

AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

December 4, 2013

The Honorable Barbara Mikulski
Chairman
Senate Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
House Appropriations Committee
United States House of Representatives
Washington, DC 20515

The Honorable Richard Shelby
Ranking Member
Senate Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Nita Lowey
Ranking Member
House Appropriations Committee
United States House of Representatives
Washington, DC 20515

RE: Fiscal Year 2014 Funding for Domestic HIV/AIDS Programs

Dear Chairmen Mikulski and Rogers and Ranking Members Shelby and Lowey:

As Congress works to finalize FY 2014 appropriation levels, the 72 undersigned national, state, and local organizational members of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership, urge you to adequately fund at the highest possible level each of the programs described below that address the HIV/AIDS domestic epidemic. We appreciate the approach taken in the President's budget request and of the Senate that replaces the harmful cuts to these programs caused by sequestration and continues the path forward to fund the National HIV/AIDS Strategy (NHAS) as we get closer to the possibility of an AIDS free generation.

It is critical to domestic HIV/ AIDS funding that sequestration be replaced. The cuts sustained in the Non-Defense Discretionary (NDD) programs since FY 2010 have had a devastating impact on the ground. The Budget Control Act caps for FY 2014 pre-sequestration cut NDD by 12%; if sequestration remains in place, NDD will be cut 18% in FY 2014 since FY 2010. Our communities cannot continue to absorb these cuts while case rates climb and the number of patients increase. We will be cutting critical services just at a time when through prevention, care and treatment, and continued research we have the ability to actually end AIDS. In 2011, a ground-breaking clinical trial (HPTN 052) found that HIV treatment not only saves the lives of people living with HIV, but also reduces HIV transmission by more than 96%— proving that HIV treatment is also HIV prevention. In order to realize these benefits, people with HIV must be tested, linked to and maintained in care and treatment.

Funding for the domestic epidemic remains critical since HIV/AIDS remains a significant and serious health concern in the United States with a record 1.2 million people living with HIV and an estimated 50,000 new infections annually. HIV disproportionately impacts racial and ethnic minority communities and low income people who depend on public services for their life-

saving health care and treatment. It is primarily the responsibility of the public health system to ensure that infectious diseases, such as HIV, are prevented. Early and reliable access to HIV care and treatment help patients with HIV live healthy and productive lives and is cost effective. Investing in HIV prevention today translates into less spending in the future on care and treatment.

While we would have hoped to see a faster transition for some of the Ryan White Program clients to coverage offered under the Affordable Care Act (ACA), enrollment is proceeding at a much slower rate than anyone imagined. It will take some time for enrollment to occur and to assess the impact of the ACA on the Ryan White Program. In the meantime, continued funding of primary care, medications and coverage completion services will be necessary for those who currently have coverage and are underinsured, along with those who will not be covered by the ACA, including people who live in non-Medicaid expansion states. While we fully support the Affordable Care Act, it will not replace the role of public health and safety net systems.

We ask that as you enter the final negotiations for Fiscal Year 2014 you maintain the federal government's commitment to these safety net programs. These include the Ryan White HIV/AIDS Program, Housing Opportunities for People with AIDS (HOPWA), as well as Medicaid and Medicare. In order to prevent new infections, we ask that funding for the Centers for Disease Control and Prevention (CDC)'s HIV, STD, and Hepatitis prevention programs be maintained, along with continued AIDS research at the National Institutes of Health.

Below are the specific discretionary programs we strongly encourage you to fund, for the most part and unless indicated at the Senate proposed level. (See ABAC funding chart at <http://bit.ly/1hZYGINh> for more detailed and historical funding levels.)

