCA will be incredibly harmful as it allows insurance companies to discriminate against people living with pre-existing conditions. People living with HIV or STDs can be charged higher premiums because of their health status,” stated Murray C. Penner, Executive Director of NASTAD.

“In addition, by waiving the Essential Health Benefits requirements, insurers will no longer be required to provide the services people living with and at risk for HIV and hepatitis need to stay healthy, including prescription drugs, mental and behavioral health services, and preventive services. These services are critical to the health of people living with or at risk for HIV and STDs and are essential to ending the HIV and STD epidemics,” remarked Michael Ruppal, Executive Director of The AIDS Institute.

Jesse Milan, Jr., AIDS United President & CEO added “Ending Medicaid expansion and proposed changes to the Medicaid program will force states to limit eligibility, benefits, and important consumer protections. These will return the country to a time where someone living with HIV had to be determined disabled to receive Medicaid benefits. It is simply appalling.”

“In addition, this bill eliminates funding for vital services provided by the Prevention and Public Health Fund, which funds 12% of the Centers for Disease Control and Prevention’s budget. This will decimate the federal government’s response to public health issues, including HIV and other STDs,” observed David C. Harvey, Executive Director of the National Coalition of STD Directors.

“We call on the Senate to reject the AHCA and protect people living with or at risk of HIV and STDs. The Senate must preserve protections for people with pre-existing conditions and the Medicaid program,” finished Paul Kawata, Executive Director of NMAC.

AIDS United (AU), NASTAD, the National Coalition of STD Directors (NCSD), NMAC, and The AIDS Institute (TAI) are national non-partisan, non-profit organizations focused on ending HIV in the U.S. They have been working in partnership to identify and share resources to sustain successes and progress we have made in HIV and STD prevention, care and treatment in the United States.

###
March 24, 2017

President Donald J. Trump
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Subject: FY2018 Community Requests for Domestic HIV/AIDS Programs

Dear President Trump:

As you and your Administration develop the FY2018 budget request to the Congress, the undersigned 146 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), urge you to maintain the necessary funding so that our Nation can continue to address 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 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 or http://bit.ly/2nbJJaP 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 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 the overall level of proposed cuts that, if enacted, would gut our nation’s public health infrastructure. HHS would be cut by 18 percent. If that was applied to HIV prevention programs at the CDC, it would equal a reduction of over $141 million. The National Institutes of Health would be cut by $5.8 billion or 19 percent. If that was applied to the AIDS research portfolio, it would be a loss of $570 million. Under the Budget Blueprint, HUD would be cut by over 13 percent. If that was applied to the Housing Opportunities Program for People with AIDS (HOPWA) program it would be a drop of over $44 million. While the Budget Blueprint severely cuts non-defense discretionary (NDD) programs, it provides substantial increases in national security programs. As you develop your detailed budget, we urge you to reject these extreme cuts and 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,

Academy of Nutrition and Dietetics (IL)          ADAP Educational Initiative (OH)
ACRIA (NY)                                         Advocates for Youth (DC)
ActionAIDS (PA)                                    Affirmations Lesbian Gay Community
ADAP Advocacy Association (DC)                     Center (MI)
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Women with a Vision, Inc. (LA)  
Woodhull Freedom Foundation (DC)  

cc:  
Mick Mulvaney, Director, OMB  
Tom Price, Secretary, HHS  
Ben Carson, Secretary, HUD
May 15, 2017

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

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 146 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), urge you to maintain the necessary funding so that our Nation can continue to address 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 necessary resources for domestic HIV/AIDS and related programs.

We urge you to 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 or http://bit.ly/2pNU9Cz for more detailed and historical funding levels for each program.) While we are grateful to the Committee for maintaining funding for almost all domestic HIV and related programs, we are disappointed that Ryan White Part C was cut by $4 million, and CDC STD Prevention was cut by $5 million. As you craft the FY2018 bills, we urge you to prioritize the restoration of funding for these two very important programs.

