



November 1, 2022

The Honorable Rosa L. DeLauro
Chairwoman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

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

The Honorable Patrick Leahy
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
United States Senate
Washington, DC 20515

Subject: Final HIV Community Funding Requests for FY2023 Domestic HIV Programs

Dear Chairwoman DeLauro, Ranking Member Granger, Chairman Leahy, and Vice Chairman Shelby:

The undersigned 83 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a workgroup of the Federal AIDS Policy Partnership (FAPP), write to reiterate the need to increase funding for domestic HIV, hepatitis, STI, TB, and related programs in the final FY2023 appropriations packages. *As you work to finalize the bill, while ABAC continues to advocate for our coalition's original FY2023 requests, **we urge you to support the highest proposed level from each of the House and Senate's appropriations bills.***

We believe that we have the tools, science, and support to end the HIV epidemic by 2030. We also believe that a syndemic approach to ending HIV must be taken, as the risk factors associated with hepatitis, STIs, TB, and injection drug use are uniquely linked. As the nation tackles these syndemics, as well as the ongoing COVID-19 pandemic and emerging monkeypox (MPV) outbreak, public health programs must have the proper resources to respond to and end infectious diseases as well as have enough funding to ensure that as new infectious disease outbreaks occur, we can properly and quickly respond.

To view a chart of proposed funding levels for each program our coalition advocates for, as well as ABAC's original requests for each program, please click here: <http://federalaidspolicy.org/fy-abac-chart/>.

Additionally, please refer to our letter to Congress sent earlier this year, signed by 82 organizations, describing the needs of each program: <http://federalaidspolicy.org/fy2023-letter-to-congress/>.

Ending the HIV Epidemic Initiative

We are extremely grateful that President Biden, along with the House and Senate have all proposed significant increases for year four of the Ending the HIV Epidemic (EHE) Initiative. President Biden has committed to continue this important initiative and appointed staff within the White House to coordinate these efforts, while HHS leadership and staff continues to implement the program. Already, we are seeing initial successes. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau reports that in 2020, the Ryan White Program served 11,139 new clients and re-engaged an additional 8,282 clients for a total of 19,421 clients despite the COVID-19 pandemic when services often were disrupted. With the proposed additional

resources, they estimate they would serve an additional 76,000 new clients. Further, 302 community health centers funded by the EHE Initiative were able to provide PrEP (HIV prevention medication) to 52,477 people.

While the funding levels below are, in most instances, well below what the President has proposed, we urge Congress to fund the EHE Initiative at least at the following levels, which equals the highest amount proposed by either the House or Senate:

- **\$250 million for CDC Division of HIV Prevention for testing, linkage to care, and prevention services, including at least \$30 million for pre-exposure prophylaxis (PrEP);**
- **\$260 million for HRSA Ryan White HIV/AIDS Program to expand comprehensive treatment for people living with HIV;**
- **\$172.3 million for HRSA Community Health Centers to increase clinical access to prevention services, particularly PrEP;**
- **\$52 million for The Indian Health Service (IHS) to address and combat the disparate impact of HIV and hepatitis C on American Indian/Alaska Native populations;**
- **And \$26 million for NIH Centers for AIDS Research to expand research on implementation science and best practices in HIV prevention and treatment.**

The Ryan White HIV/AIDS Program

We urge Congress to fund the Ryan White HIV/AIDS Program *at least at* \$2.705 billion. This is an increase of \$210 million spread across all parts of the program. Ryan White is an important safety net program that serves as the payer of last resort for more than half of people living with HIV in the United States. It is especially important in many states where there are large coverage gaps, particularly in states which have not implemented Medicaid expansion. The program also helps to ensure more equitable access to life-saving health care for some of the most underserved populations and communities in our nation. We urge you to build on the important increases provided to the Ryan White Program in last year's budget so that this important program can continue to provide much needed care, as well as expand to meet the needs of people newly diagnosed with HIV.

We urge Congress to fund the Ryan White HIV/AIDS Program at least at the following levels:

- **Part A: \$691 million**
- **Part B (Care): \$485.2 million**
- **Part B (ADAP): \$900.3 million**
- **Part C: \$211.9 million**
- **Part D: \$79.1 million**
- **Part F/AETC: \$35.4 million**
- **Part F/Dental: \$13.8 million**
- **Part F/SPNS: \$28 million**
- **EHE Initiative: \$260 million**

Centers for Disease Control and Prevention

We urge Congress to fund CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention *at least at* \$1.470 billion as proposed by the House. This is \$124.8 million above current levels. This Center is the federal leader in creating new and innovative strategies for HIV prevention. The tools available to prevent HIV have never been stronger, yet there must be enough funding available to get those tools to the communities most impacted by HIV.

