

CAEAR Coalition Talking Points

Summer 2018

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 that respond to the HIV-related healthcare needs of local communities and assist individuals in staying healthy and virally suppressed. Ryan White, as the payer of last resort, is the glue that ensures local communities can provide quality medical care, life-saving anti-HIV medications, and essential social services that keep low-income, uninsured, and underinsured populations in care.

2. Emphasize that the Ryan White HIV/AIDS Program, funded by the Congress, responds to local concerns, enlisting the assistance of local planning bodies, care and service providers, and public health representatives to identify local needs, prioritize those needs, and allocate resources, to establish comprehensive HIV healthcare systems that address the healthcare needs of people living with HIV.

Local control maximizes the flexibility and effectiveness of Ryan White resources to be targeted to services not covered by other funding streams. 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 that have saved and extended the lives of people living with HIV. The congressional support has dramatically reduced the number of new HIV infections at a time when more people are living with HIV than ever before. 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, improves the quality of life of people living with HIV, and prevents new infections through viral suppression, protecting the public health of the U.S. and the world.

4. Thank Congress for rejecting the proposed \$59 million cut to the Ryan White HIV/AIDS Program in FY2018, which would have eliminated the AIDS Education and Training Centers (AETCs) and Special Projects of National Significance (SPNS). The charge that AETC programs were not essential to direct medical care was inaccurate, as the programs deliver important HIV-specific training to healthcare providers and increases service capacity in existing health care systems.

5. Advocate for increases to the Ryan White HIV/AIDS Program for a total of \$2.465 billion in FY2019, an increase of \$145.8 million over FY2018, 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. Support increases in funding for the Ryan White Program. The Program has been reviewed and reauthorized by Congress four times since 1990, each time refining the systems of care to more effectively address the needs of PWLH, and address local, state, and regional funding imbalances. The current structure strikes an equitable balance by equally distributing funding by jurisdiction and state based on living cases of HIV, while ensuring that Ryan White remains the payer of last resort. And yet, the HIV epidemic continues to increase in certain regions of the U.S. and new resources will be required to address increases in HIV infections and associated opportunistic infections. New funding is needed to maintain essential programs established in localities and states, and provide new resources to jurisdictions that are experiencing unacceptable increases in HIV despite current efforts.

7. Protect Other Essential HIV Programs

- **Request** \$105 million to fund 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, and disproportionately impacted, minority populations who now represent the majority of new HIV cases.
- **Request** \$160 million to fund the **Substance Abuse and Mental Health Services Administration's (SAMHSA) Minority AIDS Initiative programs**. These programs are not duplicative. They address both mental health and substance-use issues that drive HIV infections, undermine treatment adherence, and reduce viral suppression in economically and medically underserved minority communities where it is needed most. We applaud the Administration's declaration of an Opioid State of Emergency. All substance abuse and mental health service resources addressing addiction care and prevention are essential to address the crisis.
- **Fund** the **Housing Opportunities for People with AIDS (HOPWA) Program** at HUD with \$393 million in FY2019. 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.

Need for HIV/AIDS Care and Treatment

- Over 550,000 people with HIV access care and services funded by the Ryan White HIV/AIDS Program.
- The CDC estimates that there are over 1.1 million people living with HIV in the U.S., with 1 in 8 unaware that they are HIV positive.
- There were over 39,700 new HIV infections in 2016.
- According to the CDC, in 2015, the number of deaths of persons with HIV/AIDS in the U.S. was 15,458. The cumulative estimated number of deaths of persons with AIDS in the U.S., through 2015, was 718,906.
- The newly infected are increasingly people of color, homeless individuals, and low-income individuals living in medically 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 renders virally suppressed infected individuals unable 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 services 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 *2016 Ryan White HIV/AIDS Program Annual Client-Level Data Report*, over 84.9% of Ryan White clients have achieved viral suppression.
- 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.