



February 12, 2008

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

VIA FAX

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

On behalf of the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition, I am writing to urge your support for increased funding for the Ryan White Program in FY 2009 budget.

CAEAR Coalition is a national membership organization which advocates for federal appropriations, legislation, policy and regulations to meet the care, treatment, support service and prevention needs of people living with HIV/AIDS and the organizations that serve them. CAEAR Coalition's proactive national leadership is focused on the Ryan White Program as a central part of the nation's response to HIV/AIDS. CAEAR Coalition's members include Ryan White Program Part A, Part B, and Part C consumers, grantees, and providers.

CAEAR Coalition respectfully requests that Congress's FY 2009 Ryan White Program appropriation include:

- **\$840.4m for Part A** (+\$213.2m over FY 2008)
- **\$466.8m for Part B base** (+\$80m over FY 2008)
- **\$943.5m for Part B ADAP** (+\$135m over FY 2008)
- **\$299.3m for Part C** (+\$100.5m over FY 2008)
- **\$50m for Part F AETC** (+\$15.9m over FY 2008)

We also support the community requests for other components of the Program.

The Ryan White Program is one of the nation's most successful federal programs. The Office of Management and Budget gave the program its top ranking of "effective"—a distinction bestowed on just 18% of the 1,016 federal programs (98% of all federal programs) that were reviewed. **Most notably, the Ryan White Program was one of seven programs out of the 1,016 reviewed that received a score of 100% in the category of "program results and accountability."**¹

¹ Office of Management and Budget, www.expectmore.gov and "Program Assessment Rating Tool, 2008 Budget, Spring Update," September 19, 2008.

According to OMB, the Ryan White Program has:

- **contributed to the decline in the number of AIDS cases and deaths due to HIV/AIDS;**
- **exhibited strong and effective collaborations** with Federal, State and local partners, and private and non-profit HIV/AIDS care, treatment and advocacy groups resulting in coordinated comprehensive care and support services for persons infected with and affected by HIV/AIDS;
- **demonstrated improved management and oversight** by taking corrective action to expand grantee technical assistance and monitor grantee financial accountability and performance.

These successes come despite years of flat-funding, rescissions, outright cuts, and minimal increases. **If Congress provided the Ryan White Program with the level of resources the epidemic demands, the program could prevent more cases of AIDS and deaths due to HIV/AIDS.**

The first set of attached charts shows the ever-growing gap between the number of people living with AIDS in the U.S. in need of care and the resources available to serve them (see Attachment A). For example, between 2001 and 2005 the number of people living with AIDS (the most recent year for which data are available) grew 28% and yet funding for medical care and support services in the nation's hardest hit communities grew less than 4% between 2001 and 2008. Similarly, funding for Part C-funded, community-based primary care clinics, which provided medical care for people living with HIV/AIDS in rural and urban communities nationwide, grew by only 11% between 2001 and 2008 as the number of people they care for grew by 42%. The reductions in funding to the Part B base in FY 2008 were especially devastating to state-level efforts to respond to increasing demand.

In addition, the Health Resources and Services Administration predicted that between 7,700 and 15,300 people living with HIV/AIDS would enter the health care system annually as the result of Centers for Disease Control and Prevention (CDC) initiatives to promote routine HIV testing to identify people living with HIV and link them to care. The success of the CDC initiatives continues to generate new clients seeking care at Ryan White-funded clinics with no commensurate increase in the funds necessary to provide access to comprehensive, compassionate treatment and care. With the continued influx of newly diagnosed individuals into care and the additional 43,000 estimated new cases of HIV every year, Ryan White Part A, Part B, and Part C must receive adequate increases to meet the health care and supportive services needs of individuals already in care and those newly identified HIV patients.

Attached are charts outlining the basis for CAEAR Coalition's Part A and Part C requests, highlighting the demand for services and the related cost of providing care and treatment (see Attachments B and C). It is crucial that additional funds also be made available to the AIDS Education and Training Centers in Part F to support the training of health care providers to care for the growing patient caseloads.

