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October 4, 2011

Senator Patty Murray, Co-chair
Representative Jeb Hensarling, Co-chair
Joint Select Committee on Deficit Reduction
United States Congress
Washington, DC 20510

Dear Senator Murray, Rep. Hensarling, and Committee Members:

This is a critical moment in the fight to end the HIV pandemic and the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition writes to urge you to maintain the federal funding commitment to HIV/AIDS services, including the Ryan White HIV/AIDS Program, as you carry out the work of the Joint Select Committee on Deficit Reduction.

CAEAR Coalition is a national membership organization which advocates for sound federal policy, program regulations, and sufficient appropriations to meet the care, treatment, support service and prevention/wellness needs of people living with HIV/AIDS and the organizations that serve them, focusing on ensuring access to high quality health care and the evolving role of the Ryan White Program.

Scientific research findings unequivocally show that early access to treatment improves health outcomes for people with HIV and significantly reduces rates of HIV transmission. The first-ever National HIV/AIDS Strategy provides a roadmap for reducing HIV infections, increasing access to care, and addressing health disparities. **Cuts to the Ryan White Program, Medicaid, Medicare and other programs that support HIV/AIDS prevention, care and treatment, research, housing and support services will set us back in the battle against HIV disease and leave the vision of ending the HIV pandemic out of reach.** Deficit reduction is an important federal priority, but it must not be achieved at the expense of low-income and vulnerable populations.

The Ryan White HIV/AIDS Program is at the heart of the nation's response to HIV/AIDS and should be protected from any cuts in the deficit reduction package. The program serves people living with HIV in all 50 states and the territories, providing access to essential medical services, lifesaving prescription

drugs, and vital support services. With an annual budget of \$2.3 billion, the program makes a critical difference in the lives of hundreds of thousands of people living with HIV each year with a relatively modest investment. According to assessments by the Office of Management and Budget:

- The program has contributed to the decline in the number of AIDS cases and deaths due to HIV/AIDS.
- The program has exhibited strong and effective collaborations with similar programs. The program collaborates with Federal, State and local partners, as well as with private and non-profit HIV/AIDS care, treatment and advocacy groups. By working with this wide range of partners, persons infected with and affected by HIV/AIDS receive coordinated comprehensive care and support services.

Out of the 1,016 federal programs rated by OMB—98 percent of all federal programs—the **Ryan White Program was one of seven that received a score of 100% in “Program Results and Accountability.”** We urge you to ensure that this program continues to have the resources necessary to continue being a lifeline for people living with HIV across the country.

We also stand with our many colleagues in the HIV/AIDS community in urging the Congress to apply the following broader principles to reducing the federal deficit:

Ensure a fair and balanced approach to deficit reduction that includes revenue increases.

Raising revenue is an essential part of a balanced approach to deficit reduction. Failure to include revenue increases will force harmful cuts to critical programs that will cost more in lives and dollars over the long-term.

Protect vulnerable populations and maintain the federal commitment to the fight against HIV/AIDS through ongoing funding of essential prevention, care and treatment, research, housing and support services.

A key tenant of deficit reduction must be to do no harm to the most vulnerable, including people with or at risk of HIV/AIDS. Our nation’s fiscal health will not be improved by limiting access to lifesaving prevention, care and treatment, housing and support services for the more than a million people living with HIV/AIDS in the United States or the millions of people at risk for HIV. Without adequate HIV care and prevention programs, the number of new infections will escalate as will health care costs to treat those newly infected. It would be counterproductive to disable the prevention, care and treatment, research, housing and support services that are critical to ending the HIV epidemic.

Preserve the federal commitment to the Medicaid and Medicare programs.

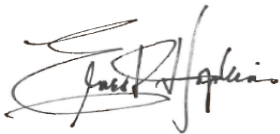
Medicaid and Medicare are the two largest sources of HIV/AIDS care and treatment, providing coverage to approximately 40% and 20% of all people with HIV/AIDS in the United States respectively. Converting the federal contribution to the Medicaid program into a block grant, setting spending caps, or instituting a new federal matching formula will shift costs to the states without lowering overall costs, which will further restrict access to HIV care and prevention. The Medicaid expansion in 2014 will enable early and reliable access to HIV care and treatment for the first time for many people with HIV and must not be undermined by the deficit reduction process. And proposals to shift greater Medicare costs to beneficiaries or to reduce provider payments will leave lifesaving care and treatment out of reach for people with disabilities and seniors.

Do not jeopardize the health care reforms already underway.

Critical, ongoing health reforms emphasizing prevention and wellness, affordable coverage, and cost-effective and coordinated care must not be compromised. The 32 million Americans, including many people with HIV/AIDS, who will gain health care coverage under health care reform are counting on it.

We thank you for your work on this important initiative and your consideration of our requests. If you have questions or require additional information, you can reach me at 202-789-3565.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernest Hopkins". The signature is stylized and cursive.

Ernest Hopkins
Chair, Board of Directors

cc: Members, Joint Select Committee on Deficit Reduction