HIV Health & Human Services
PLANNING COUNCIL OF NEW YORK

March 24, 2008

The Honorable Tom Harkin
Chairman
Senate Labor, HHS, Education
Appropriations Subcommittee
U.S. Senate
Washington, DC 20510

The Honorable Arlen Specter
Ranking Member
Senate Labor, HHS, Education
Appropriations Subcommittee
U.S. Senate
Washington, DC 20510

The Honorable David Obey
Chairman
House Labor, HHS, Education
Appropriations Subcommittee
U.S. House of Representatives
Washington, DC 20515

The Honorable Jim Walsh
Ranking Member
House Labor, HHS, Education
Appropriations Subcommittee
U.S. House of Representatives
Washington, DC 20515

Dear Senators Harkin and Specter and Representatives Obey and Walsh:

On behalf of the New York Eligible Metropolitan Area (EMA), the members of the HIV Health and Human Services Planning Council of New York write to urge you to support increased funding for domestic HIV/AIDS treatment and care for FY 2009. The New York EMA receives approximately $110 million in funds from the Health Resources and Services Administration for treatment and care for persons living with HIV/AIDS, and Planning Council members are charged with allocating those dollars across service categories in order to meet the needs of individuals and families coping with this public health crisis. The illness continues to have a devastating effect on communities nationwide: over 1 million persons are currently infected, and an additional 40,000 to 60,000 individuals contract the virus each year. This disease has had a particularly destructive effect on minority populations, men who have sex with men, substance users, the incarcerated, the homeless, and individuals and families living in poverty.

The HIV Health and Human Services Planning Council is comprised of service providers, physicians, advocates, and people living with HIV/AIDS, all of whom are thoroughly aware of the devastating impact of this illness on communities across the country as a whole and particularly in New York. As of December 31, 2006, in New York City, 98,861 persons were living with HIV/AIDS of which approximately two-thirds of the infected population is male, and one-third is female. Almost 45,000 are Black, more than 31,000 are Hispanic, more than 20,000 are White, and more than 1,000 are Asian/Pacific Islanders. The transmission risks for the infected population in New York City are documented: 29,532 were infected by male-male

sexual activity; 20,915 by injection drug use; 17,206 through heterosexual activity; the transmission risk is unknown for 28,379; and the remainder were infected either perinatally or via other routes. The burgeoning number of new infections among young men who have sex with men (MSM) is particularly alarming: new HIV diagnoses among MSM under age 30 have increased by 33% during the past six years.[1] As of December 31, 2006, in the Tri-County region (Westchester, Putnam, and Rockland counties) of the New York EMA, approximately 5,356 people were living with HIV/AIDS.

Increasing numbers of people with HIV/AIDS live longer, thanks to advances in treatment and care, but state and local governments and community based organizations confront huge service demands. Unfortunately, funding for HIV/AIDS programs has not kept pace with need for services. We are well aware that Congress has to address current budget realities; however, the scope of this crisis requires a strong commitment of public resources to end the HIV epidemic. We ask you to please consider the following critical funding needs of domestic HIV/AIDS programs in your FY 2009 programmatic requests:

Ryan White HIV/AIDS Programs

Ryan White HIV/AIDS Programs provide life extending health care, 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. **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.

[1] NYC DOHMH press release, September 11, 2007.

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 AIDS patients outside of the traditional health professions education venues." 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 FY2009.**

Minority AIDS Initiative (MAI)

Racial and ethnic minorities account for a disproportionate number of people living with HIV/AIDS. According to the CDC, African-Americans account for less than 15 percent of the population, but account for 50 percent of persons living with HIV/AIDS in the United States; Hispanics represent about 14 percent of the U.S. population, but account for 20 percent of the total number of new AIDS cases. These disparities are even more pronounced among racial and ethnic minority women.

In order to address the needs in these communities, the MAI bridges the gaps in HIV prevention and service delivery by providing services to underserved communities and helping community-based providers to reach high-risk populations. **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 MAI in FY 2009.

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,** will permit housing assistance -- irrefutably linked to positive health outcomes -- for 100,000 more households than the approximately 67,000 households served by HOPWA with the FY 09 appropriation.

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.**

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, including a $450 million increase, for a total of $3.35 billion, for the Office of AIDS Research in FY 2009.**

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 prevention and educational programs.

Thank you very much.

Respectfully,

Soraya Elcock

Community Co-Chair
HIV Health and Human Services Planning Council of New York