The FY 2009 appropriations present a crucial opportunity for Congress to build upon the United States' invigorated response to the international HIV/AIDS crisis. By increasing the resources for responding to HIV/AIDS in the U.S. to a level that reflects the gravity of the situation, Congress can make meaningful progress toward addressing the vast unmet treatment and care needs of the more than one million people living with HIV/AIDS at home.

CAEAR Coalition
February 12, 2008

Please know that 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 one million Americans living with HIV/AIDS.

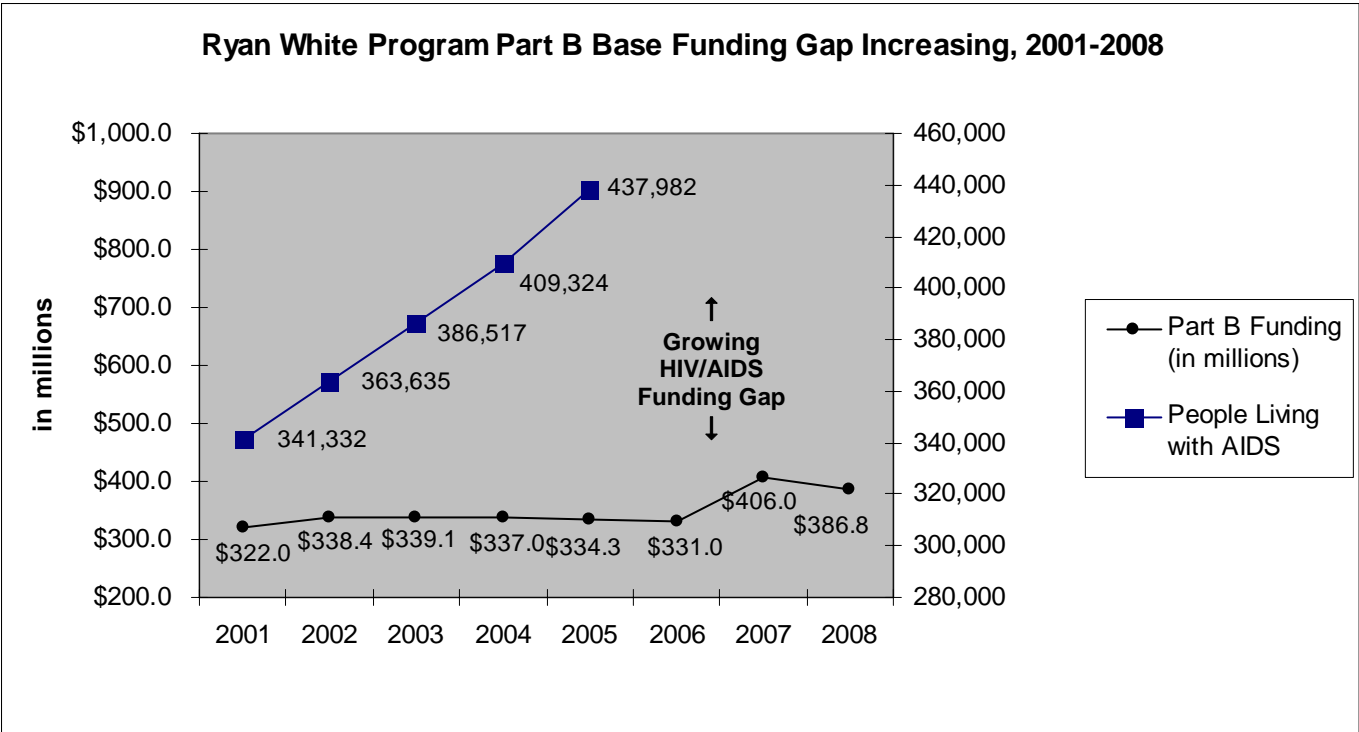
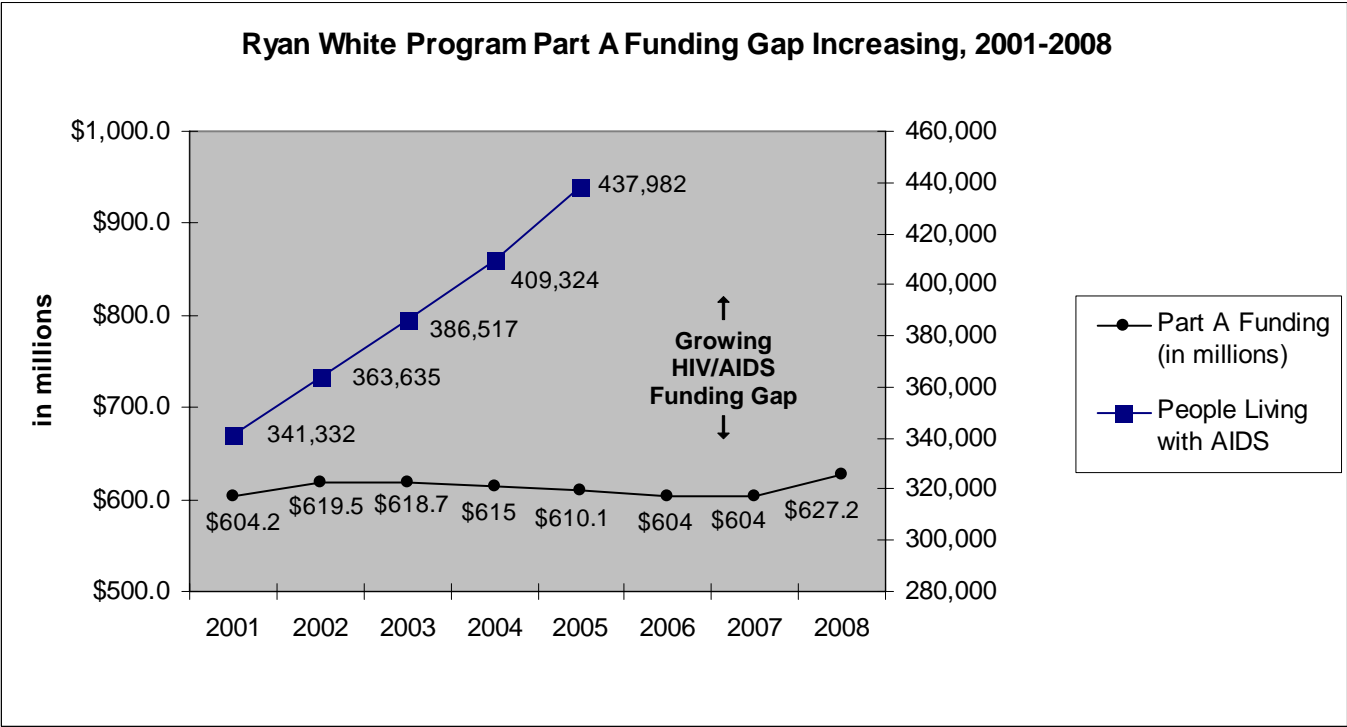
Sincerely,

