

March 7, 2007

The Honorable Robert C. Byrd
Chairman
Senate Committee on Appropriations
SH-311 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Thad Cochran
Ranking Member
Senate Committee on Appropriations
SD-113 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable David Obey
Chairman
House of Representatives Committee on
Appropriations
2314 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Jerry Lewis
Ranking Member
House of Representatives Committee on
Appropriations
2112 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairmen Byrd and Obey and Ranking Members Cochran and Lewis,

On behalf of the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition—representing 420 grantees under Part A (Title I) and Part C (Title III) of the Ryan White Program, including the 56 major metropolitan areas most adversely affected by the HIV/AIDS epidemic, as well as people living with HIV/AIDS who use CARE Act services—I am writing to urge your support for increased funding for the Ryan White Program in FY 2008. The passage of the Ryan White HIV Treatment Modernization Act in December 2006, which reauthorized the Ryan White Program for another three years, requires a renewed commitment to providing the funding demanded by the scope of the domestic HIV/AIDS epidemic.

After six years of flat-funding and rescissions to key components of the Ryan White Program, we urge the 110th Congress to make clear that the domestic HIV/AIDS crisis is a top priority by providing Ryan White Program funding increases commensurate with the growing number of people living with HIV/AIDS in need of services and the expanded mandates in the reauthorizing legislation. The attached charts highlight the growing HIV/AIDS funding gap as the number of people living with AIDS in the U.S. increased by 20% from 2002-2005 as the annual Ryan White Program Part A (Title I) and Part C (Title III) appropriations declined and the Part B (Title II) AIDS Drug Assistance Program (ADAP) appropriations stagnated.

CAEAR Coalition respectfully requests that Congress begin to close this gap by providing **\$840.4M for Part A (Title I)** [+236.4M over FY 2007], **\$1,022M for Part B (Title II) ADAP** [+232.9m over FY2007], and **\$281.3M for Part C (Title III)** [+87.8M over FY 2007]. The second set of attached charts highlights the demand for Part A (Title I) and Part C (Title III) services and the related cost of providing care and treatment, and provides an overview of CARE Act funding requests and appropriations since FY 2006.

In 2005, CDC revised upward its estimate of persons living with HIV/AIDS in the U.S. to 1,039,000-1,185,000 (as of 2003). Approximately one-half of those people have yet to access HIV-related medical care and there is a projected influx of newly diagnosed individuals into care as a result of CDC initiatives to promote routine HIV testing. CDC also estimates an additional 43,000 new cases of HIV every year. Ryan White Program Part A (Title I), Part B (Title II) ADAP, and Part C (Title III) must receive adequate increases to meet the health care and supportive services needs of individuals already in care and those newly identified HIV patients entering care—many of whom will require comprehensive medical treatment and supportive services at the time of diagnosis.

One significant change in the newly reauthorized program is the expansion of the Part A (Title I) eligibility criteria, which led to the addition of five new Part A (Title I)–funded jurisdictions. These five cities—Baton Rouge, Charlotte, Indianapolis, Memphis, and Nashville—are home to nearly 20,000 people living with HIV/AIDS. Each time new jurisdictions have joined Part A (Title I) in the past there have been commensurate increases in Part A (Title I) appropriations. Without such an increase in funding, 56 jurisdictions will share the same amount of funds previously used to support services in 51 jurisdictions, requiring funding cuts to vital care provided in jurisdictions across the country. This unfunded mandate would be an unacceptable outcome for a reauthorization process designed to more appropriately meet service needs in areas of the country with emerging HIV/AIDS epidemics.

The number of clients entering the 364 Part C (Title III) community health centers and outpatient clinics has consistently increased over the last five years. Over 191,000 persons living with HIV and AIDS receive medical care in Part C (Title III)–funded community health centers and clinics each year. These community- and faith-based HIV/AIDS providers are staggering under the burden of treatment and care after five years of inadequate funding. The CDC has implemented a number of initiatives designed to promote routine HIV testing to identify people living with HIV. Their success continues to generate new clients seeking care at Part C (Title III)–funded health centers and clinics with no commensurate increase in the funds necessary to provide access to comprehensive, compassionate treatment and care.