The Ryan White Program

The Ryan White HIV/AIDS Program provides medications, medical care, behavioral health and support services to approximately 546,000 low-income, uninsured, and underinsured individuals living with HIV/AIDS. In order to improve the continuum of care and progress toward an AIDS-free generation, continued funding for all parts of the Ryan White Program in FY 2014 is necessary. *For these reasons, we request that you fund the Ryan White Program with at least \$2.402 billion in FY 2014. This amount would represent an increase of \$61.3 million over FY 2013, and we urge you to distribute it in the following manner:*

Part A: \$669.9 million; Part B (Care): \$426 million; Part B (ADAP): \$943.3 million; Part C: \$214.8 million; Part D: \$77 million; Part F/AETC: \$34.5 million; Part F/Dental: \$13.5 million; and SPNS: \$25 million.

For Part C we request a \$10 million increase over the FY 13 appropriated and FY 14 Senate levels since clinics have been operating with additional funds announced by President Obama on World AIDS Day 2011. Funds were transferred in FY 12 and grant cycles were shortened in FY 13 to maintain increased monthly clinic funding levels that support expanded access to HIV care and treatment. If an omnibus bill is not completed and a Continuing Resolution (CR) is the final funding vehicle, we ask that you please ensure that this \$10 million is included in the final package as an anomaly.

In case of a CR, we request an anomaly for ADAP to continue the \$35 million in emergency relief funding from FY2012 and FY2013. The President has taken extraordinary measures to ensure that people who are in need of lifesaving medications can receive them. In order for patients to continue to receive their medications, state ADAPs must continue to receive this funding. If an omnibus bill path is utilized the \$35 million has been included as base dollars in the Senate bill.

HIV Prevention

CDC HIV Prevention and Surveillance

Despite 30 years of combatting HIV in the U.S., there continues to be 50,000 new infections annually. We must continue to adequately fund HIV prevention programs at CDC to combat new infections and to meet the goals of the NHAS.

For FY2014, we request \$754.8 million for CDC HIV prevention and surveillance activities.

Division of Adolescent and School Health (DASH)

While young people aged 15–24 make up only one-quarter of the sexually active population, they contract approximately half of the 19 million STDs annually. DASH funding is vital to the goal of reducing incidence in young people, which is critical to decreasing the burden of, and ultimately ending, the HIV epidemic.

We request that DASH HIV/STD Prevention Education continue to receive \$29.8 million in final FY 2014 funding.

CDC STD Prevention

Given the strong link between HIV and other STDs, including high rates of co-infection among certain populations, an increased investment in STD programs is an essential component of HIV prevention. Investments in STD prevention can reduce new HIV infections and are needed to respond to the imminent threat of untreatable gonorrhea.

We request that the CDC Sexually Transmitted Disease prevention and surveillance department continue to receive \$153.5 million for FY 2014.

CDC Viral Hepatitis Prevention

In the United States there are approximately 5.3 million people living with chronic hepatitis B (HBV) and/or hepatitis C (HCV), with 15,000 deaths annually attributed to hepatitis-related liver disease or liver cancer. In 2010 alone, the CDC estimated that 35,000 Americans were newly infected with HBV and 17,000 with HCV.

We request an increased appropriation of \$10 million over FY 2013 that will include the \$10 million received in the Prevention and Public Health Fund in base dollars for FY 2014, for a total of \$29.6 million in funding for the CDC's Division of Viral Hepatitis.

If a CR is the final mechanism for FY 2014 we request an anomaly for the CDC Viral Hepatitis line to ensure the \$10 million it received in the Prevention and Public Health Fund in FY 2012 and Secretary transfer in FY 2013 continue. If an omnibus bill path is utilized we encourage an increase in budget authority in the amount of \$10 million over FY 2012 appropriated.

Sex Education

We need to strategically fund programs that provide all youth with the information and skills they need to make responsible decisions, delay sex, and 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 \$104.8 million. We also request that no funding be made available for failed abstinence-only-until-marriage programs.

Access to Sterile Syringes

We urge you to end the ban, as the Senate has proposed, on the use of federal funds for syringe exchange programs and to maintain language that allows the use of local funds for syringe exchange programs in the District of Columbia.