We are 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 the overall level of proposed cuts that, if enacted, would gut our nation’s public health infrastructure. HHS would be cut by 18 percent. If that was applied to HIV prevention programs at the CDC, it would equal a reduction of over $141 million. The National Institutes of Health would be cut by $5.8 billion or 19 percent. If that was applied to the AIDS research portfolio, it would be a loss of $570 million. Under the Budget Blueprint, HUD would be cut by over 13 percent. If that was applied to the Housing Opportunities Program for People with AIDS (HOPWA) program it would be a drop of over $44 million. While the Budget Blueprint severely cuts non-defense discretionary (NDD) programs, it provides substantial increases in national security programs. We urge you to reject such alarming funding reductions that will surely set back our country's response to HIV.

**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 $145.8 million over FY2017, 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 FY2017. [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 FY2017.

**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 $40 million over FY2017.*

**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 FY2017.*

**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 FY2017.

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 $90 million savings based upon FY2017 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 $29 million over FY2017.**

**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,

Academy of Nutrition and Dietetics (IL)
ACRIA (NY)
ActionAIDS (PA)
ADAP Advocacy Association (DC)
ADAP Educational Initiative (OH)
Advocates for Youth (DC)
Affirmations Lesbian Gay Community Center (MI)
African American Health Alliance (MD)
African Services Committee (NY)
AIDS Action Baltimore (MD)
AIDS Alabama (AL)
AIDS Alabama South (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)
African American AIDS Task Force (MN)
American Academy of HIV Medicine (DC)
American Liver Foundation (NY)
American Public Health Association (DC)
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)
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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)
EAC Network (NY)
Elizabeth Glaser Pediatric AIDS Foundation (DC)
Equitas Health (OH)
Food & Friends (DC)
Food For Thought (CA)
Georgia AIDS Coalition (GA)
Georgia Equality (GA)
The Global Justice Institute (NY)
Global Network of Black People
Working in HIV (CA)
God’s Love We Deliver (NY)
Grady Health System – Infectious Disease Program (GA)
Harlem United (NY)
Harm Reduction Coalition (NY)
HealthHIV (DC)
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The Women’s Collective (DC)
Women with a Vision, Inc. (LA)
Woodhull Freedom Foundation (DC)
CONGRESS MAINTAINS FUNDING FOR MOST DOMESTIC HIV AND HEPATITIS PROGRAMS

No Increase to Address Growing Hepatitis Infections

Washington, DC – Funding for most domestic HIV/AIDS and hepatitis programs will be maintained in the Fiscal Year 2017 Omnibus Appropriations bill released by House and Senate Appropriators earlier today.

“The AIDS Institute applauds the Congress, particularly the leadership of the Appropriations Committees, for maintaining their support of domestic HIV and hepatitis prevention, care, treatment, and research programs,” commented Carl Schmid, Deputy Executive Director of The AIDS Institute. “While we are disappointed with cuts to some programs, we are pleased that Congress rejected most of the HIV program cuts proposed in earlier versions of the bill and many partisan proposals, such as defunding the Affordable Care Act and sexual health programs.”

Funding in FY2017 for the Ryan White HIV/AIDS Program, including the AIDS Drug Assistance Program (ADAP), will be $2.3 billion. The Ryan White Program provides medications, medical care, and essential coverage completion services to approximately 533,000 low-income, uninsured, and underinsured individuals with HIV. Unfortunately, Part C, which provides direct funding to community-based AIDS organizations for medical care, will be cut by $4 million. A proposal contained in the Senate version of the bill to eliminate the Special Projects of National Significance (SPNS), was rejected. SPNS funds the development of innovative models of HIV care to quickly respond to the emerging needs of Ryan White Program clients.

The House bill maintains $789 million for HIV prevention at the Centers for Disease Control and Prevention (CDC), including the Division of Adolescent and School Health. Currently, there are about 37,600 new HIV infections each year—representing a decline of 18 percent over the past six years and demonstrating that HIV prevention efforts are working. However, these improvements have not been shared by all communities, with growing
numbers of youth, particularly young black and Latino gay and bisexual men, being infected.

