

AIDS Budget and Appropriations Coalition

(An affiliated workgroup of the Federal AIDS Policy Partnership)

November 12, 2015

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 Community Urges Congress to Restore Proposed Cuts in Final FY2016 Appropriation Bill

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

We, the undersigned 114 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), thank the Congress and the President for reaching an agreement that restores some of damaging sequester cuts and increases discretionary spending over the next two years under the Bipartisan Budget Act of 2015. As you work now to finalize the FY2016 appropriation measures, we ask that you ensure the federal government maintains its commitment to funding critical domestic HIV/AIDS programs. In order to achieve the goals of the National HIV/AIDS Strategy and move towards an AIDS-free generation, continued federal government resources will be required.

As detailed below and in the ABAC funding [chart](http://bit.ly/1HxvGEN) at <http://bit.ly/1HxvGEN>, thank you for largely maintaining funding for these programs in your respective FY2016 appropriations bills. However, we are greatly concerned about the number of programs that have been proposed to be eliminated or dramatically cut. Such cuts would directly impact domestic HIV/AIDS prevention, care, and treatment programs and people who are at risk for or living with HIV. **As you craft a final appropriation measure, we urge you to restore these damaging proposed cuts and maintain funding for other HIV/AIDS programs**, including:

The **Ryan White HIV/AIDS Program** provides medications, medical care, and essential coverage completion services to approximately 536,000 low-income, uninsured, and/or

underinsured individuals living with HIV/AIDS. It is the single largest program designed specifically for people living with HIV/AIDS and acts as a payer of last resort for individuals unable to afford essential treatment and services. While the House bill maintained funding for the entire program, the Senate proposes to completely eliminate the **Special Projects of National Significance** (SPNS) program. SPNS develops innovative services models for some of the hardest to reach populations, including women of color, transgender individuals, incarcerated persons, homeless people with multiply diagnosed co-morbidity, Latinos, men who have sex with men (MSM), and individuals co-infected with HIV and hepatitis C. **We strongly urge Congress to reject the Senate proposal to eliminate all \$25 million in SPNS funding, and to support at least the current Ryan White Program funding level of \$2.319 billion, as proposed by the House.**

The **HHS Secretary's Minority AIDS Initiative Fund (SMAIF)** provides resources for programs across many federal agencies to form collaborative efforts that develop programs and best practices that improve health outcomes for individuals most impacted by HIV/AIDS, including racial and minority communities who are often disproportionately affected. The Senate bill completely eliminates all \$52 million for this initiative, which would eliminate HIV funding to AIDS.gov, the Indian Health Service, Regional Health Administrators, the Office of Population Affairs, the Office of Minority Health, and the Office of Women's Health. These programs enhance, rather than replace, other federal resources. **We strongly urge Congress to reject the Senate proposal to eliminate all funding for SMAIF, and to support the House proposal of at least \$52.2 million.**

SAMHSA Minority AIDS Initiative funding was cut by \$9 million in the Senate bill. SAMHSA's MAI funding enhances and expands effective, culturally-competent HIV/AIDS-related behavioral services in minority communities for people who need behavioral health services. These funds are not duplicative of other federal programs and target specific populations, requiring these services. **We strongly urge Congress to reject any cut to SAMHSA's Minority AIDS Initiative funding and to at least support the funding level included in the House bill.**

CDC's Division of HIV Prevention (DHAP) is critical to our nation's response to the HIV/AIDS epidemic. There are currently 50,000 new HIV infections every year, and infections among MSM, particularly black and Latino MSM, are on the rise, as well as among young people. To effectively implement the updated National HIV/AIDS Strategy, we must continue to prioritize domestic HIV prevention funding, including targeted resource distribution to disproportionately affected populations and areas. **We urge Congress to maintain funding for DHAP at least at the proposed level of \$755.6 million in both the House and Senate bills.**

The **CDC Division of Adolescent and School Health (DASH)** is a unique source of support for youth HIV, and other STI prevention efforts in our nation's schools, strengthening education agencies' ability to assist districts and schools' ability to promote student health. In addition, the Division leads nationwide adolescent and school health surveillance efforts, which serve as a resource for adolescent health information and play a critical role in documenting youth health trends and challenges. **We urge Congress to continue to support DASH funding at least at its current level of \$31.1 million in FY2016.**

