



**FEDERAL AIDS POLICY PARTNERSHIP**  
**AIDS BUDGET & APPROPRIATIONS COALITION**

March 8, 2018

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

The Honorable Patrick Leahy  
Vice Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Rodney Frelinghuysen  
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: FY2019 Community Requests for Domestic HIV/AIDS and Related Programs**

Dear Chairman Cochran, Vice Chairman Leahy, Chairman Frelinghuysen and Ranking Member Lowey:

The undersigned 203 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), urge you to increase critical funding for domestic HIV/AIDS programs in FY2019 so that our Nation can continue to fight the HIV/AIDS epidemic.

Over 1.1 million people in the United States are currently living with HIV, which remains a non-curable infectious disease. The CDC estimates that there are approximately 37,600 new infections each year. Advances in prevention and treatment have resulted in recent decreases in new infection rates, and we now have effective treatments for people living with HIV, which when taken consistently, can help people live near normal life expectancies. We also know that HIV treatment is HIV prevention. When a person reaches sustained viral suppression, they cannot transmit the virus. However, we will not be able to end HIV/AIDS in the United States unless we address the unique needs of populations disproportionately impacted by the epidemic, such as communities of color, gay men, people living in the South, and young people.

**If we take steps to adequately prevent HIV and provide treatment, scientists believe we can actually end HIV/AIDS. In order to reach that goal, we must continue to maintain a commitment and robustly fund domestic HIV/AIDS and related programs.**

While we have made great progress in recent years, this can be reversed if programs are not properly funded and by new threats, including the opioid epidemic. Due to increased injection drug use localities throughout the country are experiencing outbreaks of new HIV in where there are insufficient prevention, intervention, and treatment resources. Nationwide HIV medical providers, health departments, harm reduction organizations, and AIDS services organizations routinely provide overdose prevention and substance use disorder prevention and treatment to individuals at risk for or living with HIV. *Given the*

***intersection of the opioid and HIV epidemics, it is critical to ensure that domestic HIV and related programs are adequately funded so that they can continue to serve the HIV, drug prevention and treatment needs of their communities.*** Providing such services not only improves individual health, but also the public health by reducing HIV and other serious and costly infections, such as hepatitis B and C, and sexually transmitted infections.

We congratulate you and your colleagues on passage of the Bipartisan Budget Act of 2018. By raising the caps on spending for non-defense discretionary programs, you are ensuring that the damaging cuts that would have been caused by sequestration will be averted and hopefully, you will use these resources to respond to the public health needs of our Nation.

We also thank you for rejecting much of the cuts to HIV programs that were included President Trump's FY2018 Budget. Both the House and Senate rejected cuts to the Ryan White HIV/AIDS Program and CDC's HIV, STD, viral hepatitis and TB prevention programs, and increased spending for research at the NIH. While we are still awaiting the final FY2018 spending bill, we hope Congress will reject cuts to the HHS Secretary's and SAMHSA's Minority AIDS Initiative programs and HUD's Housing Opportunities for Persons with AIDS (HOPWA) program.

Unfortunately, the Administration has again proposed cuts to these programs in the FY2019 Budget, and we trust Congress will again reject them so that we can continue our efforts to eliminate HIV, STDs, viral hepatitis and TB. While we appreciate the Administration's proposal for \$40 million to the CDC for an effort to prevent infectious disease consequences of the opioid epidemic, we do not support that it be funded at the expense of a corresponding cut to CDC's HIV prevention programs.

Below are the specific discretionary programs we urge you to support and ask that you include in your FY2019 appropriations requests. (See ABAC funding [chart](#) or <http://bit.ly/2tmng35> for more detailed and historical funding levels for each program.)<sup>1</sup>

### **Ryan White HIV/AIDS Program**

The Ryan White HIV/AIDS Program provides comprehensive care, treatment and critical coverage completion services to almost 550,000 low-income people living with HIV. It successfully engages individuals in care and treatment, increases access to HIV medications, and helps over 85% of clients achieve viral suppression compared to just 49% of all HIV-positive individuals nationwide. This program is essential in our fight to end AIDS, allowing those living with HIV to live full lives, and preventing new infections through viral suppression.

The Ryan White program has many parts, all working to provide a range of services critical to achieving the program's exceptional outcomes. Each part of the program is integral, and detailed information about each part can be found on the ABAC website [here](#).

