

October X, 2010

The Honorable Daniel Inouye
Chairman
Senate Appropriations Committee
U.S. Senate
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member
Senate Appropriations Committee
U.S. Senate
Washington, DC 20510

The Honorable David Obey
Chairman
House Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Jerry Lewis
Ranking Member
House Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

Dear Senators Inouye and Cochran and Representatives Obey and Lewis:

Amidst rising infection rates and shrinking state budgets, increased federal funding for HIV/AIDS programs is more vital than ever. The undersigned HIV/AIDS service and advocacy organizations urge you to increase funding for domestic HIV/AIDS programs in the final Fiscal Year 2011 funding legislation. We ask that the final FY2011 funding legislation adopt the highest possible appropriation levels for each HIV-specific line item.

While we are appreciative of the modest proposed increases for HIV/AIDS programs in the Senate and House Appropriations bills, they fall well short of the true need that is essential if we are going to achieve the goals of the National HIV/AIDS Strategy (NHAS) released in July of this year. The National HIV/AIDS Strategy seeks to improve the response to the epidemic such that new infections are reduced, access to quality care is increased, and health disparities are eliminated. While the NHAS appropriately calls for increased coordination and outlines how existing resources can be better utilized, current funding levels are not sufficient to reach the enumerated goals.

Increased need for public HIV/AIDS programs coupled with chronic underfunding of HIV services at the state and federal level has created a burgeoning crisis. States, cities, and counties are currently experiencing record deficits and are consequently cutting funding for state and local health departments' HIV, STD, and viral hepatitis programs. According to surveys of states' HIV/AIDS programs conducted by NASTAD, state HIV/AIDS funding reductions totaled \$167 million in FY2009 with additional losses of \$52 million in FY2010. Consequently, health departments and community based organizations (CBOs) are reducing staff and services. HIV/AIDS clinics around the country are closing and/or cutting hours and programs. It is now more important than ever that the federal government fund these programs at the highest levels possible.

HIV Prevention at the CDC

We strongly support the President's FY2011 supplemental budget request to increase funding for HIV prevention by \$66 million for activities to achieve the goals of National HIV/AIDS Strategy to reduce HIV incidence. The community request is an increase of \$878 million. In FY2010, \$30 million from the Prevention and Public Health Fund supported: comprehensive HIV prevention planning and implementation in 12 highest impacted cities and counties; increased testing and linkage to care; expanded HIV surveillance; consultation, evaluation, and technical support for these new activities; and HIV, viral hepatitis, STD

prevention, and sexual health promotion for Tribal Communities. To ensure that these activities continue, we urge Congress to support the President's request of \$66 million in FY2011.

With increased funding, other crucial prevention efforts can be augmented such as the delivery and evaluation of behavioral interventions, social marketing campaigns, surveillance, and other preventative education programs. Community-based organizations and state and local health departments are all facing severe financial challenges. Through budget cuts, hiring freezes, layoffs, and furloughs, health departments across the nation continue to curtail core public health functions including those that prevent the spread of HIV and other infectious diseases. Additional federal resources are absolutely necessary if we are to reverse the increase of new infections. Investing in HIV prevention will result in billions of dollars in reduced healthcare costs in the future.

Division of Adolescent and School Health

We urge your committees to continue investing dedicated funding for the Division of Adolescent and School Health (DASH) at the CDC. Created as a response to the HIV epidemic, DASH has effectively worked with schools across the country to build the infrastructure necessary to provide a coordinated approach to school health education. This integrated approach provides young people in schools a broad array of health education, including HIV, STD, and teen pregnancy prevention as well as other healthy life choices such as alcohol, drug, obesity and tobacco prevention and asthma management.