ADAP waiting lists and other cost-containment measures, including limited formularies, reducing eligibility, or removing already enrolled people from the program, are clear evidence that the need for HIV-related medications continues to outstrip availability. ADAPs are forced to make difficult trade-offs between serving a greater number of people living with HIV/AIDS with fewer services or serving fewer people with more services. Additional resources are needed to reduce and prevent further use of cost containment measures to limit access to ADAPs and to allow all state ADAPs to provide a full range of HIV antivirals and treatment for opportunistic infections.

Through the hard work of the Administration, Congress and an actively engaged HIV/AIDS community, the reauthorized act includes important provisions to provide new resources to communities with emerging epidemics. President Bush declared his support for the Ryan White CARE Act throughout the reauthorization process, but unfortunately his FY 2008 budget request does not reflect the level of commitment demanded by the epidemic. It is now incumbent upon

the Congress to seize the mantle of leadership on the domestic HIV/AIDS crisis and increase CARE Act funding.

Please know that the CAEAR Coalition looks forward to working with you and your colleagues to end the domestic HIV/AIDS epidemic and provide high quality, appropriate community-based HIV medical care, support services and treatment for the more than 1 million Americans living with HIV/AIDS.

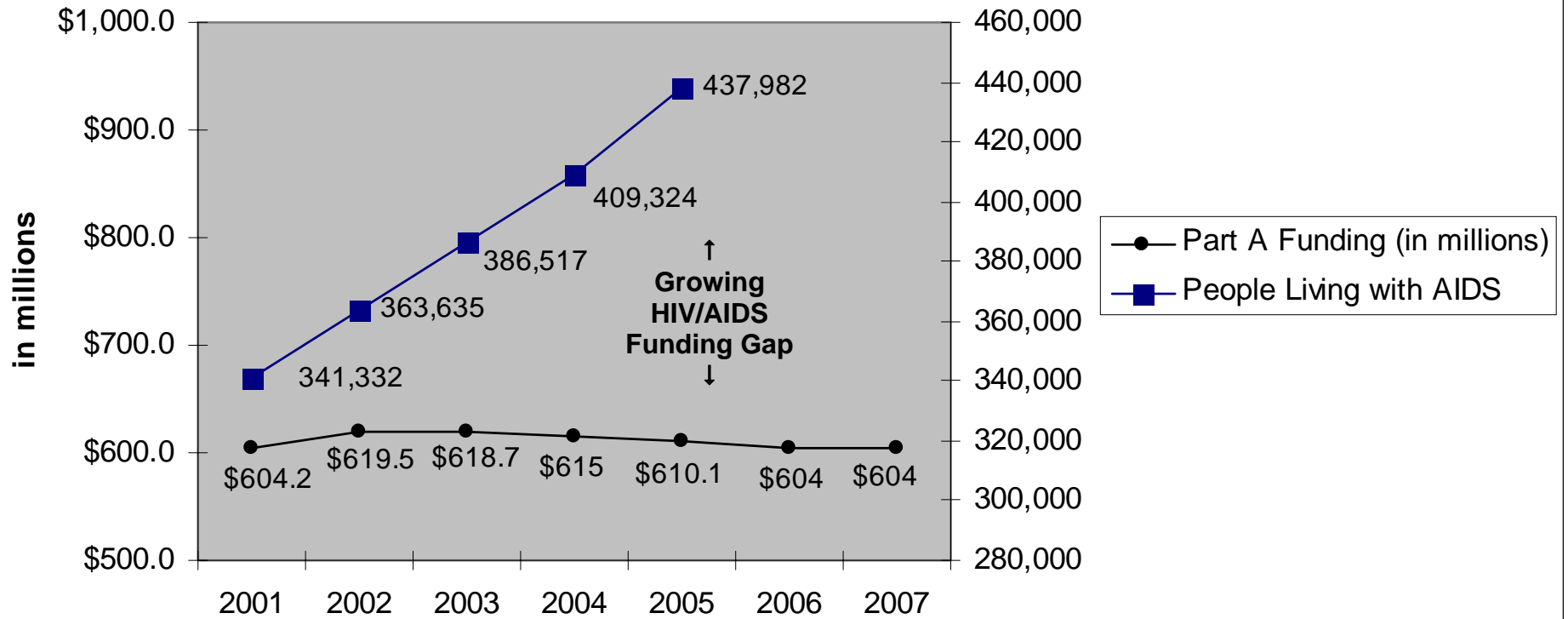
Sincerely,

A handwritten signature in blue ink that reads "Christopher B" with a stylized flourish at the end.

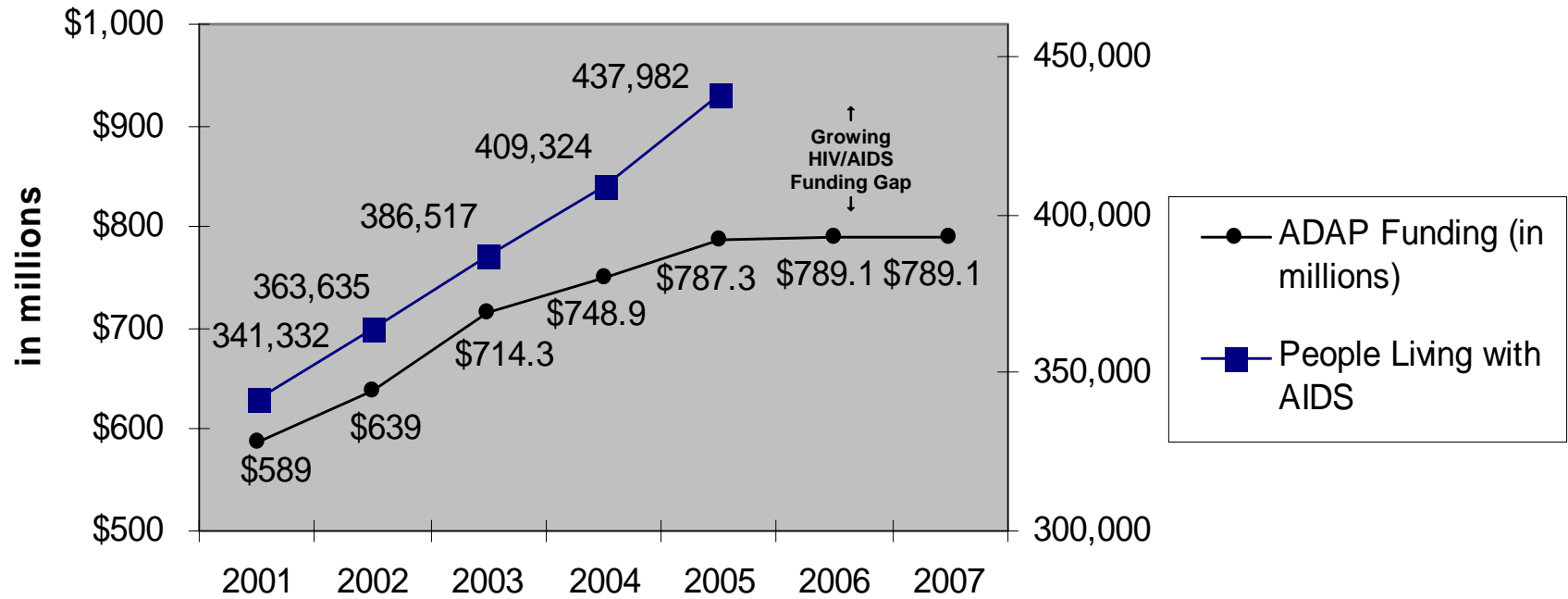
Christopher Brown
Chair

CC: The Honorable Tom Harkin
The Honorable Arlen Specter
The Honorable James T. Walsh
The Honorable Edward Kennedy
The Honorable Mike Enzi
The Honorable John Dingell
The Honorable Joe Barton
The Honorable Richard Lugar
The Honorable Evan Bayh
The Honorable Mary Landrieu
The Honorable David Vitter
The Honorable Elizabeth Dole
The Honorable Richard Burr
The Honorable Lamar Alexander
The Honorable Bob Corker