While the Ryan White Program has continued to enjoy bipartisan support, the [Special Projects of National Significance \(SPNS\)](#) and the [AIDS Education and Training Centers \(AETCs\)](#) have been singled out for elimination in the Administration's proposed FY19 budget. SPNS works to create innovative care and treatment models for the Ryan White program to increase program effectiveness and help the program adapt to emerging needs. AETCs work to ensure that our nation's public health workforce has the knowledge of up-to-date best practices for care and treatment. The AETCs have been first responders in

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<sup>1</sup> Since the federal government is operating under a continuing resolution and final FY2018 appropriation funding levels are not known, the below requests are based on FY2017 amounts. Several HIV/AIDS and related programs were proposed to be cut by either the House or Senate in their respective FY2018 bills. If any program were to be cut, ABAC's highest priority would be to restore them in FY2019

numerous instances including in the 2015 outbreak of Indiana in 2015 and both programs directly provide or extend services in many instances. By investing in these programs, the Ryan White program both increases the quantity and the quality of HIV treatment and care.

*We urge you to fund the Ryan White HIV/AIDS Program at a total of \$2.465 billion in FY2019, an increase of \$145.8 million over FY2017, distributed in the following manner:*

- *Part A: \$686.7 million*
- *Part B (Care): \$437 million*
- *Part B (ADAP): \$943.3 million*
- *Part C: \$225.1 million*
- *Part D: \$85 million*
- *Part F/AETC: \$35.5 million*
- *Part F/Dental: \$18 million*
- *Part F/SPNS: \$34 million*

### **CDC Prevention Programs**

Through innovative HIV prevention tools and interventions the number of new HIV infections decreased 18 percent between 2008 and 2014. Led by the Centers for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) and its grantees, hundreds of thousands of new infections have been averted and billions of dollars in treatment costs have been saved. However, there are an estimated 37,600 new infections every year and certain communities and populations are experiencing increased rates of HIV infection. Fortunately, we have the tools and strategies to prevent HIV, and continued funding for **CDC's HIV prevention programs** is necessary so that they can expand important testing and prevention work, including pre-exposure prophylaxis (PrEP).

One in five new HIV infections are among young people between the ages of 13 and 24, so it is crucial that young people have access to programs that provide high-quality, effective and sustainable prevention programs. **CDC's school-based HIV prevention efforts** provides this critical support to education agencies to provide continued support for protecting our nation's youth.

An essential component to our HIV prevention must include adequate and robust investments in **CDC's STD prevention programs**. Federal STD prevention funding has seen a \$21 million reduction in annual funding since 2003 and domestic STDs are currently at their highest levels ever. The CDC estimates that nearly 20 million new sexually transmitted infections occur every year and account for \$16 billion in health care costs and increase the risk of HIV acquisition and transmission. Public health infrastructure has been continually strained by budget reductions and health departments across the country cannot address these growing epidemics with decreasing resources. Failure to adequately fund STD prevention will only exacerbate the worsening STD epidemic in our country.

Additionally, the ongoing opioid crisis has drastically increased the number of new viral hepatitis cases in the United States, resulting in nearly 55,000 new hepatitis cases each year. For years, the CDC's viral hepatitis program has been woefully underfunded, despite a nearly 300% increase in hepatitis C (HCV) cases between 2010 and 2015. At just \$34 million a year, [CDC's viral hepatitis](#) programs do not have the needed resources to combat the infectious diseases associated with the opioid epidemic. We urge Congress to significantly increase funding for CDC's viral hepatitis programs so that there can be adequate levels of testing, education, screening and linkage to care, surveillance, and on-the-ground syringe service programs needed to reduce new infections of hepatitis B and C, HIV and STDs, and put the United States on the path to eliminate hepatitis as a public health threat.

**CDC's domestic Tuberculosis program** leads TB elimination in the U.S. and is a key federal partner in TB research and development helping accelerate the global TB response. Flat funding has eroded TB program capacity against this airborne disease as evidenced by outbreaks across the country, stagnant

rates of TB cases, and the rise of deadlier drug-resistant forms of TB (DR-TB). To enable the domestic TB program to pursue its core functions—including programmatically-relevant research and supporting domestic TB programs—as well as fulfill the National Action Plan to End MDR-TB (NAP), increased funding is needed. This includes funding for a national prevention initiative prioritizing those who are infected and are at highest risk for progressing to active disease.

