

Congress of the United States
Washington, DC 20515

March 22, 2016

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Committee on Appropriations
2358 Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Committee on Appropriations
2413 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Cole and Ranking Member DeLauro:

As the committee begins consideration of the Fiscal Year (FY) 2017 Labor, Health and Human Services, Education and Related Agencies (Labor HHS) appropriation bill, we thank you for your continued commitment to addressing the HIV/AIDS epidemic in the United States. In order to achieve the goals of the updated National HIV/AIDS Strategy, and ultimately achieve an AIDS-free generation, continued federal investment must continue. We appreciate that you have recognized this need in the past and ask that you increase funding for domestic HIV/AIDS programs as you formulate the FY2017 Labor HHS appropriations bill.

Unfortunately, due to sequestration and other budget constraints, domestic HIV/AIDS programs and other non-defense discretionary programs have been cut in recent years, even as new HIV infections continue to climb in many communities and the number of people needing care and treatment increase. Despite small increases in non-defense discretionary funding negotiated as a part of the Bipartisan Budget Act of 2015, funding levels for this year remain well below their 2010 level, after adjusting for inflation.

As you prepare the FY2017 Labor HHS Appropriations bill we ask that you maintain the federal government's commitment to safety net programs that protect the public health, such as the Ryan White HIV/AIDS Program. In order to prevent new infections, we ask that you adequately fund HIV and STD prevention programs at Centers for Disease Control and Prevention (CDC) and throughout the Department of Health and Human Services (HHS), as well as AIDS research at the National Institutes of Health (NIH) so that we may find a cure and address other research priorities. Below are the specific discretionary programs we ask you to support, along with the accompanying justification.

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program, acting as the payer of last resort, provides medications, medical care, and essential coverage completion services to approximately 512,000 low-income, uninsured, and/or underinsured individuals living with HIV. Individuals living with HIV who are in care and on treatment have a much higher chance of being virally suppressed and therefore, reduce the opportunity to transmit the virus. In fact, over 81 percent (an increase of over 17 percent since 2010) of Ryan White clients have achieved viral suppression compared to just 30 percent of all HIV-positive individuals nationwide. This is due not only to access to expert quality health care and effective medications, but also to the patient centered, comprehensive care that the Ryan White Program provides that enables its clients to remain in care and adherent to treatment.

The Ryan White Program continues to serve the most vulnerable people living with HIV, including racial and ethnic minorities who make up nearly three-quarters of Ryan White clients. Almost two-thirds of Ryan White clients are living at or below 100 percent of the Federal Poverty Level (FPL) and over 90 percent are living at or below 250 percent of FPL. Many Ryan White Program clients live in states that have not expanded their Medicaid programs and must rely on the Ryan White Program as their only source of HIV/AIDS care and treatment. This is particularly true in the South, where 44 percent of all people diagnosed with HIV live. In order to improve the continuum of care and progress toward an AIDS-free generation, continued, robust funding for all parts of the Ryan White Program is needed. Therefore, we ask the committee to oppose the Administration's proposal to consolidate Parts C and D of the program, as it has done in the past.

Additionally, we encourage the committee to support the President's request to increase by \$9 million the Special Projects of National Significance in order to increase hepatitis C virus (HCV) testing, and care and treatment for people living with HIV who are co-infected with HCV. *We urge you to fund the Ryan White HIV/AIDS Program at a total of \$2.465 billion in FY2017, an increase of \$141.8 million over FY2016, distributed in the following manner:*

- | | |
|--|---|
| <input type="checkbox"/> Part A: \$686.7 million | <input type="checkbox"/> Part D: \$85 million |
| <input type="checkbox"/> Part B (Care): \$437 million | <input type="checkbox"/> Part F/AETC: \$35.5 million |
| <input type="checkbox"/> Part B (ADAP): \$943.3 million | <input type="checkbox"/> Part F/Dental: \$18 million |
| <input type="checkbox"/> Part C: \$225.1 million | <input type="checkbox"/> Part F/SPNS: \$34 million |

HIV Prevention

CDC HIV Prevention and Surveillance

While there has been incredible progress in the fight against HIV/AIDS over the last 30 years, there are still about 50,000 new infections annually. Through investments in HIV prevention, hundreds of thousands of new infections have been averted and the number of new HIV diagnoses has dropped 19 percent since 2005. These decreases have occurred among heterosexuals, people who inject drugs, and African Americans. Through expanded HIV testing efforts, the number of people who are aware of their HIV status has increased from 81 percent in 2006 to 87 percent. Despite this progress, some communities continue to experience increases in new infections. Gay, bisexual, and other men who have sex with men (MSM) continue to be the most impacted, accounting for 70 percent of the estimated new HIV diagnoses in 2014. One community particularly impacted has been black MSM, where the number of new diagnoses has increased 22 percent since 2005. Through intensified testing and prevention programs these increases have stabilized, but they must continue in order to bring down the number of new infections.

