

AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

September 12, 2016

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Barbara Mikulski
Vice Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

**Subject: HIV/AIDS & Related Programs in FY2017 Labor HHS Appropriation Bills
(S.3040 and H.R.5926)**

Dear Chairman Cochran, Vice Chairwoman Mikulski, Chairman Rogers, and Ranking Member Lowey:

The undersigned 158 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), thank you for maintaining funding for most domestic HIV/AIDS programs in the proposed FY2017 House and Senate Labor, Health and Human Services, and Education (Labor-HHS) appropriations bills (S.3040, H.R.5926). However, we are gravely concerned about proposed cuts to several important HIV/AIDS and related programs that impact HIV prevention, care, and treatment in the United States. We realize that both the House and Senate had to craft their respective bills with less funding than last year and there are increased funding demands for other programs; however cuts to critical HIV programs to help fund other program priorities will only jeopardize the progress we have and need to continue to make on controlling and eventually eliminating HIV – an infectious disease with lifetime costs and health impacts for individuals and communities nationwide. **As you work together on a final bill, we urge you to restore the damaging cuts outlined below.**

In order to meet the goals of the National HIV/AIDS Strategy, which include decreasing the number of new diagnoses by 25 percent by 2020 and providing the necessary care and treatment to the estimated 1.2 million people living with HIV in the United States, adequate funding for federal HIV and related programs will be necessary. Thanks to your bipartisan commitment to fighting HIV, both the House and Senate maintain funding for most domestic programs. However, if we are to meet the goals of the National Strategy and one day achieve an AIDS-free

generation, increased resources are necessary for all parts of the **Ryan White HIV/AIDS Program**, which provides medications, medical care, and essential coverage completion services to approximately 512,000 individuals living with HIV/AIDS; along with the **Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention**, the **Division of Adolescent and School Health (DASH)**, and the **CDC Division of Viral Hepatitis (DVH)**. While it is funded in the Transportation, Housing and Urban Development, and Related Agencies bill, increased resources for the **Housing Opportunities for Persons with AIDS (HOPWA)** program are also needed.

(See the ABAC funding [chart](http://bit.ly/2cf8bZk) at <http://bit.ly/2cf8bZk> for complete listing of historical and proposed funding levels along with coalition requests by program).

As Congress works to resolve the differences in the House and Senate bills, we urge you to restore funding for the following programs:

Ryan White HIV/AIDS Program Special Projects of National Significance (SPNS) program would be completely eliminated in the Senate's proposed bill. The \$25 million program supports the development and evaluation of innovative service models for HIV care and treatment to respond to the needs of Ryan White Program clients. SPNS initiatives work to address the needs of some of the most disenfranchised populations living with HIV, including men who have sex with men (MSM), racial and ethnic minority women and men, injection drug users, transgender women, and individuals co-infected with HIV and hepatitis C. Current program funding supports capacity building for HIV care in community health centers, health information technology to improve the HIV care continuum, culturally appropriate interventions to reach Latinos, building medical homes for the HIV positive homeless populations, and enhancing care for transgender women of color. **We strongly urge Congress to reject the Senate proposal to eliminate all SPNS funding, and support the full funding level of \$25 million in the House bill.**

The Senate bill proposes a \$4 million cut to the **Ryan White Part C** Program. In honor of World AIDS Day in 2011, the Administration provided \$15 million in additional funding for Ryan White Part C clinics, with \$5 million passing through the Bureau of Primary Health Care and \$10 million going through the Part C Program itself to expand access to HIV medical outreach, care, and treatment services. According to the Health Resources & Services Administration (HRSA), the outcomes of the first two years of this additional funding resulted in 271 clinical sites receiving increased funding, and the enrollment of over 43,000 patients into HIV care (up from an initial goal of 15,000 additional patients). HRSA has continued to provide this funding to Part C since 2011, and the \$4 million increase Congress provided to Part C in FY2016 filled the shortfall HRSA faced in maintaining this critical funding. The Senate FY2017 cut to Part C would mean HRSA once again would have a shortfall, putting at risk HIV patient care. **We strongly urge Congress to reject the proposed Senate cut of \$4 million, and instead fund the Ryan White Part C program at the House bill's FY2017 level of \$205.1 million.**