***ABAC requests that NCHHSTP be funded at \$1.430 billion for FY2019, an increase of \$313 million over FY2017 levels, distributed in the following manner:***

- ***HIV Prevention: \$872.7 million***
- ***School Health: \$50.0 million<sup>2</sup>***
- ***Viral Hepatitis: \$134.0 million***
- ***STD Prevention: \$227.3 million***
- ***TB Elimination: \$195.7 million***

### **Minority AIDS Programs**

Twenty years ago, the [Minority AIDS Initiative \(MAI\)](#) was created in response to the disproportionate impact HIV has on racial and ethnic minorities. With 3 out of 4 new HIV infections occurring among people of color, targeted investments in these communities is still required. Two MAI programs, the [HHS Secretary’s Minority AIDS Initiative Fund \(SMAIF\)](#) and the [Substance Abuse and Mental Health Administration’s Minority AIDS Initiative \(SAMHSA MAI\)](#), have been targeted for elimination by the Administration.

The HHS Secretary’s MAI Fund (SMAIF), currently funded at \$54 million, supports cross-agency demonstration initiatives to support HIV prevention, care and treatment, and outreach and education activities across the federal government. In FY 2016, SMAIF projects were conducted by more than 200 health departments, community-based organizations and community health centers across the country. SAMHSA’s MAI programs target highly effected populations and provide prevention, treatment, and recovery support services, along with HIV testing for people at risk of mental illness and/or substance abuse. ***We request that SMAIF be funded at \$105 million, SAMHSA MAI programs at \$160 million and MAI overall be funded at \$610 million in FY2019, an increase of \$183 million over FY2017.***

*[Note: Most of these funds are contained within the appropriations of the other HHS programs, including the Ryan White Program and CDC HIV prevention programs.]*

### **AIDS Housing**

An essential element to ensure people living with HIV are engaged in medical services is assisting them with access to secure and consistent housing. The **Department of Housing and Urban Development’s Housing Opportunities for Persons with AIDS (HOPWA)** addresses the greatest unmet need for people living with HIV and supports housing for over 60,000 households annually. HOPWA is an important stabilizing program, and helps prevent new HIV infections, help individuals living with HIV adhere to treatment, and reduces the likelihood of HIV-related complications. ***We request that HOPWA be funded at \$393 million in FY2019, an increase of \$37 million over FY2017.***

### **HIV/AIDS Research**

AIDS research supported by the NIH is far reaching and has supported innovative basic science for better drug therapies, behavioral and biomedical prevention interventions, and has saved and improved the lives of millions around the world. We are thankful that Congress has increased funding for NIH in recent years, and we hope some of these increases will be directed to HIV/AIDS research so that we can continue important gains made in newer, more effective HIV treatments, a vaccine, and ultimately a cure.

<sup>2</sup> The request for School Health is included in the \$872.7 million for the HIV Prevention

*Consistent with the most recent Trans-NIH AIDS Research By-Pass Budget Estimate for FY2017, we request that HIV research at the NIH receive a total of \$3.225 billion in FY2019, an increase of \$235 million over FY2017.*

### **Sexual Health Programs**

The **Teen Pregnancy Prevention Program (TPPP)** provides capacity building, implementation, and evaluation of programs that provide young people access to evidence based or informed, age-appropriate, and medically-accurate information to prevent unintended pregnancy, HIV, and other STDs. ***We request that the Teen Pregnancy Prevention Program receive a total of \$130 million in FY2019, an increase of \$29 million over FY2017.***

Access to high quality, research-based sexual health programs increases our ability to combat HIV and other infectious disease. **Title X** is the nation’s only dedicated source of federal family planning funding, and as part of its services offers HIV prevention education and testing, and screening and treatment for other STDs. Title X provided more than 5 million STD tests and 1.2 million HIV tests in 2015. ***We request that Title X be funded at \$327.5 million, an increase of \$40.5 million over FY2017.***

Despite decades of research that shows that abstinence-only programs, now called “sexual risk avoidance,” are ineffective at their sole goal of promoting abstinence until marriage for young people, more than \$2 billion has been spent on these harmful programs in the past three decades. ***We request that funding be completely eliminated for failed and incomplete abstinence-only-until-marriage “sexual risk avoidance” competitive grant program in FY2019, which would result in a \$15 million savings based upon FY2017 funding levels.***

We again thank you for your leadership and commitment to ending HIV and reaching the goals of the National HIV/AIDS Strategy. With adequate funding, the programs discussed here can aid us in our fight and ensure that everyone has access to the proper prevention, care, and treatment options they need.

**Detailed descriptions of each of these programs is available on ABAC’s website [here](#).** Should you have any questions, please contact the ABAC co-chairs Carl Baloney at [cbaloney@aidsunited.org](mailto:cbaloney@aidsunited.org); Emily McCloskey at [emccloskey@nastad.org](mailto:emccloskey@nastad.org); or Carl Schmid at [CSchmid@theaidsinstitute.org](mailto:CSchmid@theaidsinstitute.org).

