

AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

October 27, 2011

President Barack Obama
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Vice President Joseph Biden
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Re: Final FY12 Appropriations and Domestic HIV/AIDS Programs

Dear President Obama and Vice President Biden:

As you work with the Congress to complete consideration of the FY12 appropriation measures, the undersigned HIV/AIDS service and advocacy organizations of the AIDS Budget and Appropriations Coalition urge you to adequately fund the domestic HIV/AIDS programs outlined below and protect them from any cuts. Additionally, we urge you to reject any harmful policy riders that would impede the progress our country is making to prevent HIV or expand access to care and treatment.

HIV/AIDS remains a significant and serious health concern in the United States with over 1.1 million people currently 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. Early and reliable access to HIV care and treatment helps people 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.

Amidst rising infections and shrinking state and local budgets, increased federal funding for HIV/AIDS programs is more vital than ever. While we realize there are serious constraints within the federal budget, the programs outlined below help serve the most vulnerable in our society, many of whom are struggling to survive both physically and economically.

Ryan White Program

The Ryan White HIV/AIDS Program provides life-extending healthcare, drug treatment, and support services to approximately 529,000 low-income, uninsured and underinsured individuals. Due to increased caseloads and budget cuts, Ryan White Programs are reaching capacity limits and implementing service reductions. Patients are facing record wait times to access clinical care and life-saving therapy. Currently there are 6,842 people on AIDS Drug Assistance Program (ADAP) waiting lists in 11 states, and at least 6 states have disenrolled 445 clients from the program due to a lowering of eligibility requirements, while other states are reducing drug formularies.

For these reasons, we strongly urge you to work with the Congress to support your proposed increase of \$64 million for a total of \$2.4 billion for the Ryan White Program. This includes an increase of \$1.4 million for Part A; \$0.8 million for Part B Care; \$55 million for Part B ADAP; \$5.9 million for Part C; \$0.5 million for Part D; \$0.2 million for Part F AETC's; and \$0.1 million for Part F

Dental. Between the House Subcommittee Chairman's bill (HR 3070) and the Senate Committee bill (S 1599) the only increase recommended is \$15 million for ADAP by the Senate.

HIV Prevention at the CDC

We strongly urge you to work with the Congress to support your FY2012 request to increase funding for HIV prevention at the CDC by \$57.2 million for activities to reduce new infections and increase HIV testing. As noted above, there are an estimated 50,000 new infections each year in the U.S. More than one in five of the over 1.1 million people with HIV are unaware of their infection. The National HIV/AIDS Strategy seeks to reduce the number of new infections and increase the number of people who are aware of their status through HIV testing. In order to achieve these goals, additional resources will be needed. The federal government allocates only about 3 percent of its HIV funding to prevention. Investing in HIV prevention today will save money in the future. The lifetime cost of caring and treating the 50,000 new infections in just one year equals \$18 billion. The Senate Committee bill proposes to flat fund HIV prevention at the CDC while the House Subcommittee Chairman's bill proposes to cut \$33 million from the National Center for HIV, Viral Hepatitis, STD and TB Prevention. **We also support the \$10 million increase proposed by the Senate for expanded hepatitis testing.**

Syringe Exchange Programs

One successful method to effectively prevent the transmission of HIV is syringe exchange programs. Many studies have shown that these programs prevent HIV and the transmission of other blood borne viruses and do not increase drug use. In light of this, **we strongly oppose the reinstatement of banning federal funds for syringe service programs as proposed in HR 3070 and urge you to work with the Congress to ensure it is not reinstated.**

Division of Adolescent and School Health HIV/STD Prevention Education

We urge you to work with the Congress to continue investing dedicated funding for the Division of Adolescent and School Health (DASH) at the CDC and include \$40.2 million for DASH HIV/STD prevention education, as was proposed in your budget and supported by the Senate Committee bill. (Note: It is not known how the House Chairman's bill addresses DASH HIV/STD prevention education funding.) Young people ages 13-29 years old account for one-third of all new HIV infections, the largest share of any age group, and account for nearly half of the 19 million STD infections annually.