Last summer, the White House released an updated National HIV/AIDS Strategy to 2020. One of its main goals is to reduce new HIV infections. This will be accomplished by intensified prevention efforts in communities where HIV is most prevalent, expanded prevention efforts using a combination of effective evidence-based approaches, and ensuring that all Americans are educated on the risks of HIV, as well as prevention and transmission.

The CDC Division of HIV Prevention will lead this effort, along with its partners in the field; state and local public health departments, and community-based organizations. Each is responsible for carrying out HIV testing programs, targeted prevention interventions, public education campaigns, and surveillance activities. We support the proposed CDC initiative that allows health departments to

spend a portion of their funding on pre-exposure prophylaxis (PrEP), which has been shown to reduce the risk of HIV infection by up to 92 percent in people who are at high risk. In the long term, prevention saves money. Averting all 50,000 new infections each year would result in savings of approximately \$20 billion in lifetime treatment costs. ***For FY2017, we urge the committee to appropriate \$822.7 million, an increase of \$67 million from FY2016, for the CDC Division of HIV prevention and surveillance activities. [Note: This request does not include the request for DASH.]***

CDC STD Prevention

An essential component to our HIV prevention strategy must include adequate and robust investments in STD prevention programs at the CDC. Recent data shows that for the first time in nearly a decade, rates for chlamydia, gonorrhea, and syphilis all increased in 2014. The CDC estimates that nearly 20 million new sexually transmitted infections occur every year in the U.S., half of which occur in young people aged 15-24, and account for \$16 billion in health care costs. Increasing STD rates and decreasing or stagnant investments have resulted in an STD public health infrastructure that is in crisis. Given the strong link between HIV and other STDs, if we are to attain the National HIV/AIDS Strategy's goal of reducing new HIV infections, investments in STD prevention must occur. ***We request an increase of \$8.1 million for a total of \$165.4 million for the CDC's Division of STD Prevention in FY2017.***

Syringe Services Programs

Recognizing the outbreaks of HIV and hepatitis C in several parts of the country due to increase usage of heroin and other opiates, and the proven effectiveness of syringe service programs, Congress agreed, as part of the FY2016 omnibus appropriations bill, to allow federal funding of certain syringe exchange services. It does not allow for the actual purchase of syringes by state and local health departments. Additionally, funding for these services must be in those jurisdictions that are experiencing or is at risk for a significant increase in hepatitis infections or an HIV outbreak due to injection drug use. ***We urge you to maintain the current appropriations language that allows access to syringe services in those jurisdictions that are experiencing or are at risk for a significant increase in hepatitis infections or an HIV outbreak due to injection drug use.***

HIV/AIDS Research at the National Institutes of Health

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. For the U.S. to maintain its position as the global leader in HIV/AIDS research, robust and adequate resources must be provided to HIV research at NIH. AIDS research at NIH has proved the efficacy of pre-exposure prophylaxis (PrEP), the effectiveness of treatment as prevention, and the first partially effective AIDS vaccine. AIDS research also has contributed to the development of effective treatments for other diseases, including cancer and Alzheimer's disease. To continue this progress and to find more effective treatments and a vaccine, robust funding for HIV research is essential. ***Consistent with the most recent Trans-NIH AIDS Research By-Pass Budget Estimate for FY2013, we request \$3.6 billion for HIV research at the NIH in FY2017, an increase of \$600 million.***

HIV Research Network at the AHRQ

We urge you to restore \$1.6 million at the Agency for Healthcare Research and Quality (AHRQ) to fully fund the HIV Research Network (HIVRN). The HIVRN is a small but vital HIV clinical research program that measures the quality and cost-effectiveness of HIV/AIDS care across the country. It has long been co-funded with 80 percent of its resources from the AHRQ and 20 percent from the HRSA. HRSA, which relies upon HIVRN's data for monitoring status of clients served by

the Ryan White program, includes its share of the funding in the President's budget to continue the program in FY2017. But the HIVRN cannot operate on just the \$400,000 provided by HRSA. *Therefore, we request the restoration of \$1.6 million for the HIV Research Network, as part of the Measurement and Data Collection work at AHRQ.*

We thank you for your continued leadership and support of domestic HIV/AIDS programs for so many people with HIV and the organizations and communities that serve them nationwide.