The **HHS Secretary's Minority AIDS Initiative Fund (SMAIF)** was cut by \$5.9 million in the Senate bill. SMAIF program funds support innovative approaches to HIV/AIDS prevention and treatment for racial and minority communities who are most disproportionately impacted by HIV/AIDS. These resources are distributed to various HHS agencies to improve collaboration by

federal parties and allow HHS to prioritize investments in public health strategies targeted to reduce the disproportionate burden of HIV/AIDS for racial and ethnic minority populations. Additionally, they supplement, rather than replace, other federal resources. Recent SMAIF funding supports efforts to improve the HIV care continuum for minority populations in the South, with a focus on MSM, youth, transgender women, and people who inject drugs, as well as state and local health departments to collaborate with community-based organizations to develop comprehensive models of prevention, care, behavioral health, and social services for MSM of color, and a SAMHSA initiative that allows Minority AIDS Initiative Continuum of Care grantees to establish and enhance partnerships with syringe service programs. **We strongly urge Congress to reject the Senate proposal to cut SMAIF funding, and to at least support the funding level proposed by the House.**

The **CDC Division of STD Prevention** was cut by \$5 million in the Senate bill. Sexually transmitted diseases (STDs), such as chlamydia, gonorrhea, and syphilis, are on the rise in the United States and increase susceptibility to HIV infection. The Division of STD Prevention has seen a reduction of 40 percent of its buying power since 2003, and is the only federal agency that directly supports STD prevention in all 50 states and nine cities/territories. The ten year cost of a sustained \$5 million cut to CDC's STD prevention programs is \$105 million, and would lead to substantial increases in chlamydia, gonorrhea, and syphilis, as well as an estimated 225 additional cases of STD-attributed HIV. **We strongly urge Congress to reject the Senate proposal to cut CDC's Division of STD Prevention, and to at least support the funding level of \$157.3 million included in the House bill.**

The **CDC Division of Tuberculosis Elimination** was cut by \$5 million in the Senate bill. After 23 years of declines in the number of tuberculosis (TB) cases, in 2015, the number of TB cases in the U.S. increased. Several years of flat-funding has now limited the CDC's ability to combat TB and the rise of multi-drug resistant TB (MDR-TB) strains. A further \$5 million cut to TB programs at CDC would likely result in an increase of at least 2,700 new TB cases, and the inability to support state and local TB programs, which assist in conducting contact investigations, ensuring treatment of patients by following up with difficult-to-treat patients, education, and program operations. **We urge Congress to reject the Senate's proposed cut for the CDC Division of Tuberculosis Elimination and support the House bill's proposal for the program.**

The **Teen Pregnancy Prevention Program (TPPP)** provides young people access to evidence-informed, age-appropriate, and medically-accurate information to prevent unintended pregnancy, HIV, and other STDs. The House bill completely eliminates all \$107.8 million in budget authority (\$101 million) and evaluation transfer authority (\$6.8 million) funds. This cut is a blow to the progress that has been made since FY2010 to support and improve adolescence sexual health and support healthy youth development. TPPP currently funds 84 public and private entities in 33 states on implementation, replication, innovation, and evaluation of evidence-based teen pregnancy prevention programs and is on track to serve nearly 300,000 young people each year. In order to support our nation's most marginalized youth, and due to an absence of quality, foundational K-12 sexuality education across the entire country, evidence-based interventions like TPPP are needed now more than ever. According to CDC, more than 1,000 young people acquire HIV every month and nearly half of the 20 million new STD cases each year are among

young people. **We urge Congress to reject the House's elimination of TPPP and support at least at level funding as proposed in the Senate bill.**

Title X Family Planning has been proposed to be completely eliminated in the House bill. Title X is the nation's only dedicated source of family planning funding, and as part of its services offers HIV/AIDS prevention education and testing in addition to screening and treatment for other STDs. By cutting this program, nearly 4.1 million poor and low-income men and women across the country in 4,127 health care centers will be denied access to these important services. **We strongly urge Congress to reject the House's proposed elimination of Title X and fund this program at least at the Senate level.**

Both the House and Senate have proposed to increase the harmful competitive **abstinence-only-until-marriage** (AOUM) grant program, written in the bills as "sexual risk avoidance." "Sexual risk avoidance" is the same as the previous AOUM approach, just with a new name, that funds the same programs that have received federal AOUM funding for decades. The Senate has proposed to increase funding for these programs by 50 percent, while the House has proposed to double funding to \$20 million. Nearly \$2 billion in federal funds have already been wasted on this harmful and failed approach over the last three decades. These programs are unethical, harmful, and stigmatizing, and inherently deny young people access to education about their sexual health. **We urge Congress to eliminate funding for AOUM, aka "sexual risk avoidance," programs.**