Congress is maintaining CDC Hepatitis Prevention funding at only $34 million. 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 infections. Of the nearly 5.3 million people living with hepatitis B and/or hepatitis C in the U.S., as many as 65 percent are not aware of their infection. Viral hepatitis remains the leading cause of liver cancer. The number of deaths attributed to hepatitis C now surpasses the number of deaths associated with 60 other notifiable infectious diseases combined.

“The AIDS Institute is disappointed that the Congress is not increasing our nation’s investment in hepatitis prevention given the magnitude of the number of infections and the need for increased surveillance, testing, and education,” commented Michael Ruppal, Executive Director of The AIDS Institute. “The National Academies recently released a report that calls for the elimination of Hepatitis B and C in the United States by 2030. Without significant increases in funding, attaining those goals will be impossible.”

In a significant positive development, the Congress increased medical research funding at the National Institutes of Health by $2 billion. It is our hope that a portion of this increase will be dedicated to AIDS research. Increased resources are needed to conduct research on an AIDS vaccine, new prevention and treatment technologies, and an eventual cure that will benefit not only the U.S. but the entire world as we continue to work toward a world without HIV.

Language that allows federal funding of ancillary services that support syringe exchange programs in areas experiencing increased HIV or hepatitis C infections due to injection drug use is maintained.

Proposed funding cuts to the Secretary of Health and Human Services’ Minority AIDS Initiative, the Teen Pregnancy Prevention Program and Title X Family Planning services were not included in the final spending bill. Funding for HUD’s Housing Opportunities for Persons with AIDS (HOPWA) program, which provides vital safe and stable affordable housing for people living with AIDS, was increased by $21 million.

Disappointedly, Congress will be increasing funding for failed abstinence-only sexual education programs from $10 to $15 million while also decreasing funding for CDC’s STD Division by $5 million.

“The AIDS Institute urges the Congress to pass this omnibus appropriations bill and will work to ensure that funding for these important programs, at a minimum, is maintained in FY2018, and funding cuts restored,” concluded Ruppal.

###
The AIDS Institute is a national nonprofit organization that promotes action for social change through public policy research, advocacy and education.

For more information and to become involved, visit www.TheAIDSInstitute.org or write to us at Info@theaidsinstitute.org, and follow The AIDS Institute on Twitter @AIDSAdvocacy and Facebook at www.facebook.com/The-AIDS-Institute.
## FY2018 Appropriations for Federal HIV/AIDS Programs