Sincerely,



Bill Pascrell, Jr.
Member of Congress



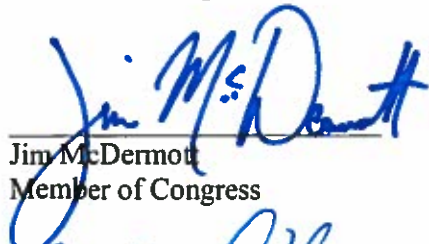
Barbara Lee
Member of Congress



Jerrold Nadler
Member of Congress



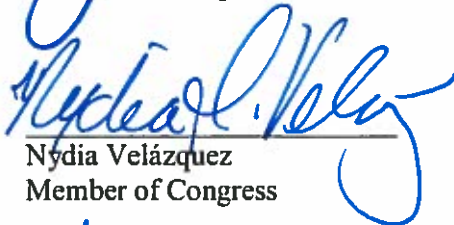
Maxine Waters
Member of Congress



Jim McDermott
Member of Congress



Danny K. Davis
Member of Congress



Nydia Velázquez
Member of Congress



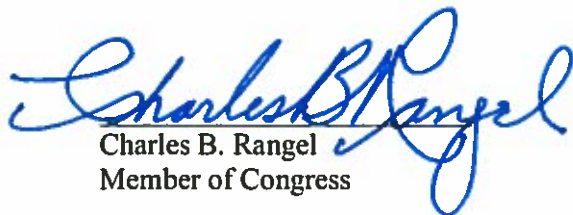
Joyce Beatty
Member of Congress



Matt Cartwright
Member of Congress



Yvette D. Clarke
Member of Congress



Charles B. Rangel
Member of Congress



Alan Grayson
Member of Congress



Eleanor Holmes Norton
Member of Congress



Mike Quigley
Member of Congress



Alma S. Adams, Ph.D.
Member of Congress



Bonnie Watson Coleman
Member of Congress



Adam B. Schiff
Member of Congress



Mark Takano
Member of Congress



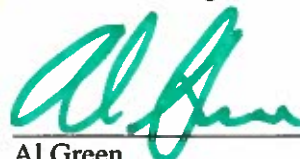
André Carson
Member of Congress



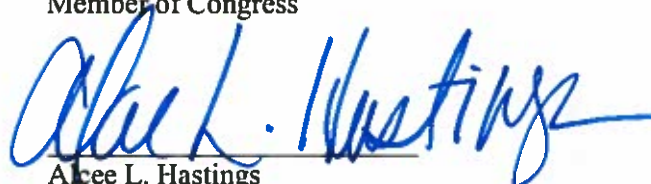
Ted Deutch
Member of Congress



John Lewis
Member of Congress



Al Green
Member of Congress



Alcee L. Hastings
Member of Congress



Corrine Brown
Member of Congress



David Scott
Member of Congress



Eliot L. Engel
Member of Congress



John Yarmuth
Member of Congress




Filmon Vela
Member of Congress

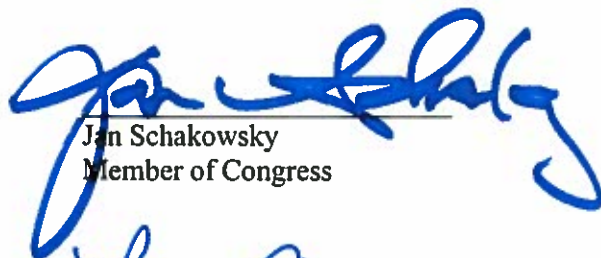

Keith Ellison
Member of Congress


Chellie Pingree
Member of Congress


Mark Pocan
Member of Congress



David N. Cicilline
Member of Congress


Lois Frankel
Member of Congress


Jan Schakowsky
Member of Congress


Lois Capps
Member of Congress

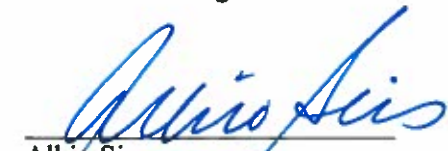

Scott Peters
Member of Congress


Gwen Moore
Member of Congress


Dina Titus
Member of Congress


William R. Keating
Member of Congress


Earl Blumenauer
Member of Congress


Albio Sires
Member of Congress



Kathy Castor
Member of Congress


Terri A. Sewell
Member of Congress



Frederica Wilson
Member of Congress



Luis V. Gutiérrez
Member of Congress



Doris Matsui