The Affordable Care Act (ACA) has been successful in extending health care coverage to millions, including people living with HIV, who previously were uninsured or underinsured and can now benefit from new coverage opportunities. Due to the ACA, individuals with pre-existing conditions, such as HIV, can no longer be denied coverage or charged higher premiums based on their health status. The House bill proposes to defund many aspects of the ACA. **We strongly urge Congress to reject the House's proposal and fully fund all aspects of the ACA in the final bill.**

We are very supportive of both the House and the Senate proposals to significantly increase funding for the **National Institutes of Health (NIH)**. The House has proposed to increase research funding at NIH by \$1.25 billion and the Senate by \$2 billion. Research at NIH has led to significant breakthrough in AIDS research, but resources are still needed to develop new prevention and treatment technologies, an AIDS vaccine, and an eventual cure. **We expect that some of the proposed increases to the NIH will go to AIDS-specific research in FY2017.**

The House and Senate bills also again include language that would allow federal funding for ancillary services that support **syringe service programs** in areas experiencing, or at risk of, elevated rates of HIV or hepatitis infections. These programs are critical intervention services that support HIV and hepatitis C testing and education, overdose prevention, and referrals to medical care, including substance use treatment. **We thank you for including this language in the FY2017 funding measures and urge that it remain in the final appropriations bill.**

Thank you again for your continued leadership in the fight against HIV/AIDS in the United States. We have made progress in recent years in preventing new HIV infections and ensuring

more people have access to proper care and treatment. However, without continued and robust funding for all domestic HIV/AIDS programs, we will fall short of achieving the goals laid out in the National HIV/AIDS Strategy and the ultimate goal of achieving an AIDS-free generation. We look forward to working with you and the entire Congress to complete the FY2017 appropriations process.

Should you have any questions, please contact the ABAC co-chairs Ronald Johnson at RJohnson@aidsunited.org, Emily McCloskey at emccloskey@nastad.org, or Carl Schmid at CSchmid@theaidsinstitute.org.

Sincerely,

30 for 30 Campaign (DC)	American Sexual Health Association (NC)
Academy of Nutrition and Dietetics (IL)	APICHA Community Health Center (NY)
ActionAIDS (PA)	APLA Health (CA)
ADAP Advocacy Association (aaa+) (DC)	ASC at St. Luke's Hospital (PA)
ADAP Educational Initiative (OH)	Asian & Pacific Islander American Health Forum (DC)
Advocates for Youth (DC)	Association of Nurses in AIDS Care (OH)
Affirmations Lesbian Gay Community Center (MI)	AVAC (NY)
African American AIDS Task Force (MN)	Baltimore Student Harm Reduction Coalition (MD)
African American Health Alliance (MD)	Bill's Kitchen, Inc. (PR)
AIDS Action Baltimore (MD)	Bisexual Resource Center (MA)
AIDS Action Committee of Massachusetts (MA)	BOOM! HEALTH (NY)
AIDS Alabama (AL)	Buddies for NJ, Inc. (NJ)
AIDS Alliance for Women, Infants, Children, Youth & Families (DC)	CAEAR Coalition (DC)
AIDS Care Group (PA)	Callen-Lorde (NY)
AIDS Community Research Initiative of America (NY)	CANN - Community Access National Network (DC)
AIDS Foundation of Chicago (IL)	Canticle Ministries, Inc. (IL)
The AIDS Institute (DC & FL)	CARES of Southwest Michigan (MI)
AIDS Legal Council of Chicago (IL)	Cascade AIDS Project (OR)
AIDS Legal Referral Panel (CA)	Catholics for Choice (DC)
AIDS Project New Haven (CT)	CenterLink: The Community of LGBT Centers (FL)
AIDS Resource Alliance, Inc. (PA)	The Center for Black Equality – Baltimore (MD)
AIDS Resource Center of Wisconsin (WI)	CHOW Project (HI)
AIDS Service Center NYC (NY)	Clare Housing (MN)
AIDS United (DC)	Community AIDS Network, Inc. (FL)
AIDS/HIV Services Group (ASG) (VA)	Community AIDS Resource and Education Services (CARES) (MI)
AIDSNET (PA)	Community Education Group (DC)
The Aliveness Project (MN)	Community Servings (MA)
American Academy of HIV Medicine (DC)	Dab the AIDS Bear Project (FL)
American Liver Foundation (NY)	
American Psychological Association (DC)	