May 02, 2017

*(Increases/decreases from previous fiscal year are shown in parentheses.)*

### HHS PROGRAM

<table>
<thead>
<tr>
<th>Program</th>
<th>FY2016 Final</th>
<th>FY2017 Senate Committee</th>
<th>FY2017 House Committee</th>
<th>FY2017 Omnibus</th>
<th>FY2018 Coalition Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total – HIV, Hep, STD, TB line</td>
<td>$1.122 b (+$4.0 m)</td>
<td>$1.112 b (-$10.0 m)</td>
<td>$1.122 b (+$0.0 m)</td>
<td>$1.117 b (-$5.0 m)</td>
<td></td>
</tr>
<tr>
<td>HIV Prevention</td>
<td>$755.6 m (+$0.0 m)</td>
<td>$755.6 m (+$0.0 m)</td>
<td>$755.6 m (+$0.0 m)</td>
<td>$755.6 m (+$0.0 m)</td>
<td>$822.7 m (+$67.1 m)</td>
</tr>
<tr>
<td>HIV School Health</td>
<td>$33.1 m (+$2.0 m)</td>
<td>$33.1 m (+$0.0 m)</td>
<td>$33.1 m (+$0.0 m)</td>
<td>$33.1 m (+$0.0 m)</td>
<td>$50.0 m (+$16.9 m)</td>
</tr>
<tr>
<td>Viral Hepatitis</td>
<td>$34.0 m (+$2.7 m)</td>
<td>$34.0 m (+$0.0 m)</td>
<td>$34.0 m (+$0.0 m)</td>
<td>$34.0 m (+$0.0 m)</td>
<td>$70.0 m (+$36 m)</td>
</tr>
<tr>
<td>STD Prevention</td>
<td>$157.3 m (+$0.0 m)</td>
<td>$152.3 m (-$5.0 m)</td>
<td>$157.3 m (+$0.0 m)</td>
<td>$152.3 m (-$5.0 m)</td>
<td>$192.3 m (+$40 m)</td>
</tr>
<tr>
<td>Ryan White Program Total</td>
<td>$2.323 b (+$4.0 m)</td>
<td>$2.294 b (-$29.0 m)</td>
<td>$2.323 b (+$0.0 m)</td>
<td>$2.319 b (-4.0 m)</td>
<td>$2.465 b (+$145.8 m)</td>
</tr>
<tr>
<td>Part A</td>
<td>$655.9 m (+$0.0 m)</td>
<td>$655.9 m (+$0.0 m)</td>
<td>$655.9 m (+$0.0 m)</td>
<td>$655.9 m (+$0.0 m)</td>
<td>$686.7 m (+$30.8 m)</td>
</tr>
<tr>
<td>Part B: Care</td>
<td>$414.7 m (+$0.0 m)</td>
<td>$414.7 m (+$0.0 m)</td>
<td>$414.7 m (+$0.0 m)</td>
<td>$414.7 m (+$0.0 m)</td>
<td>$437.0 m (+$22.3 m)</td>
</tr>
<tr>
<td>Part B: ADAP</td>
<td>$900.3 m (+$0.0 m)</td>
<td>$900.3 m (+$0.0 m)</td>
<td>$900.3 m (+$0.0 m)</td>
<td>$900.3 m (+$0.0 m)</td>
<td>$943.3 m (+$43.0 m)</td>
</tr>
<tr>
<td>Part C</td>
<td>$205.1 m (+$4.0 m)</td>
<td>$201.1 m (-$4.0 m)</td>
<td>$205.1 m (+$0.0 m)</td>
<td>$201.1 m (-$4.0 m)</td>
<td>$225.1 m (+$24.0 m)</td>
</tr>
<tr>
<td>Part D</td>
<td>$75.1 m (+$0.0 m)</td>
<td>$75.1 m (+$0.0 m)</td>
<td>$75.1 m (+$0.0 m)</td>
<td>$75.1 m (+$0.0 m)</td>
<td>$85.0 m (+$9.9 m)</td>
</tr>
<tr>
<td>Part F: AETCs</td>
<td>$33.6 m (+$0.0 m)</td>
<td>$33.6 m (+$0.0 m)</td>
<td>$33.6 m (+$0.0 m)</td>
<td>$33.6 m (+$0.0 m)</td>
<td>$35.5 m (+$1.9 m)</td>
</tr>
<tr>
<td>Part F: Dental</td>
<td>$13.1 m (+$0.0 m)</td>
<td>$13.1 m (+$0.0 m)</td>
<td>$13.1 m (+$0.0 m)</td>
<td>$13.1 m (+$0.0 m)</td>
<td>$18.0 m (+$4.9 m)</td>
</tr>
<tr>
<td>Part F: SPNS</td>
<td>$25.0 m (+$0.0 m)</td>
<td>$0.0 m (-$25.0 m)</td>
<td>$25.0 m (+$0.0 m)</td>
<td>$25.0 m (+$0.0 m)</td>
<td>$34.0 m (+$9.0 m)</td>
</tr>
</tbody>
</table>

1. Coalition requests do not reflect the true need for each program and the people they serve.
2. The Senate has proposed to reduce TB funding at the Center by $5 million.
3. ABAC is not providing a coalition request for the Center because TB is not included in this chart.
May 02, 2017
(Increases/decreases from previous fiscal year are shown in parentheses.)

