April 3, 2008

The Honorable Tom Harkin  The Honorable Arlen Specter
Chairman  Ranking Member
Subcommittee on Labor, HHS and Education  Subcommittee on Labor, HHS and Education
Senate Appropriations Committee  Senate Appropriations Committee
United States Senate  United States Senate
SD-131  SD-156
Washington, DC 20510  Washington, DC 20510

Dear Chairman Harkin and Ranking Member Specter:

On behalf of our constituents and communities who are impacted by the AIDS epidemic, we are writing to urge you to support increased funding for domestic HIV/AIDS care, treatment, prevention, and research programs in the FY 2009 Labor, Health and Human Services, and Education Appropriations bill. HIV and AIDS remains a dire public health crisis in America. HIV/AIDS has had a devastating effect on communities nationwide, with over one million persons currently infected, and an additional 40,000 to 60,000 contracting the virus each year. This disease has had a particularly devastating effect on minority populations, men who have sex with men, substance users, the incarcerated, the homeless, and those living in poverty. As increasing numbers of people with HIV/AIDS live longer thanks to advances in treatment and care, there is an additional burden on state and local governments, as well as community based organizations, to meet service demands. Unfortunately, funding for HIV/AIDS care, treatment and prevention programs has not kept pace with the need for services. We are well aware of current budget realities; however, the scope of this crisis requires a strong commitment of public resources to end the HIV epidemic.

We ask that you please consider the following critical funding needs of domestic HIV/AIDS programs in your FY 2009 programmatic requests:

**Centers for Disease Control and Prevention**

Data from the Centers for Disease Control and Prevention (CDC) indicate that over one million individuals are living with HIV in the United States and the annual incidence rate is rising. At the same time, HIV prevention funding for comprehensive programming has faced significant budget cuts over the past six years; sadly, in those same six years over 240,000 people have become infected with HIV. State and local health departments and community based organizations need increased resources to strengthen and expand outreach, HIV testing efforts
and prevention programs targeting high-risk populations including racial and ethnic minority communities, young gay men of color, substance users, women and youth.

The CDC’s HIV/AIDS prevention activities help to support outreach and education efforts in local communities, and are essential in reducing the number of new infections. In FY2008 CDC’s HIV Prevention budget was cut by $3.5 million. **We are requesting an increase of $608 million for a total of $1.3 billion for CDC prevention activities in FY 2009.**

**Ryan White HIV/AIDS Programs**

Ryan White HIV/AIDS Programs provide life extending healthcare, drug treatment, and support services to approximately 577,000 low-income, uninsured and underinsured individuals and families affected by HIV/AIDS each year.

Part A (Title I) funded services are the major safety net for thousands of uninsured and underinsured persons living with HIV/AIDS in the jurisdictions most adversely affected by the HIV/AIDS epidemic, providing comprehensive systems of care and support to people living with HIV. Approximately two-thirds of Part A clients are people of color, and 30 percent are women. The President has proposed a cut to this program, despite the fact that it goes to serve areas that are home to the majority of Americans living with HIV/AIDS. **We are requesting an increase of $213 million, for a total of $840 million, in Part A funding to meet the need for care, treatment and vital support services.**

Part B (Title II) base funding provides an array of essential services including diagnostic, viral load testing and viral resistance monitoring, HIV care and treatment for vulnerable at-risk populations, and primary care networks that improve the overall HIV/AIDS care systems to all 50 states, the District of Columbia, U.S. territories, and Puerto Rico, Guam and the U.S. Virgin Islands. Part B base funding was cut by nearly $20 million in FY 2008. **We are requesting an increase of $95 million, for a total of $482 million, in Part B base funding for states.**

The AIDS Drug Assistance Program (ADAP) provides life-saving HIV drug treatment to low income, uninsured, and underinsured individuals living with HIV/AIDS. Since the advent of highly active antiretroviral therapy (HAART) in 1996, AIDS deaths have declined and the number of people living with HIV/AIDS has markedly increased. ADAPs have played a crucial role in making HAART more widely available and keeping people alive longer. **We are requesting an increase of $134.6 million in FY 2009, for a total of $943.5 million, to meet the treatment needs across the country.** This funding would support approximately 118,397 HIV positive individuals in accessing a full year of ADAP provided anti-retroviral treatments.