The **CDC's Division of STD Prevention** is currently the only federal agency providing funding for sexually transmitted diseases (STD) prevention in all 50 states and nine cities/territories. The Senate bill has proposed to cut the division by \$32 million at a time when STDs are on the rise in the U.S. and can increase susceptibility to HIV infection. **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.**

CDC's Division of Viral Hepatitis (DVH) is tasked with handling all viral hepatitis prevention efforts both domestically and globally. With one in four people with HIV co-infected with hepatitis C, and currently more than 5 million Americans diagnosed with hepatitis C and hepatitis B, increased resources to DVH are critically needed. The Senate bill has proposed to increase DVH's budget by \$5 million in FY2016 for a total of \$36.3 million. **Given the urgent need to increase funding to address viral hepatitis in our country, we urge Congress to support the President's request of \$62.8 million for DVH in the final bill.**

House and Senate bills have proposed allowing states and localities to use federal funds for **syringe exchange programs** (except for the purchase of syringes) in areas experiencing, or at risk for, elevated rates of HIV or hepatitis infections. Given the recent outbreaks of HIV and hepatitis C in Indiana and elsewhere, states and localities need more than ever the flexibility to use federal funds they already receive to support the wide range of critical intervention services supported by syringe exchange programs, including HIV and hepatitis C testing and education, overdose prevention, and referrals to medical care, including substance use treatment. **We strongly urge Congress to support the language included in both the House and Senate bills regarding syringe exchange programs.**

Teen Pregnancy Prevention Program's (TPPP) provides young people access to evidence-informed, age-appropriate, and medically-accurate information to prevent unintended pregnancy, HIV, and other STDs. TPPP was essentially eliminated in both the House and Senate bills. At the same time, the House and Senate have proposed to increase abstinence-only-until-marriage programs that have been shown to be ineffective and stigmatizing to young people. **We strongly encourage Congress to restore TPPP funding to at least its current level of \$101 million. We also urge the elimination of funding for abstinence-only-until-marriage programs.**

The House and Senate have proposed to increase funding for the **National Institutes of Health**. Continued funding for AIDS research at the NIH is critical to ending AIDS domestically and globally. We are on the brink of promising new game-changing breakthroughs in the area of HIV cure research and new long-acting treatments, and there are critical ongoing trials of vaccines, microbicides and pre-exposure prophylaxis (PrEP) using antiretroviral drugs. **We strongly urge Congress to support at least the Senate's proposed \$2 billion increase to NIH and ensure AIDS research is fully funded.**

The **Title X Family Planning** program 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. These services help refer women and their families to HIV care when needed. The House has proposed to completely eliminate the Title X program,

while the Senate has proposed to cut the program by nearly \$29 million. **We strongly urge the House and Senate to restore full funding for this vital program to at least its FY2015 level of \$286.5 million.**

The House has proposed an increase of \$5 million to the **Housing Opportunities for Persons with AIDS (HOPWA)** program at the Department of Housing and Urban Development, while the Senate maintains current funding. Stable housing plays a critical role in preventing new HIV infections, helps those living with HIV adhere to treatment, and reduces the likelihood of more costly HIV-related complications. While we appreciate the proposed additional investment in HIV/AIDS housing, we urge Congress to respond with funding that will recognize the higher need. We are pleased the Senate recognizes the need to modernize the formula used to distribute HOPWA funds so that they are no longer based on cumulative AIDS cases but rather a combination of HIV cases, rental costs, and poverty levels. **In the final Transportation, Housing and Urban Development, and Related Agencies appropriations bill we strongly urge Congress to include at least the \$5 million increase contained in the House passed bill and a modernization of the formula for grant awards.** We recognize there are differing views on how to modernize the formula in order to limit the impacts caused by the formula changes on affected jurisdictions, and urge that they be resolved between the Administration and the Congress in consultation with the HIV/AIDS community.

The Affordable Care Act (ACA) has been successful in extending health care coverage to millions, including people living with HIV, who previously were unable to afford health insurance or were barred from enrolling due to pre-existing conditions. Both the House and Senate bills would eliminate funding to carry out the implementation of parts of the ACA. **We strongly urge the House and Senate to restore funding for this vital program.**

The **Agency for Healthcare Research and Quality (AHRQ)** was eliminated in the House bill and cut by \$127 million in the Senate bill. AHRQ is a trusted source of data and analysis about our nation's health care system and it sponsors the U.S. Preventive Services Task Force and the HIV Research Network. **We strongly urge the Congress to reject these cuts and maintain its current funding of at least \$364 million.**

We also urge you to put forward appropriation bills that do not contain controversial riders that could potentially derail the appropriation process and lead to a damaging government shutdown.