A handwritten signature in blue ink that reads "Christopher B" followed by a horizontal flourish.

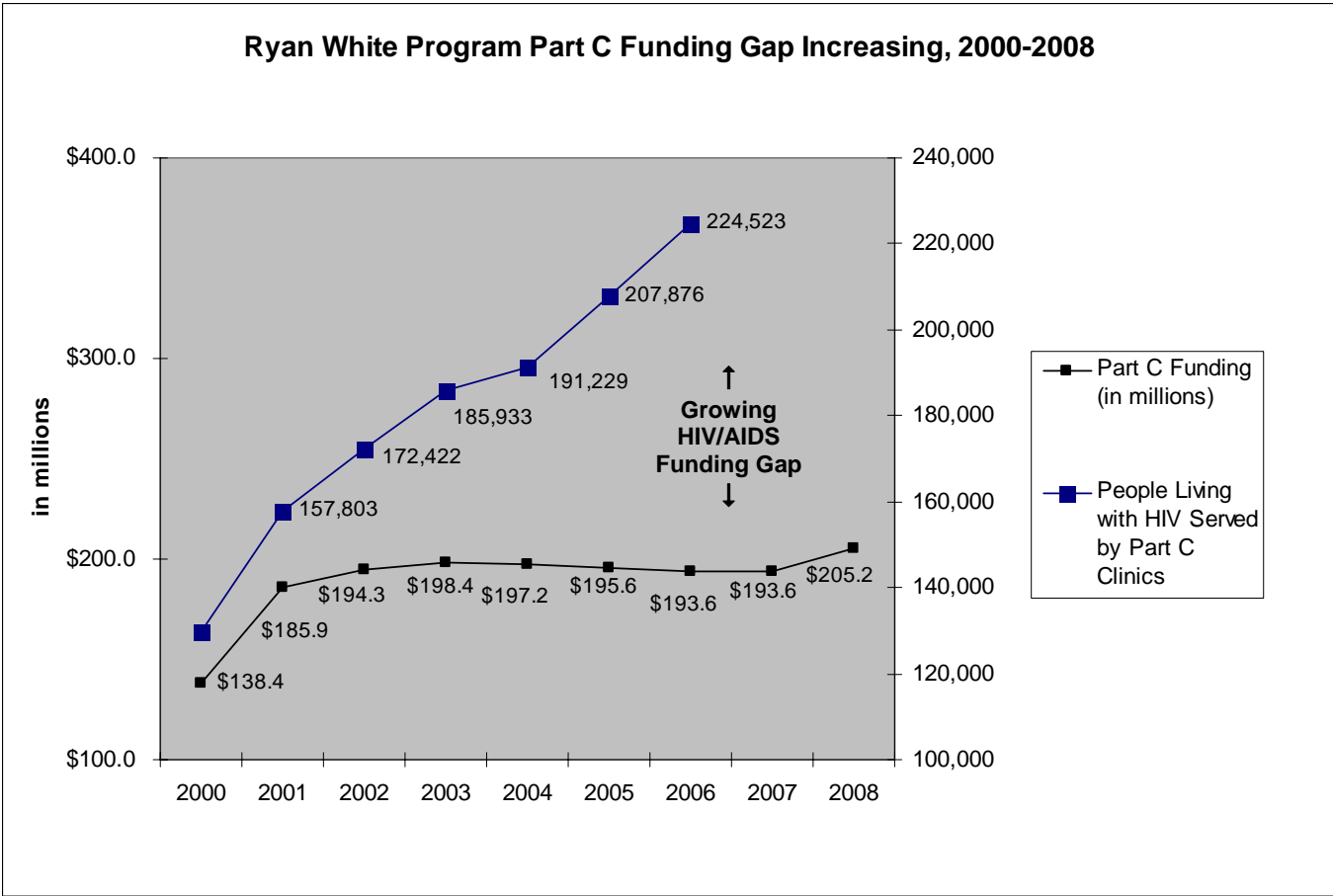
Christopher Brown
Chair, CAEAR Coalition