HIV/AIDS Research at the National Institutes of Health (NIH)

Research continues us on the path to an AIDS free generation. In order to discover better drug therapies, evidence-based behavioral and biomedical prevention interventions, and identify a vaccine, we must invest adequate resources in the NIH.

We ask that you fund the NIH for at least \$3.10 billion dedicated to HIV research, an increase of \$40 million over FY2013.

Housing Opportunities for People with AIDS (HOPWA)

Adequate funding of HOPWA is needed to ensure the availability of safe, affordable housing for low-income people living with HIV/AIDS. Research shows that stable housing leads to better health outcomes and can play a role in preventing the spread of the virus.

We request that HOPWA continue to be funded at \$332 million, as proposed by the House of Representatives.

Minority HIV/AIDS Initiative

We request that the MAI be funded at \$610 million in FY 2014, an increase of \$184 million over FY2012. We note that most of these funds are contained within the budgets of the programs already described above.

Office of National AIDS Policy

In order to continue to implement the NHAS and better coordinate the many federal partners involved in domestic HIV programs, ***we request \$1.4 million for the Office of National AIDS Policy (ONAP) be included in the White House Domestic Policy Council funding.***

Again, we thank you for your continued support of these critical programs important to so many individuals and communities nationwide. We look forward to working with you as you finalize the FY 2014 appropriations either through an omnibus bill or a continuing resolution with the anomalies we referenced above.

If you have any questions, please contact the ABAC co-chairs Donna Crews at dcrews@aidsunited.org , Emily McCloskey at emccloskey@nastad.org , or Carl Schmid at cschmid@theaidsinstitute.org .

Sincerely,

ActionAIDS
African Services Committee
AIDS Action Baltimore
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Care
AIDS Community Research Initiative of America
AIDS Foundation of Chicago
AIDS Legal Council of Chicago
AIDS Project Los Angeles
AIDS Project New Haven
AIDS Research Consortium of Atlanta
AIDS Resource Center of Wisconsin
AIDS Resource Center Ohio
AIDS United
AIDS/HIV Services Group (ASG)
American Academy of HIV Medicine
Association of Nurses in AIDS Care (ANAC)
AVAC: Global Advocacy for HIV Prevention
Baltimore Student Harm Reduction Coalition
CAEAR Coalition
CANN - Community Access National Network
Canticle Ministries, Inc.
Center for Innovation in Health and Human Services
Christie's Place
Community Education Group
Family Centers Inc.
Georgia AIDS Coalition
Georgia Equality
Harlem United
Harm Reduction Coalition
Heartland Cares
HIV Dental Alliance
HIV Law Project
HIV Medicine Association
Housing Works
Hyacinth AIDS Foundation
International Association of Providers of AIDS Care
L.A. Gay & Lesbian Center
LifeLinc of Maryland
Lifelong AIDS Alliance
Mendocino County AIDS/Viral Hepatitis Network
Metropolitan Community Churches
Metropolitan Latino AIDS Coalition (MLAC)
Moveable Feast
National AIDS Housing Coalition
National AIDS Treatment Advocacy Project (NATAP)

National Alliance of State and Territorial AIDS Directors
(NASTAD)
National Association of County and City Health Officials
(NACCHO)
National Black Gay Men's Advocacy Coalition (NGBMAC)
National Black Leadership Commission, Inc.
National Coalition of STD Directors
National Family Planning & Reproductive Health Association
National Gay and Lesbian Task Force Action Fund
National Latino AIDS Action Network
National Minority AIDS Council (NMAC)
National Viral Hepatitis Roundtable
National Women & AIDS Collective
North Carolina AIDS Action Network
One in Four Chronic Health
Pediatric AIDS Chicago Prevention Initiative
Project Inform
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Seattle TGA HIV Planning Council
Sexuality Information and Education Council of the U.S.
(SIECUS)
START at Westminster
The AIDS Institute
The Women's Collective
TOUCH-Together Our Unity Can Heal, Inc.
Treatment Action Group (TAG)
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
VillageCare