Teen Pregnancy Prevention Initiative

All young people should be provided with comprehensive, medically accurate, and age-appropriate sexual education that helps them reduce their risk of unintended pregnancy, HIV, and other STDs. The Teen Pregnancy Prevention Initiative funds medically accurate and age-appropriate programs to reduce teen pregnancy and underlying behavioral risk factors. The initiative funds a total of 102 grantees in 36 states. Funded programs are set to reach over 800,000 young people. **We strongly oppose the \$85 million cut proposed in the House Subcommittee Chairman's bill to the Teen Pregnancy Prevention Initiative. We support your budget request to increase funding for the program by \$5.2 million.** We note the Senate bill maintains current funding levels of \$105 million and ask that the program be funded at least at this level.

Abstinence-Only-Until-Marriage Programs

In a time of limited fiscal resources, we find it ironic that the House Subcommittee Chairman's bill resurrects funding for failed abstinence-only-until-marriage programs. Study after study, including one conducted by the federal government, has shown they are ineffective and do not meet the needs of young people. Noting the preponderance of evidence, almost every leading medical and public health professional group has called for the end to federal funding for these ineffective programs. For these reasons, **we oppose the re-establishment of dedicated discretionary abstinence-only-until-marriage funding for the now-defunct Community-Based Abstinence Education grant program as proposed in HR 3070 and urge you to work with the Congress to ensure it is not re-established.**

HIV/AIDS Research at the National Institutes of Health

If the United States is to remain the global leader in HIV/AIDS research for better drug therapies, evidence-based behavioral and biomedical prevention interventions, and vaccines, Congress must adequately invest in the NIH. In recent years, there have been great strides in HIV research and NIH scientists are optimistic about future advances. With proper funding in 2012, exciting new scientific opportunities in HIV prevention, HIV therapeutics and cure research may be leveraged to turn the tide of the HIV epidemic worldwide. **For these reasons, we strongly support your budget request to increase overall spending at the NIH by \$1.3 billion.** We note that the House Subcommittee Chairman's bill has proposed an increase of \$1 billion and the Senate Committee has recommended a decrease of \$190 million. **We strongly urge you to include in the final bill the historical \$300 million transfer to Global AIDS programs from the NIH.**

Housing Opportunities for Persons with AIDS

For the more than 62,000 households coping with HIV/AIDS, the Housing Opportunities for Persons With AIDS program (HOPWA) is a critical source of housing and services that work to prevent the spread of the virus, facilitate improved health outcomes and save taxpayer dollars by reducing reliance on other systems such as hospitals, emergency rooms and shelters. The need for housing people living with HIV/AIDS has exploded as other available housing options have become strained. As you work with the Congress, **we urge you to continue to support your proposed increase to HOPWA of \$0.7 million for a total of \$335 million.** We note the House Subcommittee approved measure maintains level funding of HOPWA at \$334.3 million while the Senate bill (S 1596) proposes a \$4.3 million cut.

Additional Comments on HR 3070

We also emphatically state our opposition to the substantial programmatic funding cuts and policy riders included in HR 3070 and urge you to reject them. The funding cuts, program terminations, and policy provisions would impose serious constraints on the ability to provide care and treatment to people who are currently living with HIV/AIDS and curtail effective programs and services that work to prevent future infections.

Specifically, we oppose the following:

- Defunding implementation of the Patient Protection and Affordable Care Act;
- Defunding the Prevention and Public Health Fund;
- Defunding the Title X family planning program because in 2009, 5.9 million STD tests and nearly 1 million confidential HIV tests were performed at Title X-funded clinics; and
- Prohibiting any funding for Planned Parenthood Federation of America, Inc. and its clinics.

Recognizing that the new fiscal year has already begun, we hope you and the Congress can complete consideration of the FY12 spending measures in the near term and agree upon a bill that the President you can sign. In the end, we trust that there will be adequate funding to respond to the nation's HIV/AIDS epidemic and funding cuts and policy riders will be rejected.

Thank you for your consideration of our requests. If you have any questions, please contact the ABAC co-chairs Donna Crews at dcrews@aidsunited.org, Jen Heitel Yakush at jyakush@siecus.org, or Carl Schmid at cschmid@theaidsinstitute.org.