Part C (Title III) funding provides HIV medical and other supportive services to over 225,000 underserved and uninsured people living with HIV/AIDS. Part C (Title III) grantees include over 360 community-based health clinics and public health providers in rural and urban communities, which together provide access to quality primary health care for thousands of people living with HIV/AIDS. **We are requesting an increase of $100.5 million in FY 2009, for a total of $299 million, for Part C (Title III) early intervention services.**
Part D (Title IV) provides funding to over 91 lead grantees in 35 states, the District of Colombia, Puerto Rico, and the Virgin Islands and cares for over 53,000 women, children, youth and families living with and affected by HIV/AIDS. Part D’s unique model of coordinated, family-centered care is proven successful at promoting better health, preventing mother-to-child transmission, keeping HIV-infected children alive, and bringing hard-to-reach youth into care. **We are requesting an increase of $48.8 million, for a total of $122.5 million, for Part D services to women, children, youth and families.**

Part F includes the AIDS Education and Training Centers (AETCs) program and the Dental reimbursement program. AETCs train health care providers, faculty, and students who care for people living with HIV and AIDS, and do so in venues outside of traditional health professions education. The AETC network is composed of 11 regional centers and more than 130 associated sites and four national centers – all of which provide care and conduct clinical research in HIV/AIDS. **We are requesting an increase of $15.9 million for the AETC program, for a total of $50 million in FY 2009.** The Dental Reimbursement Program provides access to quality dental care to people living with HIV/AIDS while simultaneously providing educational and training opportunities to dental residents, dental students, and dental hygiene students who deliver the care. The Dental Reimbursement Program is a cost-effective federal/institutional partnership that provides partial reimbursement to academic dental institutions for costs incurred in providing dental care to people living with HIV/AIDS. The Community-Based Dental Partnership Program fosters partnerships between dental schools and communities lacking academic dental institutions to ensure access to dental care for HIV/AIDS patients living in those areas. **For the Dental Reimbursement program we request an increase of $6 million, for a total of $19 million in FY 2009.**

**Minority AIDS Initiative (MAI)**

According to the most recent data available from the Centers for Disease Control and Prevention, racial and ethnic minorities represent 71% of new AIDS cases and 64% of Americans living with AIDS. African Americans account for 50% of new AIDS cases, although less than 15% of the population is black. Hispanics account for 20% of new AIDS cases, although only 14% of the population is Hispanic. Asian Americans/Pacific Islanders account for 1% of new AIDS cases, and American Indians/Alaska Natives account for up to 1%. These disparities are even more pronounced among racial and ethnic minority women.

These statistics demonstrate the tremendous importance of the Minority AIDS Initiative. This critical initiative provides funds to community based organizations, research institutions, minority-serving colleges and universities, health care organizations, state and local health departments, and correctional institutions to help them build the capacity to address the HIV/AIDS epidemic within the minority populations they serve. **The Minority AIDS Initiative is designed to enable organizations and providers in minority communities to improve their capacity to deliver culturally and linguistically appropriate care and services. Thus, it fills gaps in prevention, treatment, surveillance, infrastructure, outreach and education across communities of color. Due to the disproportionate impact of HIV/AIDS on minority communities, and to**
continue to build capacity in minority community based organizations we are requesting an additional $223 million, for a total of $610 million, for the MAI in FY 2009.

Office of AIDS Research, National Institutes of Health (NIH)

Since the beginning of the epidemic, AIDS research supported by NIH has been fertile ground for evaluating new concepts and technologies in drug development, diagnostics, and disease prevention. This research not only has helped to improve and prolong the lives of countless people living with HIV worldwide, but it has also led to new treatments for other diseases, including cancer, heart disease, hepatitis and osteoporosis. Within the NIH, the Office of AIDS Research (OAR) is charged with prioritizing, planning, budgeting and evaluating AIDS research across the NIH Institutes and Centers, and has been widely considered a model of inter-NIH collaboration. We are asking for $33.58 billion in total NIH funding.

Community-Based Abstinence Education (CBAE)

Abstinence is an important and core component of comprehensive sexuality education and comprehensive HIV prevention programs; however, there is abundant evidence that it is ineffective, unrealistic, and potentially harmful to advocate abstinence as the sole option. We encourage the Congress to show its support for evidence-based sexuality education or HIV prevention programs by eliminating funding for the Community-Based Abstinence Education (CBAE) programs. All such funds should be re-directed to evidence-based, medically accurate prevention and educational programs.

Housing Opportunities for Persons with AIDS (HOPWA)

HOPWA provides housing assistance to thousands of individuals living with HIV/AIDS and their families. We request an increase of $169 million to these programs which are critical in maintaining the health of persons living with HIV/AIDS. A $169 million increase, for a total of $470 million for the 2009 fiscal year, will permit housing assistance -- irrefutably linked to positive health outcomes -- for 100,000 more households.

We appreciate your support for these critically important domestic HIV/AIDS programs.

Sincerely,

Hillary Rodham Clinton

Charles E. Schumer
Amy Klobuchar

Amy Klobuchar