Sincerely,

ActionAIDS (PA)	AIDS Legal Referral Panel (CA)
ADAP Advocacy Association (OH)	AIDS Project New Haven (CT)
ADAP Educational Initiative (OH)	AIDS Project of the East Bay (CA)
Advocates for Youth (DC)	AIDS Project Rhode Island (RI)
Affirmations Lesbian Gay Community Center (MI)	AIDS Resource Center of Wisconsin (WI)
African American Health Alliance (MD)	AIDS Resource Council, Inc. (GA)
African American Office of Gay Concerns (NJ)	AIDS Services Foundation Orange County (CA)
AIDS Action Baltimore (MD)	AIDS United (DC)
AIDS Alabama (AL)	AIDS/HIV Services Group (ASG) (VA)
AIDS Alabama South (AL)	AL GAMEA (MI)
AIDS Alliance for Women, Infants, Children, Youth & Families (DC)	Alabaster (MD)
AIDS Care (PA)	Alliance for Positive Health (NY)
AIDS Community Research Initiative of America (NY)	American Academy of HIV Medicine (DC)
AIDS Foundation of Chicago (IL)	American Liver Foundation (NY)
AIDS Legal Council of Chicago (IL)	American Psychological Association (DC)
	American Run to End AIDS (AREA) (NY)

American Sexual Health Association (NC)  
 American Thoracic Society (NY)  
 Amida Care (NY)  
 API Wellness (CA)  
 APICHA Community Health Center (NY)  
 APLA Health (CA)  
 Asian & Pacific Islander American Health Forum (DC)  
 Association of Nurses in AIDS Care (OH)  
 AVAC (NY)  
 Bailey House, Inc. (NY)  
 Baltimore Student Harm Reduction Coalition (MD)  
 Bill's Kitchen, Inc. (PR)  
 BOOM! HEALTH (NY)  
 Borinquen Medical Centers (FL)  
 Bronx Lebanon Family Practice (NY)  
 BTAN Charlotte (NC)  
 Buddies for NJ, Inc. (NJ)  
 CAEAR Coalition (DC)  
 Callen-Lorde Community Health Center (NY)  
 CANN - Community Access National Network (DC)  
 Canticle Ministries, Inc. (IL)  
 Cascade AIDS Project (OR)  
 Center for Black Equity (DC)  
 Center on Halsted (IL)  
 CenterLink: The Community of LGBT Centers (FL)  
 Chicago Recovery Alliance (IL)  
 CHOW Project (HI)  
 Cicatelli Associates Inc. (NY)  
 Clare Housing (MN)  
 Community AIDS Network, Inc. (FL)  
 Community AIDS Resource and Education Services  
 (CARES) (MI)  
 Community Education Group (DC)  
 Community Health of South Florida (FL)  
 Community Research Initiative of New England, Inc.  
 (MA)  
 Community Servings (MA)  
 cTp Community Health Inc (MO)  
 Dab the AIDS Bear Project (FL)  
 Dab the AIDS Bear Project (FL)  
 DC Fights Back (DC)  
 Delaware HIV Consortium (DE)  
 Digestive Disease National Coalition (DC)  
 Elizabeth Glaser Pediatric AIDS Foundation (DC)  
 End AIDS Now (NY)  
 Equality California (CA)  
 Equality Federation (OR)  
 Equality North Carolina (NC)  
 Equitas Health (OH)  
 Food for Thought (CA)  
 Georgia AIDS Coalition (GA)  
 Georgia Equality (GA)  
 Georgia Rural Urban Summit (GA)  
 God's Love We Deliver (NY)  
 Gregory House Programs (HI)  
 Harlem United (NY)  
 Harm Reduction Coalition (NY)  
 HealthHIV (DC)  
 Heartland Cares (KY)  
 Hep Free Hawaii (HI)  
 Hepatitis C Allies of Philadelphia (PA)  
 Hepatitis Education Project (WA)  
 Heritage Health and Housing (NY)  
 Hispanic Health Network (NY)  
 HIV AIDS Alliance of Michigan (HAAM) (MI)  
 HIV Dental Alliance (GA)  
 HIV Medicine Association (VA)  
 HIV Prevention Justice Alliance (IL)  
 HIVRN Associates  
 Hope and Health Center of Central Florida, Inc. (FL)  
 Hope House of St. Croix Valley (MN)  
 HopeSprings (MD)  
 House of Blahnik, Inc. (PA)  
 Housing Works (NY)  
 Howard Brown Health (IL)  
 HRA Wellness Center of New Britain (CT)  
 Human Rights Campaign (DC)  
 Hyacinth AIDS Foundation (NJ)  
 In Our Own Voice: National Black Women's  
 Reproductive Justice Agenda (DC)  
 Infectious Diseases Society of America (VA)  
 International Association of Providers of AIDS Care  
 (DC)  
 Iris House (NY)  
 Joseph H. Neal Wellness Center (SC)  
 Latino Commission on AIDS (NY)  
 Life We Live Youth Advocates Of Colors (TN)  
 LifeLinc of Maryland (MD)  
 Lifelong AIDS Alliance (WA)  
 Liver Health Connection (CO)  
 LLHC (Louisiana Latino Health Coalition for  
 HIV/AIDS Awareness) (LA)  
 Los Angeles LGBT Center (CA)  
 Loving Arms For Families, Inc. (CA)  
 Mayfaire (FL)  
 Mama's Kitchen (CA)  
 Mendocino County AIDS/Viral Hepatitis Network  
 (CA)