Sincerely,

ActionAIDS, Philadelphia, PA
ADAP Advocacy Association (aaa), Washington, DC
Advocates for Youth, Washington, DC
African American Office of Gay Concerns (AAOGC), Newark, NJ

AID Gwinnett/Ric Crawford Clinic, Duluth, GA
AIDS Action Baltimore, Baltimore, MD
AIDS Action Committee of Massachusetts, Boston, MA
AIDS Activities Office of Lehigh Valley Health Network, Allentown, PA
AIDS Alabama, Birmingham, AL
AIDS Alliance for Children, Youth & Families, Washington, DC
AIDS Coalition of Southern Pennsylvania, Pittsburgh, PA
AIDS Community Research Initiative of America, New York, NY
AIDS Foundation of Chicago, Chicago, IL
The AIDS Institute, Washington, DC and Tampa, FL
AIDS Legal Referral Panel, San Francisco, CA
AIDS Partnership Michigan, Detroit, MI
AIDS Project Los Angeles, Los Angeles, CA
AIDS Taskforce of Greater Cleveland, Cleveland, OH
AIDS United, Washington, DC
AIDS/HIV Health Alternatives, Los Angeles, CA
AIDSNET, Bethlehem, PA
American Academy of HIV Medicine, Washington, DC
American Health Services, Van Nuys, CA
amfAR, the Foundation for AIDS Research, Washington, DC
ARC/The Bob Rauschenberg Center for Living, Fort Myers, FL
Asian & Pacific Islander Wellness Center, San Francisco, CA
Atlanta Harm Reduction Coalition, Inc., Atlanta, GA
AVAC: Global Advocacy for HIV Prevention, New York, NY
Baltimore City Commission on HIV/AIDS Treatment and Prevention, Baltimore, MD
BASIC NWFL, Inc., Panama City, FL
Behavioral Science Research, Miami, FL
Bergen Family Center, Hackensack, NJ
Bienestar Human Services, Los Angeles, CA
Broward House, Inc., Fort Lauderdale, FL
Buddies of New Jersey, Inc., Hackensack, NJ
CAP/Foundcare, West Palm Beach, FL
Cascade AIDS Project, Portland, OR
The Center for Positive Connections, Miami, FL
Central City Community Health Clinics, Los Angeles, CA
Co County Wellness Services/Berks AIDS Network, Reading, PA
Coalition on AIDS in Passaic County, Inc. (CAPCO), Paterson, NJ
Colorado AIDS Project, Denver, CO
Common Ground – the Westside HIV Community Center, Santa Monica, CA
The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition, Washington, DC
Community Access National Network (CANN), Washington, DC
Community AIDS Coalition, St. Johns County, FL
Community Education Group, Washington, DC
Compass, Lake Worth, FL
Dab the AIDS Bear Project, Fort Lauderdale, FL
DACCO - HIV Services, Tampa, FL
Edgewood Medical Center, Inc., Atlanta, GA
Empower U, Miami, FL
The Empowerment Program, Denver, CO
EMS Resources Miami, FL
Equality Florida, St. Petersburg, FL
The Florida Keys HIV Community Planning Partnership, Key West, FL