Again, thank you for your long standing support and continued leadership in the fight against HIV/AIDS. With the increased discretionary funding included in the Bipartisan Budget Act, we hope the proposed cuts outlined above can be restored while other domestic HIV/AIDS programs will be maintained in the final FY2016 appropriations bill. We look forward to working with you and the entire Congress as you successfully complete the FY2016 appropriations process.

Sincerely,

ACRIA
ActionAIDS
ADAP Advocacy Association (aaa+)

ADAP Educational Initiative
Advocates for Youth

Affirmations Lesbian Gay Community
Center
African American AIDS Task Force
African American Health Alliance
AIDS Action Baltimore
AIDS Action Coalition
AIDS Alabama
AIDS Alabama South
AIDS Alliance for Women, Infants,
Children, Youth & Families
AIDS Care
AIDS Community Research Initiative of
America
AIDS Foundation of Chicago
The AIDS Institute
AIDS Legal Council of Chicago
AIDS Project Los Angeles
AIDS Project New Haven
AIDS Resource Center Ohio
AIDS Resource Center of Wisconsin
AIDS United
AIDS/HIV Services Group (ASG)
American Academy of HIV Medicine
American Psychological Association
American Sexual Health Association
APICHA Community Health Center
APLA Health & Wellness
Asian & Pacific Islander American Health
Forum
Association of Nurses in AIDS Care
AVAC
The Balm In Gilead, Inc.
Baltimore Student Harm Reduction
Coalition
BOOM! HEALTH
CAEAR Coalition
Callen-Lorde Community Health Center
CANN - Community Access National
Network
Canticle Ministries, Inc.
Caring Ambassadors Program
Cascade AIDS Project
Center for HIV Law and Policy
Cincinnati Exchange Project
Clare Housing
Community AIDS Network, Inc.

Community Education Group
Cure For AIDS Coalition
Dab the AIDS Bear Project
Family Centers Inc.
G III Associates
Georgia AIDS Coalition
Georgia Equality
The Global Justice Institute
Harlem United
Harm Reduction Coalition
HealthHIV
Heartland Cares
Hepatitis Foundation International
HIV Dental Alliance
HIV Medicine Association
HIV Prevention Justice Alliance
HIVRN Associates
Housing Works
Human Rights Campaign
Hyacinth AIDS Foundation
International Association of Providers of
AIDS Care
Latinos Salud
LifeLinc of Maryland
Lifelong AIDS Alliance
Life We Live Youth Advocates Of Colors
Los Angeles LGBT Center
Mendocino County AIDS/Viral Hepatitis
Network
Metropolitan Community Churches
Metropolitan Latino AIDS Coalition
(MLAC)
Minnesota AIDS Project
Moveable Feast
Nashville CARES
National AIDS Housing Coalition
National Alliance of State and Territorial
AIDS Directors (NASTAD)
National Association of County and City
Health Officials
National Association of Social Workers
National Black Gay Men's Advocacy
Coalition (NBGMAC)
National Black Justice Coalition
National Black Leadership Commission On
AIDS, Inc.

National Coalition of STD Directors
National Gay and Lesbian Task Force
Action Fund
National Latina Institute for Reproductive
Health
National Latino AIDS Action Network
(NLAAN)
NMAC
North Carolina AIDS Action Network
North Central Texas HIV Planning Council
(Fort Worth)
One Heartland
Park House
Pediatric AIDS Chicago Prevention
Initiative
Positive Women's Network - USA
Prevention On The Move/ Stewart
Marchman Act Behavioral Healthcare
Project Inform
Racial and Ethnic Health Disparities
Coalition

Rural AIDS Action Network
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Seattle TGA HIV Planning Council
Sexuality Information and Education
Council of the U.S. (SIECUS)
Southern AIDS Coalition
Southern HIV/AIDS Strategy Initiative
START at Westminster
TOUCH-Together Our Unity Can Heal, Inc.
Treatment Action Group (TAG)
Urban Coalition for HIV/AIDS Prevention
Services (UCHAPS)
VillageCare
Washington Heights CORNER Project
Women at Work International
The Women's Collective
Women With a Vision, Inc.

cc: Members, Senate and House Appropriations Committees