Dear Chairman Obey and Ranking Member Walsh,

We are writing to request that as you begin the process of writing the FY2009 Labor, Health, and Human Services Appropriations bill you consider providing, at a minimum, the authorized amount for Parts A, B, and C of the Ryan White HIV/AIDS Program. There is strong evidence that even this amount will fall short of the needs of those living with HIV/AIDS. We recognize the budget constraints you face, but given the gravity of the impact of HIV/AIDS on so many thousands of people across the country, we are compelled to respectfully ask that you make every effort to provide at least the authorized level.

Of the approximate 1.2 million Americans living with HIV/AIDS, the CDC estimates that 25% are undiagnosed and 25% are diagnosed but not in care (other researchers place this number even higher). While we have made tremendous strides in the treatment of HIV, prolonging and improving the lives of those with the disease, the need for funding to provide treatment to all those living with HIV/AIDS has only grown as the numbers of people living with HIV and AIDS in the United States have reached their highest points ever. The epidemic has an alarmingly disproportionate impact on communities of color. African Americans account for 50% of new AIDS cases and Hispanics/Latinos 19%, though they constitute only 12% and 14% of the general population respectively. Latina and African American women constitute 82% of new diagnoses amongst females.

Fortunately, as you know, the Ryan White HIV/AIDS Program offers a comprehensive, cost-effective solution to this challenge. Ryan White has been a monumental success, leading it to earn a 2007 PART score of 100% in both “Purpose and Design” and “Program Results/Accountability” from OMB, which stated that the program “has contributed to the decline in the number of AIDS cases and deaths due to HIV/AIDS.” Ryan White was also reauthorized in 2006, a lengthy process that integrated the input of stakeholders from across the program’s varied components.

However, even as the success of the Ryan White Program has continued to be documented and the number of Americans living with HIV/AIDS has grown, due to budget constraints, funding for most titles of Ryan White had been on a downward trend over the five fiscal years from FY2002-FY2006. Thanks to your leadership, this trend reversed last year and we are grateful for your efforts in FY2008 towards attaining the authorized level in the House Labor-HHS bill and the highest level of funding possible in the Omnibus for several components of the program.
As you work to prepare the FY2009 Labor-HHS appropriations bill, we ask that you provide, at a minimum, the authorized funding levels for Part A, B, and C of the Ryan White Program, as outlined below:

<table>
<thead>
<tr>
<th>Part</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Part A</td>
<td>$649.5m</td>
</tr>
<tr>
<td>Part B</td>
<td>$1,285.2m</td>
</tr>
<tr>
<td>Part C</td>
<td>$235.1m</td>
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</tbody>
</table>

This funding is crucial to maintaining the success of Ryan White, and ensuring that adequate funds are available to respond to areas of growing need. And yet, we know from the stakeholder community and HRSA’s own data that the need for services will continue to outpace even the authorized levels. As just one example, Ryan White Part C, comprised of frontline primary care clinics, saw its patient population jump from 157,803 in 2001 to 224,523 in 2006, while its funding only increased from $185 million annually to $193.6 million. Current projections indicate that caseloads will continue to dramatically exceed costs, meaning that Part C’s “need” will be well above the authorized $235.1 million, and in fact closer to $300 million.

We appreciate every effort that you can make within the budget constraints you face to reach the authorized levels of funding for Ryan White.

Thank you as always for your consideration,

[Signatures]
André Caron
John F. Burns
Ken Klein
Jim Pallante
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