Attachments

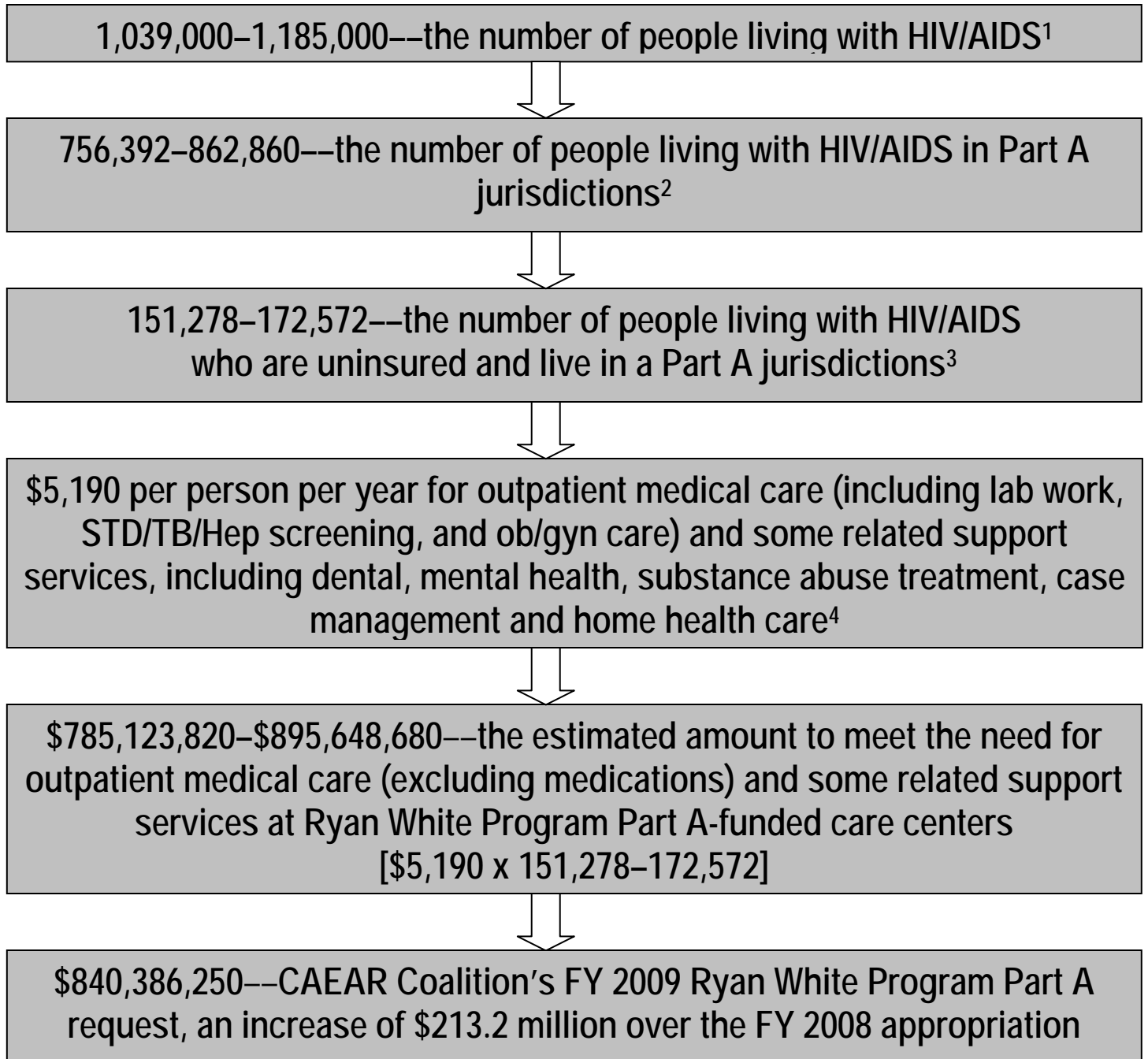
Attachment A: Growing HIV/AIDS Funding Gaps



Attachment A: Growing HIV/AIDS Funding Gaps



Calculating Increasing Demand for Ryan White Program Part A Services: FY 2009



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 Services: FY 2009

1,039,000–1,185,000--the number of people living with HIV/AIDS¹

224,523--the total number of people living with HIV/AIDS served by
Part C providers in 2006²

41,645--the number of new clients living with HIV/AIDS entering into care
at Part C sites in 2006³

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

\$299,281,030--the estimated total funding needed to meet the increased
demand for outpatient medical care (excluding medications) at Ryan White
Program Part C-funded care centers⁵
[FY 2008 appropriation (\$198.75 million) + (\$2,414x41,645)]

\$299,281,030--CAEAR Coalition's FY 2009 Ryan White Program Part C
request, an increase of \$100.5 million over the FY 2008 appropriation

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. 2006 data provided by the HRSA HIV/AIDS Bureau.
3. 2006 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
5. The amount of funding that would be required to cover the full primary care costs for all Part C clients is \$642,529,552 (266,168x\$2,414).