

CAEAR Coalition Talking Points

Summer 2017

1. Highlight the **importance** and **success** of the Ryan White HIV/AIDS Program in fighting the HIV epidemic and providing quality HIV care and services, which are essential to HIV viral suppression, even with expanded access to health insurance. Ryan White is the glue in local communities that ensures vital supportive services are linked to high-quality medical care and treatment, in low-income, uninsured, and underinsured populations to optimize their health and viral suppression.

2. Emphasize that the Ryan White HIV/AIDS Program, while federally funded, is **locally controlled**, empowering local planning bodies, care and service providers, and public health representatives to identify local needs, prioritize and allocate resources, and establish comprehensive HIV health care systems that address the needs of people living with HIV.

Local control maximizes the flexibility of Ryan White resources to be targeted to services not covered by other funding streams. These resources fill gaps in health care access and essential services, establishing a comprehensive system of care in local jurisdictions throughout the country. HHS data demonstrates that individuals living with HIV who receive services through Ryan White have improved health outcomes and higher rates of viral suppression, improving their health and rendering them unable to transmit HIV to others.

3. Thank Congress for the federal investments made over time to save and extend the lives of people living with HIV and to reduce dramatically the number of new HIV infections. Ryan White provides anti-retroviral treatment for people with HIV that renders them virally suppressed and unable to transmit HIV. Federal investments must be sustained to end the HIV epidemic and keep people living with HIV healthy. The HHS outcome data from Ryan White is overwhelming and definitive. Ryan White saves lives, prevents new infections, and protects the public health of U.S. and the world.

4. Urge Congress to reject the proposed \$59M cut to the Ryan White HIV/AIDS Program in FY 2018 which would eliminate the AIDS Education and Training Centers (AETCs) and Special Projects of National Significance (SPNS). The charge that these programs are not essential to direct medical care is inaccurate, as both programs deliver direct services and support training and capacity building for our existing health care systems.

The AETC Program is currently funded at \$34M and provides technical assistance, training, and clinical consultations to the HIV-care-provider networks, especially in underserved communities, through regional sites of expertise. Many HIV health care systems are in crisis as experienced HIV-specialty providers retire, leaving communities across the country scrambling to train new primary and family care physicians, nurse practitioners, physician assistants, and case managers on how to deliver high-quality HIV care, treatment, and supportive services. In addition to providing direct HIV testing and care-linkage services, AETCs are essential to training and supporting the future of HIV-specific health care access nationally, and must not be dismantled.

The SPNS Program is currently funded at \$25M and supports innovative models of HIV care and treatment to address nimbly emerging health care needs of individuals living with HIV. SPNS projects answer difficult questions that perplex service delivery systems and enhance health information technology systems nationwide. They provide client-level data that assists local systems to develop effective models of service delivery that are cost effective, responsive to local needs, and medically effective.

5. Advocate for increases to the Ryan White HIV/AIDS Program for a total of **\$2.465 billion** in FY2018, an **increase of \$145.8 million** over FY2017, distributed as follows:

· Part A: \$686.7 million (+\$30.8m)	· Part B (Care): \$437 million (+\$22.3m)
· Part B (ADAP): \$943.3 million (+\$43m)	· Part C: \$225.1 million (+\$24m)
· Part D: \$85 million (+\$9.9m)	· Part F/AETC: \$35.5 million (+\$1.9m)
· Part F/Dental: \$18 million (+\$4.9m)	· Part F/SPNS: \$34 million (+\$9m)

6. Protect Essential Non Ryan White Specific Programs

- **Restore** \$53.9M in funding to the **HHS Secretary's Minority AIDS Initiative Fund**. The grants provided through this fund to HHS agencies support novel HIV health care models designed to reach and address the health care needs of underserved minority populations who now represent the majority of new HIV cases.
- **Restore** the \$117M cut to the Community Mental Health Block Grant and the \$17.7M reduction to the **Substance Abuse and Mental Health Services Administration's (SAMHSA) Minority AIDS Initiative programs**. These programs address both mental health and substance-use issues that drive HIV infections in minority communities in economically and medically underserved areas.
- **Restore** the \$26M cut to the **Housing Opportunities for People with AIDS (HOPWA) Program** at HUD. Safe, stable and affordable housing to low-income people living with HIV is essential to successful health outcomes, as housing stability promotes medication adherence, improved mental health, and health seeking behaviors. These resources are essential to the most marginalized, low-income people living with HIV and promote the nation's efforts to end the HIV epidemic by reducing new HIV infections, promoting retention in care, and reducing the viral load of individuals living with HIV and improving public health.

7. Reject Cuts to Key Prevention Programs

President Trump's proposal to eliminate or dramatically cut critical prevention programs will increase the racial and socio-economic disparities we see in communities disproportionately affected by HIV/AIDS. By cutting funding, the work we have done will be reversed, new HIV infections will increase, and the health of our nation will be at risk.

- **Restore** the \$149M cut to the CDC's HIV Prevention Programs. The historic decreases in the number of new HIV infections over the past six years because of sustained investments in prevention will be in jeopardy as a result of these cuts.
- **Restore** the \$27M cut to the CDC's STD Prevention Programs. The proposed cuts come at a moment of national crisis when we are seeing the highest STD rates in 20 years. If enacted, this will devastate the nation's ability to prevent and treat STDs and it will undermine the ability to prevent HIV.

Need for HIV/AIDS Care and Treatment

- Over **512,000 people with HIV access care and services** funded by the Ryan White HIV/AIDS Program.
- The CDC estimates that there are over **1.2 million people living with HIV in the U.S.**, with 1 in 8 unaware that they are HIV positive.
- There were **over 39,000 new HIV infections** in 2014.
- According to the CDC, in 2014, **the number of deaths** of persons with AIDS in the U.S. was **12,333**. The cumulative estimated number of deaths of persons with AIDS in the U.S., through 2014, was **678,509**.
- The newly infected are increasingly **people of color**, with very **low incomes**, who are living in **underserved** areas of the U.S.
- *HHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents* document the importance of early HIV treatment resulting in HIV viral suppression. This not only improves the health of people already living with HIV, but also reduces significantly the ability of infected individuals to infect others — which, if broadly implemented, could be the catalyst to propel the U.S. to the goal of **getting to zero** new HIV infections and seeing the end of the HIV epidemic.

The Ryan White HIV/AIDS Program

Addresses Unmet Need

- The Ryan White HIV/AIDS Program continues to play a critical role in addressing **coverage gaps** and **affordability of health care** for people living with HIV, especially in areas where low-income individuals have limited access to public and private health insurance.
- With its **payment of last resort** requirement, Ryan White funding can respond effectively to the unmet and unfunded medical, treatment, and supportive service needs of individuals living with HIV.
- According to the *2015 Ryan White HIV/AIDS Program Annual Client-Level Data Report*, over **83% of Ryan White clients have achieved viral suppression**.
- According to the Henry J. Kaiser Family Foundation, more than one-fifth (21%) of Ryan White clients were uninsured. This is a decrease from 28% in 2013, prior to enactment of the Affordable Care Act (ACA). However, most Ryan White consumers (79%) are insured – covered by Medicaid, Medicare, private insurance, and other sources – but face limits with their coverage or need help with costs.
- Ryan White enhances the affordability of marketplace insurance plans and provides essential services unavailable through health insurance, such as medical transportation, drug adherence support, emergency housing, and medical care coordination, that are essential to people with life-threatening diseases.