The Center has also been on the front line working to end the syndemics of hepatitis, STD, and TB, responding to this year's outbreak of MPV, and working to ensure infectious disease prevention is incorporated into overdose epidemic response.

Viral hepatitis rates and new STI infections are at an all-time high, yet these programs are critically underfunded. The United States is experiencing an ongoing overdose crisis of more than 108,000 deaths estimated between May 2021 and May 2022, with spikes and outbreaks of viral hepatitis and HIV among people who inject drugs occurring in communities nationwide. This is an unprecedented, ongoing national emergency that requires an immediate and strong response. Additionally, over 30,000 people in the U.S. have contracted MPV in the last five months, with people living with HIV as well as Black and Latino gay and bisexual men most impacted by this outbreak.

We urge Congress to fund the National Center for HIV, Viral Hepatitis, STD and TB Prevention at least at the following levels:

- **\$1.053 billion for the Division of HIV Prevention, with \$755.6 million for HIV prevention, \$46.1 million for the Division of Adolescent and School Health, and \$250 million for EHE Initiative Activities with at least \$30 million for PrEP programs;**
- **\$54.5 million for the Division of Viral Hepatitis;**
- **\$179.3 million for STD prevention;**
- **\$140 million for TB elimination; and,**
- **\$43 million for Infectious Diseases and Opioid Epidemic programs.**

Furthermore, we urge the Committee to remove the ban on the use of federal funding for the purchase of sterile syringes, as proposed by both chambers. This funding ban negatively impacts the ability of state and local public health groups from expanding Syringe Service Programs (SSPs), which are a key tool in combating infectious diseases and overdose deaths, as well as connecting people to substance use treatment, HIV and hepatitis testing, and other supportive services.

National PrEP Program

Nearly 400,000 new HIV infections have occurred in the United States since PrEP was first approved by the Food and Drug Administration (FDA) in 2012. Only about 30 percent of the estimated 1.2 million people eligible for PrEP are taking it with low uptake, especially among the racial and ethnic groups most impacted by HIV. For example, Black people represent 14% of PrEP users, but 42% of new HIV diagnoses while Hispanic/Latinx people represent 17% of PrEP users they are 27% of new HIV diagnoses. The nation must address these long-standing health disparities by creating a national PrEP program to expand access to PrEP so that it reaches every person in need. We thank the House Appropriations Committee for including report language on the importance of PrEP in ending HIV, and urge that the final spending bill include at least \$30 million dedicated to a PrEP program, along with accompanying report language.

Housing Opportunities for Persons With AIDS (HOPWA)

This year is a critical year for the HOPWA program. FY2022 was the first year of the new HOPWA formula without any hold harmless restrictions, which resulted in a \$15 million loss nationwide for current HOPWA recipients. To ensure that people living with HIV/AIDS do not become homeless, we must ensure HOPWA is funded at a high enough level that will allow all programs able to meet their renewals, so people living with HIV/AIDS and their families do not lose housing.

We urge Congress to fund HOPWA at \$600 million so that the program meets the needs of people living with HIV while preventing current HOPWA recipients from losing housing.

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS. Our coalition believes that the end of the HIV epidemic will rely on breaking down racist barriers to accessing healthcare. The Minority AIDS Initiative is an important tool that works to improve HIV-related health outcomes for racial and

ethnic minorities and reduce HIV-related health disparities. The Minority HIV/AIDS Fund supports cross-agency demonstration initiatives to support HIV prevention, care and treatment, and outreach and education activities across the federal government. MAI programs at the Substance Abuse and Mental Health Administration target specific populations and provide prevention, treatment, and recovery support services, along with HIV testing and linkage service when appropriate, for people at risk of mental illness and/or substance abuse.

We urge Congress to fund the Minority HIV/AIDS Fund at least at \$60 million, and SAMHSA's MAI program at least at \$119.3 million in FY2023.

HIV/AIDS Research

We thank Congress for your continued support of the NIH and urge you to fund the National Institutes of Health's HIV/AIDS research work *at least at* \$3.394 billion. This research has been critical in developing innovative and effective tools in combating HIV, as well as furthering research to find a vaccine or cure for HIV. Additionally, advances in basic medicine funded through HIV research at NIH has led to new vaccines, treatments and medication for many other diseases such as cancer, Alzheimer's, kidney disease, tuberculosis and now COVID-19.

We urge Congress to fund the HIV/AIDS research at the NIH at least at \$3.394 billion in FY2023.