### FY2018 Appropriations for Federal HIV/AIDS Programs

The AIDS Budget and Appropriations Coalition (ABAC) is a working group of the Federal AIDS Policy Partnership, a coalition of 180 national and community-based HIV/AIDS and public health organizations that represent people living with HIV/AIDS, HIV medical providers and researchers, and advocates, as well as community organizations that provide critical HIV related health care and support services. ABAC advocates for the necessary resources for domestic HIV/AIDS programs across the federal government.

For more information, please contact ABAC Co-chairs Carl Schmid, The AIDS Institute, cschmid@theaidsinstitute.org, Carl Baloney Jr., AIDS United, cbaloney@aidsunited.org, or Emily McCloskey, NASTAD, emccloskey@nastad.org.


<table>
<thead>
<tr>
<th>HHS PROGRAM</th>
<th>FY2016 Final</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>HRSA</strong> Community Health Centers4</td>
<td>$5.1 b (+$100.0 m)</td>
<td>$5.1 b (+$0.0 m)</td>
<td>$5.1 b (+$0.0 m)</td>
<td>$5.1 b (+$0.0 m)</td>
<td>$5.1 b (+$0.0 m)</td>
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<tr>
<td>Office of Population Affairs Title X</td>
<td>$286.5 m (+$0.0 m)</td>
<td>$286.5 m (+$0.0 m)</td>
<td>$0.0 m (-$286.5 m)</td>
<td>$286.5 m (+$0.0 m)</td>
<td>$327.0 m (+$40.5 m)</td>
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<tr>
<td>NIH AIDS Research</td>
<td>$3.00 b (+$0.0 b)</td>
<td>TBD5</td>
<td>TBD5</td>
<td>TBD5</td>
<td>$3.225 b6</td>
</tr>
<tr>
<td>ACF Competitive Abstinence Education</td>
<td>$10.0 m (+$5.0 m)</td>
<td>$15.0 m (+$5.0 m)</td>
<td>$20.0 m (+$10.0 m)</td>
<td>$15.0 m (+$5.0 m)</td>
<td>$0.0 m (-$15.0 m)</td>
</tr>
<tr>
<td>Office of Adolescent Health Teen Pregnancy Prevention Program</td>
<td>$101.0 m (+$0.0 m)</td>
<td>$101.0 m7 (+$0.0 m)</td>
<td>$0.0 m7 (-$101.0 m)</td>
<td>$101.0 m7 (+$0.0 m)</td>
<td>$130.0 m7 (+$29.0 m)</td>
</tr>
<tr>
<td>SAMHSA Total</td>
<td>$3.73 b (+$140.0 m)</td>
<td>$3.73 b (+$0.0 m)</td>
<td>$4.21 b (+$480.0 m)</td>
<td>$3.76 b (+$35.0 m)</td>
<td>$4.32 b (+$660.0 m)</td>
</tr>
<tr>
<td><strong>MAI</strong> HHS Secretary MAI Fund [Minority AIDS Initiative multiple programs]</td>
<td>$53.9 m (+$1.7 m)</td>
<td>$48.0 m (-$5.9 m)</td>
<td>$53.9 m (+$0.0 m)</td>
<td>$53.9 m (+$0.0 m)</td>
<td>$105.0 m (+$51.1 m)</td>
</tr>
<tr>
<td></td>
<td>$427.1 m</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>$610.0 m</td>
</tr>
<tr>
<td><strong>HUD Program</strong></td>
<td>FY2016 Final</td>
<td>FY2017 Senate</td>
<td>FY2017 House Committee</td>
<td>FY2017 Omnibus</td>
<td>FY2018 Coalition Request1</td>
</tr>
<tr>
<td>HOPWA</td>
<td>$335.0 m (+$5.0 m)</td>
<td>$335.0 m (+$0.0 m)</td>
<td>$335.0 m (+$0.0 m)</td>
<td>$356.0 m (+$21.0 m)</td>
<td>$385.0 m (+$29.0 m)</td>
</tr>
</tbody>
</table>

The AIDS Budget and Appropriations Coalition (ABAC) includes both mandatory and discretionary funding.

