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  
Chair  
U.S. House Committee on Appropriations  
Room H-307, The Capitol  
Washington, D.C. 20515

The Honorable Nita M. Lowey  
Ranking Member  
U.S. House Committee on Appropriations  
1016 Longworth House Office Building  
Washington, D.C. 20515

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

Created by a merger between the National AIDS Fund and AIDS Action in late 2010, AIDS United’s mission is to end the AIDS epidemic in the United States, through strategic grant-making, capacity building, formative research and policy. AIDS United works to ensure access to lifesaving HIV/AIDS care and prevention services and to advance sound HIV/AIDS-related policy for U.S. populations and communities most impacted by the epidemic. To date, our strategic grant-making initiatives have directly funded more than $91 million to local communities, and have leveraged more than $115 million in additional investments for programs that include, but are not limited to, HIV prevention, access to care, capacity building, harm reduction and advocacy.

On behalf of AIDS United and its 39 Public Policy Committee Organizational Members, including many of the largest AIDS Service Organizations (ASOs), I write to request an expansion of funding for critical domestic HIV/AIDS programs and assistance. Continued investment in domestic HIV/AIDS programs will ensure vulnerable populations’ access to essential health-care services. While these important programs have been proven effective at saving money in the long term and improving health outcomes, they continue to be woefully underfunded. ASOs nationwide have felt the cuts in their programs as the number of people living with HIV continues to grow. The Centers for Disease Control and Prevention estimates 50,000 new infections every year and the treatment regimens have allowed those living with HIV to live longer and more productive lives. However, HIV deaths have continued at a rate of nearly 15,000 each year according to the CDC.

Therefore, as you prepare the FY 16 appropriations bills, AIDS United respectfully requests that you support funding for several key programs, as well as report language that will help strengthen the delivery of these critical services.

- Restore proposed funding to several critical HIV/AIDS programs, including cuts to the Minority HIV/AIDS Initiative (MAI) and the Ryan White HIV/AIDS Program Special Projects of National Significance (SPNS),
- Modernize the Housing Opportunities for Persons Living With AIDS (HOPWA) formula and increase funding for the HOPWA program to minimize funding loses to jurisdictions,
- Include language to end the ban on the use of federal funds for syringe exchange programs and to maintain language that allows the use of local funds for syringe exchange programs in the District of Columbia, and
- Increase funding for domestic HIV programs.
Critical Funding Streams

Protect and Restore the Ryan White Program
Now in its 25th year, the Ryan White Program (RWP) is the largest source of federal funding exclusively dedicated to HIV-related treatment, care, training and support services. The RWP funds states, cities, clinics and nonprofit HIV service organizations to provide HIV care and treatment, and the essential support services that increase linkage and retention in care.

An estimated 536,000 people with HIV rely on these critical services. This is almost half of the 1.2 million people living with HIV in the United States. 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 SPNS funding, and support the funding level in the House bill.

Restore the Minority AIDS Initiative
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 support the funding level in the House bill.

Substance Abuse and Mental Health Services Administration (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. These funds are not duplicative of other federal programs and target specific populations. We strongly urge Congress to reject any cut to SAMHSA’s Minority AIDS Initiative funding, and support the funding level in the House bill.

Invest in and Modernize HOPWA
The House has proposed an increase of $5 million to the 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. We are pleased that the House and 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 urge the House and Senate to build on the Senate committee’s HOPWA formula change and recommend the formula be adjusted to include a 10 percent cap on any jurisdictions increase and a 5 percent cap on any loss due to a formula change.

Lift Syringe Ban
Infected needles result in 3,000 to 5,000 transmissions of HIV each year and an estimated 10,000 transmissions of the hepatitis C virus in the United States. Syringe Exchange Programs (SEPs) are a proven and cost-effective approach for preventing transmission of HIV and viral hepatitis among people who inject drugs (PWID), reducing the risk of “accidental sticks” to sanitation workers and police, and engaging PWID in substance abuse treatment programs. The current ban on use of federal funds for the support of SEPs limits the success of public health initiatives focused on PWID, and puts public safety and sanitation workers at risk of infection by limiting resources for safe disposal of used needles.
House and Senate bills have proposed to allow federal fund to be used for SEPs (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, we now need more than ever federal funds to support the ancillary services for these scientifically-proven harm reduction interventions. To help achieve the end of HIV in the United States and stop further spread of hepatitis C. We strongly urge Congress to support the language in the House and Senate bills regarding syringe exchange programs.

Continued investment in these critical HIV/AIDS programs will play an important role in stopping future transmissions and in bending downward the cost curve of Medicaid, Medicare and other federal care programs that share the vast burden of covering HIV/AIDS care in the United States. These investments are critical as domestic HIV/AIDS programs across the country have been subjected to devastating cuts due to sequestration.

If you have any questions, please contact AIDS United’s Director of Government Affairs, Carl Baloney at cbaloney@aidsunited.org.

Sincerely,

Ronald Johnson
Vice President Policy and Advocacy