Sexual Health Programs

Finally, we urge you to increase funding for the Title X family planning program, which provides critical HIV and STI testing and counseling for millions of low-income people, especially people of color, as well as the Teen Pregnancy Prevention Program, which provides evidence-informed or evidence-based information to prevent unintended pregnancies, HIV, and other STDs. Additionally, the bill proposed to eliminate the "sexual risk avoidance" abstinence-only programs, which are ineffective, withhold lifesaving sexual health information, and stigmatize young people, especially LGBTQ+ youth.

We urge Congress to fund Title X at least at \$512 million, which is what was proposed by the Senate, and the Teen Pregnancy Prevention Program at least at \$130 million. We also urge Congress to eliminate funding for ineffective and wasteful abstinence-only programs in FY2023, as proposed by both the House and Senate.

We thank you for your continued leadership in ending the HIV epidemic. We believe it is critical that the public health infrastructure that responds to infectious diseases like HIV, hepatitis, STDs, and TB receive the necessary funding to expand their important work.

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@taimail.org, Emily McCloskey Schreiber at eschreiber@nastad.org, or Carl Schmid at cschmid@hivhep.org.

Sincerely,

ADAP Educational Initiative (OH)

Advocacy House Services, Inc. (NC)

Advocates for Youth (DC)

AIDS Action Baltimore (MD)

AIDS Alabama (AL)

AIDS Alabama South (AL)

AIDS Alliance for Women, Infants, Children, Youth
& Families (DC)

AIDS Foundation of Chicago (IL)

AIDS Legal Referral Panel (CA)

AIDS United (DC)

Aliveness Project (MN)

American Academy of HIV Medicine (DC)
American Psychological Association (DC)
American Sexual Health Association (NC)
APLA Health (CA)
Appalachian Learning Initiative Inc. (WV)
Association of Nurses in AIDS Care (OH)
Black AIDS Institute (GA)
CAEAR Coalition (DC)
CARES of Southwest Michigan (MI)
Cascade AIDS Project (OR)
CenterLink: The Community of LGBT Centers (FL)
Colorado Organizations and Individuals Responding to HIV/AIDS(CORA) (CO)
Community Access National Network (LA)
Community Liver Alliance (PA)
Elizabeth Glaser Pediatric AIDS Foundation (DC)
Fatty Liver Foundation (ID)
Food for Thought (CA)
Georgia AIDS Coalition (GA)
Georgia Equality (GA)
Hawai'i Health & Harm Reduction Center (HI)
HealthHIV (DC)
Healthy Teen Network (MD)
HEP (WA)
HIV + Hepatitis Policy Institute (DC)
HIV AIDS Alliance of Michigan (MI)
HIV Dental Alliance (GA)
HIV Medicine Association (VA)
Hope and Help Center of Central Florida, Inc. (FL)
Hope House of St. Croix Valley (MN)
Housing Works (NY)
HRC (DC)
Hyacinth Foundation (NJ)
iHealth (NY)
In Our Own Voice: National Black Women's Reproductive Justice Agenda (DC)
Indiana Recovery Alliance (IN)
International Association of Providers of AIDS Care (DC)
Korean Community Services of Metropolitan New York (NY)
Lansing Area AIDS Network (MI)
Latino Commission on AIDS (NY)
Medical Students for Choice (PA)
NASTAD (DC)
National Association of County and City Health Officials (DC)
National Black Gay Men's Advocacy Coalition (DC)
National Coalition of STD Directors (DC)
National Working Positive Coalition (NY)
NC AIDS Action Network (NC)
NMAC (DC)
Positive Women's Network-USA (CA)
Positive Women's Network-Ohio (OH)
PrEP4All (NY)
R2H Action (Right to Health) (National)
Reproductive Health Access Project (NY)
SAGE (NY)
San Francisco Community Health Center (CA)
San Francisco AIDS Foundation (CA)
SIECUS: Sex Ed for Social Change (DC)
SisterLove, Inc. (GA)
Southwest Center for HIV/AIDS (AZ)
Southwest Recovery Alliance (AZ)
Suzanna Masartis (PA)

The AIDS Institute (DC)

The Aliveness Project, Inc. (MN)

The TransLatin@ Coalition (DC)

The Well Project (NY)

Thrive Alabama (AL)

Thomas Judd Care Center at Munson Medical
Center (MI)

Treatment Action Group (NY)

UNIFIED- HIV Health and Beyond (MI)

URGE: Unite for Reproductive & Gender Equity
(DC)

Vivent Health (CO, MO, TX, WI)

Wellness AIDS Services, Inc. (MI)

Women With A Vision (LA)