Member of Congress



Juan Vargas
Member of Congress


Debbie Wasserman Schultz
Member of Congress



Pedro R. Pierluisi
Member of Congress


Donald S. Beyer Jr.
Member of Congress

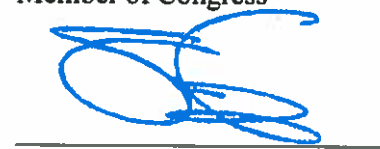

Julia Brownley
Member of Congress


Kyrsten Sinema
Member of Congress

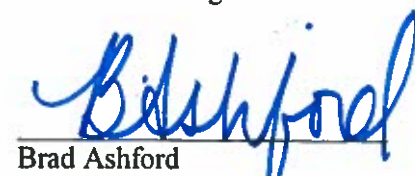

Paul D. Tonko
Member of Congress

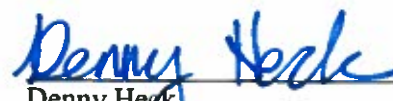

Jackie Speier
Member of Congress


Henry C. "Hank" Johnson, Jr.
Member of Congress

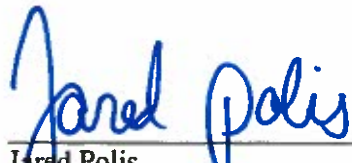

Sean Patrick Maloney
Member of Congress


Bill Foster
Member of Congress


Brad Ashford
Member of Congress


Denny Heck
Member of Congress


Eddie Bernice Johnson
Member of Congress



Jared Polis
Member of Congress



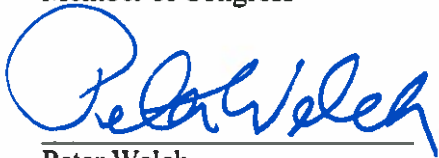
Linda T. Sanchez
Member of Congress



Jerry McNerney
Member of Congress



Kurt Schrader
Member of Congress



Peter Welch
Member of Congress



Ted W. Lieu
Member of Congress



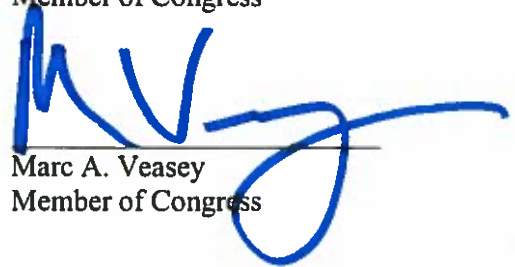
Elijah E. Cummings
Member of Congress



Brendan F. Boyle
Member of Congress



David E. Price
Member of Congress



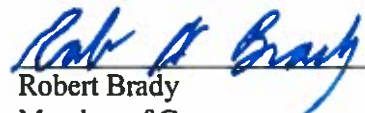
Marc A. Veasey
Member of Congress



Raul Ruiz
Member of Congress



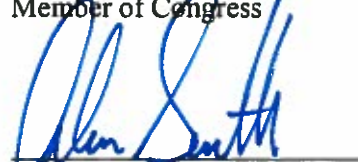
Steve Cohen
Member of Congress



Robert Brady
Member of Congress



Donald M. Payne, Jr.
Member of Congress



Adam Smith
Member of Congress



Diana DeGette
Member of Congress



James P. McGovern
Member of Congress



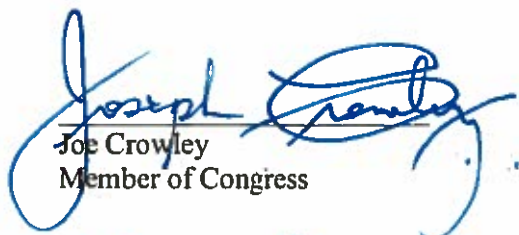
Ann McLane Kuster
Member of Congress



Patrick E. Murphy
Member of Congress



Tim Walz
Member of Congress



Joe Crowley
Member of Congress



Michael E. Capuano
Member of Congress



Ben Ray Luján
Member of Congress



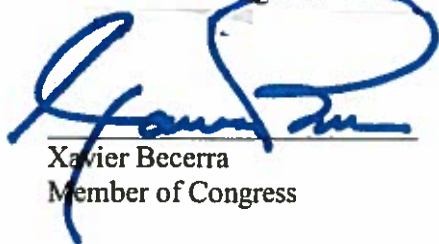
Joseph P. Kennedy
Member of Congress



John P. Sarbanes
Member of Congress



Brad Sherman
Member of Congress



Xavier Becerra
Member of Congress