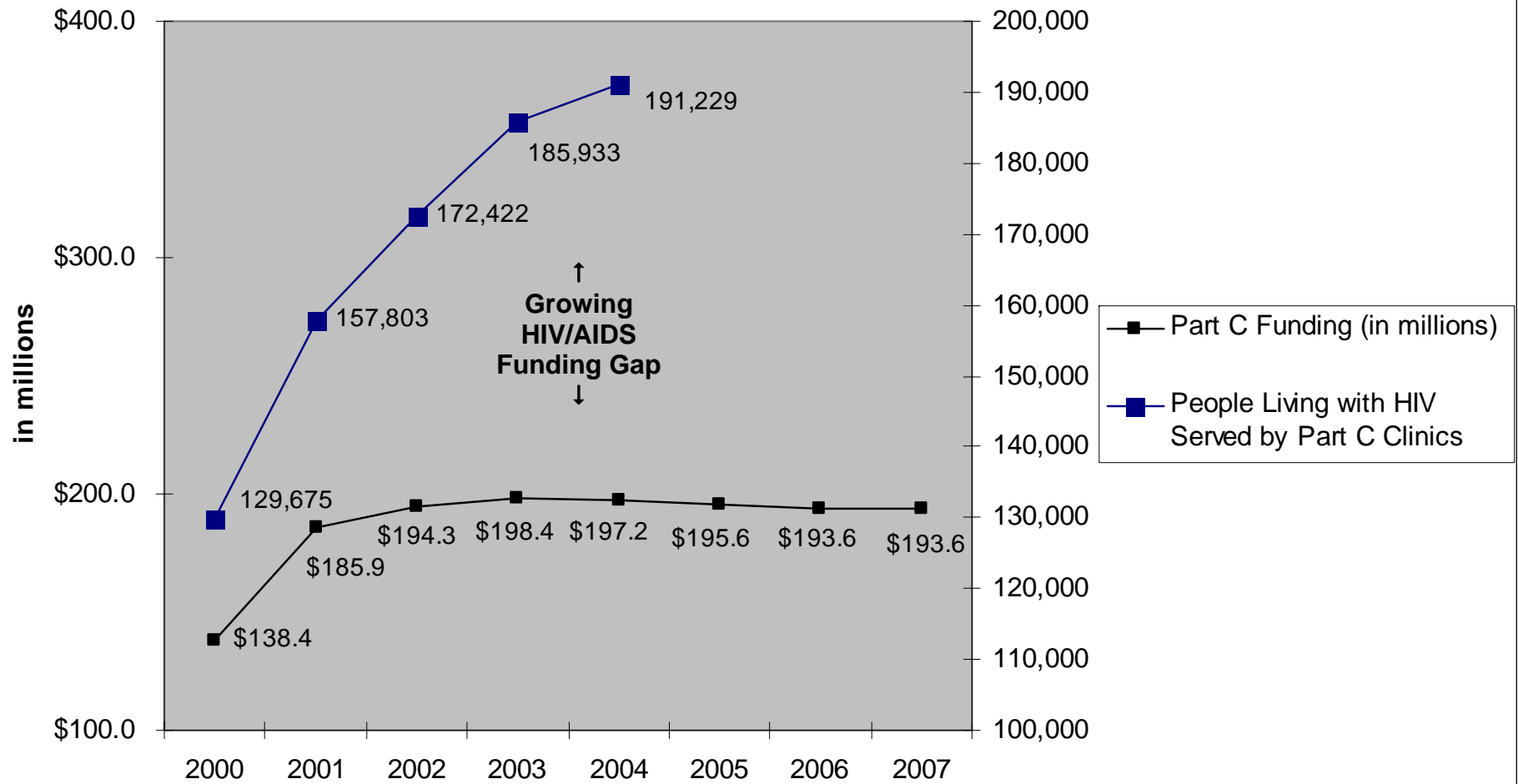
Ryan White Program Part A (Title I) Funding Gap Increasing, 2001-2007