DC Fights Back! (DC)
 Digestive Disease National Coalition (DC)
 Equitas Health (OH)
 G III Associates (DC)
 Georgia AIDS Coalition (GA)
 Georgia Equality (GA)
 Global Justice Institute (NY)
 God's Love We Deliver (NY)
 Good Samaritan Project (MI)
 Grady Health System, Infectious Disease Program (GA)
 Harlem United (NY)
 Harm Reduction Coalition (NY)
 HealthHIV (DC)
 Health GAP (NY)
 Healthy Teen Network (MD)
 Heartland Cares (KY)
 Hep Free Hawaii (HI)
 Hepatitis Foundation International (MD)
 Heritage Health and Housing (NY)
 HIV Dental Alliance (GA)
 HIV Medicine Association (VA)
 HIV Prevention Justice Alliance (IL)
 HIV/AIDS Alliance of Michigan (MI)
 HIVRN Associates (MD)
 Hope House of St Croix Valley (MN)
 Housing Works (NY)
 Human Rights Campaign (DC)
 Hyacinth AIDS Foundation (NJ)
 Illinois Public Health Association (IL)
 International Association of Providers of AIDS Care (DC)
 Lansing Area AIDS Network (MI)
 Latinos Salud (FL)
 Legacy Community Health (TX)
 Life We Live Youth Advocates Of Colors (TN)
 LifeLinc of Maryland (MD)
 Lifelong AIDS Alliance (WA)
 LLHC (Louisiana Latino Health Coalition for HIV/AIDS Awareness) (LA)
 Los Angeles LGBT Center (CA)
 Mendocino County AIDS/Viral Hepatitis Network (CA)
 Metropolitan Area Neighborhood Nutrition Alliance (MANNA) (PA)
 Metropolitan Community Churches (FL)
 Metropolitan Latino AIDS Coalition (MLAC) (DC)
 Michigan Coalition for HIV Health and Safety (MI)
 Minnesota AIDS Project (MN)
 Moveable Feast (MD)
 NAACP (MD)
 Nashville CARES (TN)
 NASTAD (National Alliance of State and Territorial AIDS Directors) (DC)
 National AIDS Housing Coalition (DC)
 National Association of County and City Health Officials (DC)
 National Black Gay Men's Advocacy Coalition (NBGMAC) (DC)
 National Black Justice Coalition (DC)
 National Black Leadership Commission On AIDS, Inc. (NY)
 National Center for Lesbian Rights (CA)
 National Center for Transgender Equality (DC)
 National Coalition of STD Directors (DC)
 National Council of Jewish Women (NY)
 National Family Planning and Reproductive Health Association (DC)
 National LGBTQ Task Force Action Fund (DC)
 National Latina Institute for Reproductive Health (NY)
 National Latino AIDS Action Network (NLAAN) (NY)
 National Urban League (NY)
 NMAC (DC)
 NO/AIDS Task Force (d.b.a. CrescentCare) (LA)
 North Carolina AIDS Action Network (NC)
 North Central Texas HIV Planning Council (TX)
 Okaloosa AIDS Support & Informational Services, Inc. (OASIS) (FL)
 One Heartland (MN)
 Pediatric AIDS Chicago Prevention Initiative (IL)
 PFLAG National (DC)
 Positive Women's Network – USA (CA)

Presbyterian AIDS Network, PHEWA (DC)
Prevention On The Move/ Steward
Marchman Act Behavioral Healthcare
(FL)
Project Inform (CA)
PWN-USA-Ohio (OH)
Racial and Ethnic Health Disparities
Coalition (MD)
Rural AIDS Action Network (MN)
Ryan White Medical Providers Coalition
(VA)
San Francisco AIDS Foundation (CA)
Seattle TGA HIV Planning Council (WA)
Sexuality Information and Education
Council of the U.S. (SIECUS) (DC)
Sierra Foothills AIDS Foundation (CA)
Southern AIDS Coalition (AL)
Southern HIV/AIDS Strategy Initiative (NC)

START at Westminster (DC)
Thrive Alabama (AL)
TOUCH-Together Our Unity Can Heal, Inc.
(NY)
Treatment Action Group (TAG) (NY)
Trillium Health (NY)
True Colors Fund (NY)
Urban Coalition for HIV/AIDS Prevention
Services (UCHAPS) (DC)
VillageCare (NY)
VNACJ Community Health Center, Inc (NJ)
Washington Heights CORNER Project (NY)
West House, Inc. (PA)
Whitman-Walker Health (DC)
Women at Work International
The Women's Collective (DC)
Women With a Vision, Inc. (LA)
Woodhull Freedom Foundation (DC)