When the Senate Appropriations Committee passed their Labor, Health and Human Services, and Education appropriations bill, it consolidated line items from five areas of work within the Center for Chronic Disease Prevention and Health Promotion at CDC to create an obesity-related chronic disease prevention funding stream. Federal funds usually allocated to DASH were included in this consolidation. This attempt to streamline federal support for obesity-related chronic disease prevention would effectively eliminate the only dedicated funding stream for coordinated school-health education, including \$40 million dedicated to the prevention of HIV, STDs, and unintended pregnancy. **We strongly urge the Committees to maintain DASH funding as a separate and dedicated funding stream, and to not include it in the proposed state-block grants.**

Comprehensive Sex Education

We need to continue to invest in a holistic approach that provides all of our young people with comprehensive, medically accurate, and age-appropriate sex education that helps them reduce their risk of unintended pregnancy, HIV/AIDS, and other STDs. **We support the House funding level of \$133.7 million for the Teen Pregnancy Prevention Initiative and urge that the initiative be broadened to include HIV and other STIs.** We believe the Administration has missed an opportunity to provide true, comprehensive sex education that promotes health behaviors and relations for all young people, including LGBT youth.

The Ryan White Program

Ryan White HIV/AIDS Programs provide life extending healthcare, drug treatment, and support services to approximately 529,000 low-income, uninsured and underinsured individuals and families affected by HIV/AIDS each year. The estimated need for the Ryan White program is an increase of \$810 million. The community understands the difficulties in funding the program at the true need number amidst the current fiscal climate. **However, we strongly urge you to support at least the House funding level of \$84.4 million for the Ryan White program.** As you are aware, FY2010 has been a challenging year for Ryan White Programs with record wait

times to access clinical care as well as life-saving therapy. Despite an emergency infusion of \$25 million in September, there are 3,955 individuals on ADAP waiting lists in nine states as of October 22.

In the President's FY2011 supplemental budget request, he asks that \$30 million of the \$50 million increase be directed to the Part B supplemental to ensure that states that received emergency ADAP funding in FY2010 continue to do so in FY2011. We agree that the \$30 million should be distributed through the Part B supplemental but that there should be flexibility such that states that institute cost containment measures after the distribution of the FY2010 funding are eligible to apply.

Housing Opportunities for Persons with AIDS

For the more than 62,000 households coping with HIV/AIDS and expected to be assisted this year, the Housing Opportunities for Persons With AIDS program (HOPWA) is a critical source of housing and services that work to prevent the spread of the virus, facilitate improved health outcomes and save taxpayer dollars by reducing reliance on other systems such as hospitals, emergency rooms and shelters. This year four new jurisdictions are eligible for formula funding raising the total number to 133. AIDS housing need has exploded in virtually every region of the country as other housing options available in the past through the continuum of low income housing programs and the Ryan White Program disappear. Stable housing is irrefutably linked to positive health outcomes and this program is critical in maintaining the health of persons living with HIV/AIDS. The true need for this program is an increase of \$75 million. **We urge you to increase HOPWA by \$15 million in the Transportation, Housing, and Urban Development Appropriations Bill by supporting the House's proposed funding level of \$350 million for FY 2011.**

HIV/AIDS Research at the National Institutes of Health

We would ask that you increase overall funding for the National Institutes of Health (NIH) by \$1 billion in FY 2011 by maintaining the House and Senate's proposed increase. If the United States is to remain the global leader in HIV/AIDS research for better drug therapies, evidence-based behavioral and biomedical prevention interventions, and vaccines, Congress must adequately invest in NIH. The estimated need for the NIH is a \$4 billion increase.

National HIV/AIDS Strategy

The Office on National AIDS Policy (ONAP) is coordinating the implementation of the National HIV/AIDS Strategy. **Please support \$1.4 million for the ONAP that is in the Senate Financial Services and General Government Appropriations bill for the implementation of the National HIV/AIDS Strategy.**

Thank you for your consideration of our request. We look forward to working with you to ensure adequate funding to respond to the nation's HIV/AIDS epidemic.

Sincerely,

AIDS Action
National Association of State and Territorial AIDS Directors
Sexuality Information and Education Council of the United States

CC:

House Appropriations Committee
Senate Appropriations Committee