2Total NIH funding proposed by the Senate is $34.1 b ($2.0 b increase over FY16); House has proposed $33.3 b ($1.25 b increase over FY16). The FY2017 Omnibus increases overall NIH funding by $2.0 b over FY16.

6 Based on FY2017 Trans-NIH AIDS Bypass Budget.

7 This reflects the budget authority amounts and does not include the coalition’s request for $6.8 million in PHSA evaluation transfer authority.
President Trump’s FY 2018 Budget Cuts Essential HIV/AIDS, STD Programs

FOR IMMEDIATE RELEASE
May 24, 2017

CONTACT: Carl Schmid
The AIDS Institute
cschmid@theaidsinstitute.org
(202) 669-8267

Washington, DC – Yesterday, President Donald Trump released his administration’s detailed FY 2018 Budget. AIDS United, NASTAD, the National Council of STD Directors, NMAC and The AIDS Institute join together to oppose the draconian cuts proposed by the Administration including many programs that are essential for the treatment and prevention of HIV/AIDS and STDs.

“The country has made great progress in the fight against HIV/AIDS and STDs, but if these cuts are enacted, we will turn back the clock, resulting in more new infections, fewer patients receiving care, and ultimately, more suffering from diseases that are preventable and treatable.” said Michael Ruppal, Executive Director of The AIDS Institute.

The President’s budget proposes to cut CDC’s HIV prevention programs by $149 million or 19 percent, cut CDC’s STD prevention programs by $27 million or 17 percent since FY 2016, totally eliminate the Ryan White Program’s AIDS Education and Training Centers (AETC) and the Special Projects of National Significance (SPNS) programs, eliminate the HHS Secretary’s Minority AIDS Initiative Fund, reduce SAMHSA’s Minority AIDS Initiative programs, and cut the Housing Opportunities for People with AIDS (HOPWA) program at HUD by $26 million.

Jesse Milan, Jr., President & CEO of AIDS United stated, “We have seen historic decreases in the number of new HIV infections over the past six years because of sustained investments in prevention, and we have thousands of HIV positive Americans who have yet to achieve viral suppression through treatment programs. By cutting funding, the work we have done will be reversed, and all the work left to do will falter and put the health of our nation at risk.”

“President Trump’s proposal to reduce CDC’s STD prevention work comes at a moment of national crisis when we are seeing the highest STD rates in 20 years. If enacted, this will devastate our ability to prevent and treat STDs and it will undermine our ability to prevent HIV. We urge Congress to reject these extreme cuts and increase STD, HIV and public health funding,” said David C. Harvey, Executive Director of the National Coalition of STD Directors.

“I fear that these cuts signal the Administration’s lack of empathy for people living with or at risk for HIV,” said Paul Kawata, Executive Director of NMAC. “President Trump’s proposal to eliminate or dramatically cut many of these programs will increase the racial and socio-economic
disparities we see in communities disproportionately affected by HIV/AIDS. This budget will hurt the most vulnerable, and Congress must consider it a non-starter.”

Murray C. Penner, Executive Director of NASTAD concluded, “Together we will fight these cuts at every stage of the appropriations process. We need to protect these programs that provide life-saving treatment for those living with HIV and work to prevent the spread of HIV and STDs. We trust that Congress will agree and recognize that these cuts are harmful, short-sighted, and will damage our nation’s public health infrastructure.”

AIDS United (AU), NASTAD, the National Coalition of STD Directors (NCSD), NMAC, and The AIDS Institute (TAI) are national non-partisan, non-profit organizations focused on ending HIV in the U.S. They have been working in partnership to identify and share resources to sustain successes and progress we have made in HIV and STD prevention, care and treatment in the United States.

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