Gay Men's Health Crisis (GMHC), New York, NY
Georgia AIDS Coalition Snellville, GA
Georgia Equality, Atlanta, GA
Georgia Rural Urban Summit, Decatur, GA
H.O.P.E Atlanta - Programs of Travelers Aid, Atlanta, GA
Harlem United, New York, NY
Harm Reduction Action Center, Denver, CO
HealthHIV, Washington, DC
Helen B. Bentley Family Health Center, Inc., Miami, FL
HIV ACCESS, Alameda County, CA
HIV Dental Alliance, Atlanta, GA
HIV Medicine Association, Arlington, VA
HIV Prevention Justice Alliance, Chicago IL
HIV/AIDS Resource Center, Ypsilanti, MI
Human Rights Campaign, Washington, DC
Inova Juniper, Springfield, VA
International AIDS Empowerment, Las Cruces, NM, and El Paso, TX
L.A. Gay & Lesbian Center, Los Angeles, CA
Latino Commission on AIDS, New York, NY
Legacy Community Health Services, Houston, TX
Lifelong AIDS Alliance, Seattle, WA
Maryland Hepatitis Coalition, Baltimore, MD
Metropolitan Latino AIDS Coalition (MLAC), Washington, DC
Minnesota AIDS Project, Minneapolis, MN
The Minority Alliance for Advocating Community Awareness and Action, Inc. (MAACA), Tallahassee, FL
Moveable Feast, Baltimore, MD
Nashville CARES, Nashville, TN
National AIDS Housing Coalition, Washington, DC
National Alliance of State & Territorial AIDS Directors (NASTAD), Washington, DC
National Association of County and City Health Officials (NACCHO), Washington, DC
The National Association of People with AIDS (NAPWA), Silver Spring, MD
National Council of Jewish Women (NCJW), New York, NY
National Minority AIDS Council (NMAC), Washington, DC
National Pediatric AIDS Network, Boulder, CO
Nebraska AIDS Project, Omaha, NE
New England AIDS Education and Training Center (NEAETC), Boston, MA
NOFLACWEB.ORG, Pensacola, FL
Northern Colorado AIDS Project, Fort Collins, CO
Okaloosa AIDS Support and Informational Services, Inc. (OASIS), Ft. Walton Beach, FL
Orlando Immunology Center, Orlando, FL
Passaic Alliance, Passaic, NJ
Paterson Counseling Center, Inc., Paterson, New Jersey
Positive Attitudes of Jacksonville HIV/AIDS Support Group, Jacksonville, FL
Positive Education, Inc., Tampa, FL
Positive Impact, Inc., Atlanta, GA
Project Inform, San Francisco, CA
Racial and Ethnic Health Disparities Coalition (REHDC), Washington, DC
Ryan White Medical Providers Coalition, Arlington, VA
Sadler Healthcare, Los Angeles, CA
San Francisco AIDS Foundation, San Francisco, CA
Schuylkill Wellness Services, Pottsville, PA

Serving Individuals Surviving Through AIDS and HIV Services (S.I.S.T.A.H.S. TODAY, Inc.), Miami, FL
Sexuality Information and Education Council of the U.S. (SIECUS), Washington, DC
SisterLove, Inc., Atlanta, GA
South Florida You Can, Miami, FL
Tennessee AIDS Advocacy Network, Chattanooga, Cookeville, Jackson, Knoxville, Memphis and Nashville, TN
Treatment Action Group (TAG), New York, NY
U.S. Positive Women's Network (PWN), Oakland, CA
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), Washington, DC
Victory Community Services, Inc., Miami Gardens, FL
VillageCare, New York, NY
VNACJ Community Health Center, Inc., Asbury Park, NJ
Western Pacific Med Corp., Glendale, CA
Women Organized to Respond to Life-threatening Diseases (WORLD), Oakland, CA
Women Together for Change, St. Croix, U.S. Virgin Islands
The Woodhull Sexual Freedom Alliance, Washington, DC

cc: Secretary Kathleen Sebelius, Health and Human Services
Secretary Shaun Donovan, Housing and Urban Development
Jack Lew, Director, OMB
Dr. Howard Koh, Assistant Secretary of Health, HHS
Jim Esquea, Assistant Secretary for Legislative Affairs, HHS
Richard Sorian, Assistant Secretary for Public Affairs, HHS
Ellen Murray, Assistant Secretary for Financial Resources, HHS
Dr. Thomas Frieden, Director, CDC
Mary Wakefield, Administrator, HRSA
Melody Barnes, Assistant to the President for Domestic Policy
Rob Nabors, Assistant to the President for Congressional Affairs
Phil Schiliro, Assistant to the President for Legislative Affairs
Jeffrey Crowley, Office of National AIDS Policy
Dr. Ron Valdiserri, Office of HIV/AIDS Policy, HHS
Dr. Kevin Fenton, CDC
Dr. Jonathan Mermin, CDC
Deborah Parham Hopson, HAB/HRSA
David Vos, HUD