Ryan White Program Part B (Title II) ADAP Funding Gap Increasing, 2001-2007



Ryan White Program Part C (Title III) Funding Gap Increasing, 2000-2007



Calculating Increasing Demand for Ryan White Program Part A (Title I) Services: FY 2008

1,039,000–1,185,000--the number of people living with HIV¹

756,392-862,860--the number of people living with HIV in Part A jurisdictions²

151,278-172,572--the number of people living with HIV who are uninsured and live in a Part A jurisdictions³

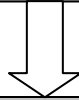
\$5,190 per person per year for outpatient medical care (including lab work, STD/TB/Hep screening, and ob/gyn care) and some related support services, including dental, mental health, substance abuse treatment, case management and home health care⁴

\$785,123,820-\$895,648,680--the estimated amount to meet the need for outpatient medical care (excluding medications) and some related support services at Ryan White Program Part A-funded care centers
[\$5,190 x 151,278-172,572]

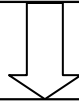
1. Glynn M, Rhodes P. Estimated HIV prevalence in the United States at the end of 2003. National HIV Prevention Conference; June 2005; Atlanta. Abstract 595.
2. Percentage based on prevalence rates in *AIDS Cases, by Geographic Area of Residence and Metropolitan Statistical Area of Residence*, CDC, 2004
3. Percentage based on data from Kaiser Family Foundation, *Financing HIV/AIDS Care: A Quilt of Many Holes*, May 2004.
4. Institute of Medicine, Committee on the Public Financing and Delivery of HIV Care, *Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White*, 2005.

Calculating Increasing Demand for Ryan White Program Part C (Title III) Services: FY 2008

1,039,000–1,185,000--the number of people living with HIV¹



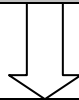
191,229--the total number of people living with HIV and served by Part C providers²



36,333--the number of people living with HIV not in care who will enter care at Part C sites next year³



\$2,414 per person per year for outpatient medical care (including lab work, STD/TB/Hep screening, and ob/gyn care)⁴



\$281,307,862--the estimated total funding needed to meet the increased demand for outpatient medical care (excluding medications) at Ryan White Program Part C-funded care centers.
[FY 2007 appropriation (193.6 million) + (2,414x36,333)]

1. Glynn M, Rhodes P. Estimated HIV prevalence in the United States at the end of 2003. National HIV Prevention Conference; June 2005; Atlanta. Abstract 595.
2. Data provided by the HRSA HIV/AIDS Bureau.
3. Data provided by the HRSA HIV/AIDS Bureau.
4. Institute of Medicine, Committee on the Public Financing and Delivery of HIV Care, Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White, 2005

Ryan White CARE Act Appropriations

Program	FY 2006 Appropriation	FY 2007 Joint Resolution	President's FY 2008 Request	CAEAR Coalition FY 2008 Request
Part A (Title I)	\$604.0m	\$604.0m (+0)	\$604.0m (+0)	\$840.4m (+\$236.4m)
Part B (Title II)	\$331.0m	406m (+75.8m)	\$400.98m (-\$5.02m)	
Part B (Title II) ADAP	\$789.1m	\$789.1m (+0m)	\$814.5m (+\$25.4m)	\$1,022m (+\$232.9)
Part C (Title III)	\$193.5	\$193.5m (+0)	\$199.82 (+\$6.32m)	\$281.3m (+\$87.8m)
Part D (Title IV)	\$71.8m	\$71.8m (+0)	\$71.8m (+0)	
Part F AETC	\$34.7m	\$34.7m (+0)	\$28.7m (-\$6m)	
Part F Dental Reimb.	\$13.1m	\$13.1m (+0)	\$13.1m (+0)	