Mercy Health McClees Clinic (MI)  
 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)  
 Miracle of Love, Inc. (FL)  
 Moveable Feast (MD)  
 Multicultural AIDS Coalition (MA)  
 NASTAD (DC)  
 National AIDS Housing Coalition (DC)  
 National Alliance of HIV Education and Workforce  
 Development (NAHEWD) (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 Coalition for LGBT Health (DC)  
 National Coalition of STD Directors (DC)  
 National Family Planning and Reproductive Health  
 Association (DC)  
 National Gay and Lesbian Task Force Action Fund  
 (DC)  
 National Latino AIDS Action Network (NLAAN)  
 (NY)  
 National Native American AIDS Prevention Center  
 (CO)  
 National Tuberculosis Controllers Association (GA)  
 National Viral Hepatitis Roundtable (DC)  
 National Working Positive Coalition (NY)  
 NMAC (DC)  
 North Carolina AIDS Action Network (NC)  
 North Central Health District - Hope Center (GA)  
 North Central Texas HIV Planning Council (TX)  
 Pediatric AIDS Chicago Prevention Initiative (IL)  
 Pierce County AIDS Foundation (WA)  
 Positive Impact Health Centers (GA)  
 Positive Women's Network - USA (CA)  
 Positively U, Inc. (FL)  
 POZ Military Veterans USA International (GA)  
 Presbyterian AIDS Network (PAN), PHEWA PC USA  
 (DC)  
 Prevention On The Move/ Steward Marchman Act  
 Behavioral Healthcare (FL)  
 Project Inform (CA)  
 PWN-USA-Ohio (OH)  
 Racial and Ethnic Health Disparities Coalition (CA)  
 Rainbow Health Initiative (MN)  
 Rocky Mountain CARES (CO)  
 Rural AIDS Action Network (MN)  
 Saint Louis Effort for AIDS (MO)  
 San Francisco AIDS Foundation (CA)  
 Seattle TGA HIV Planning Council (WA)  
 Sexuality Information and Education Council of the  
 U.S. (SIECUS) (DC)  
 Shanti (CA)  
 Shelter Resources - Bele Reve (LA)  
 Sierra Foothills AIDS Foundation (CA)  
 SisterLove, Inc. (GA)  
 Southern HIV/AIDS Strategy Initiative (NC)  
 Southwest Louisiana AIDS Council (LA)  
 START at Westminster (DC)  
 Tennessee Association Of People With AIDS (TN)  
 Test Positive Aware Network (IL)  
 The AIDS Health Education Foundation, Inc. (FL)  
 The AIDS Institute (DC & FL)  
 The Cave Institute (MD)  
 The Center for Black Equality - Baltimore (MD)  
 The Global Justice Institute (NY)  
 The HIV/AIDS Prevention and Planning Group of St.  
 Lucie County (FL)  
 The Promises Project (AL)  
 The Women's Collective (DC)  
 Thrive Alabama (AL)  
 Ti-chee Native Health Service Agency (WA)  
 TOUCH-Together Our Unity Can Heal, Inc. (NY)  
 TransSOCIAL, Inc. (FL)  
 Treatment Action Group (TAG) (NY)  
 Trillium Health (NY)  
 True Colors Fund (DC)  
 University of Minnesota Youth and AIDS Project  
 (MN)  
 Urban Coalition for HIV/AIDS Prevention Services  
 (UCHAPS) (DC)  
 VillageCare (NY)  
 Volunteers of America Greater Baton Rouge (LA)  
 Washington Heights CORNER Project (NY)  
 We Are TB (CO)  
 Williams & Associates, Inc. (MO)  
 Women at Work International  
 Women With a Vision, Inc. (LA)  
 Woodhull Freedom Foundation (DC)