

United States Senate

WASHINGTON, DC 20510

May 17, 2017

The Honorable Roy Blunt
Chairman
Subcommittee on Labor-HHS-Education
Appropriations Committee
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor-HHS-Education
Appropriations Committee
United States Senate
Washington, DC 20510

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

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

Dear Chairmen Cochran and Blunt, Vice Chairman Leahy and Ranking Member Murray:

Thank you for your past commitment to addressing HIV/AIDS in the United States. As the Committee begins consideration of the Fiscal Year (FY) 2018 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations bill, we ask that you continue to recognize this need and ensure strong funding for domestic HIV/AIDS programs.

Due to sequestration and other budget constraints, domestic HIV/AIDS programs have been cut in recent years, even as new HIV infections and the number of people needing treatment continue to climb in many communities. HIV disproportionately affects young people as well as low income and ethnic minority communities who depend on public services for life-saving care. And, as the opioid and heroin epidemic continues to grow at an alarming rate, communities are struggling with increasing rates of HIV infections.

To strengthen our nation's efforts against HIV/AIDS and to protect the progress we have made, we ask that you support strong funding for domestic HIV/AIDS treatment, prevention, and research, as specified below:

The Ryan White HIV/AIDS Program

Acting as the payer of last resort, the Ryan White HIV/AIDS Program provides medications, medical care, and essential coverage completion services to approximately 533,000 low-income, uninsured, and/or underinsured individuals living with HIV. Those living with HIV who are in care and on treatment have a much greater chance of achieving viral suppression, reducing the likelihood of viral transmission. In fact, over 83 percent of Ryan White clients have achieved viral suppression, compared to just 30 percent of all HIV-positive individuals nationwide.

The Ryan White Program continues to serve the most vulnerable people living with HIV – almost two-thirds of Ryan White clients are living at or below 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 Medicaid and rely on the Ryan White Program as their only source of HIV/AIDS care and treatment. With a changing and uncertain healthcare landscape, continued funding for the Ryan White Program is critical to ensure access to life-saving care, medications, and other services.

We urge you to fund the Ryan White HIV/AIDS Program at a total of \$2.465 billion in FY2018, 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

Centers for Disease Control and Prevention (CDC) HIV Prevention and Surveillance

There has been incredible progress in the fight against HIV/AIDS over the last 30 years. Through investments in HIV prevention, hundreds of thousands of new infections have been prevented, savings billions of dollars in treatment costs. While HIV prevention efforts are working, there are still an estimated 37,600 new infections each year. In addition, gay and bisexual men, especially those who are African American or Latino, are disproportionately affected. Continued funding for the CDC Division of HIV Prevention is needed to ensure that the CDC and its grantees can maintain recent gains and intensify prevention efforts in communities where HIV is most prevalent.

For FY2018, we request a total of \$822.7 million for the CDC Division of HIV prevention and surveillance activities.

CDC STD Prevention

A successful HIV prevention strategy must include adequate and robust investments in STD prevention programs at the CDC. Rates for chlamydia, gonorrhea, and syphilis have surged to a 20-year high. These increases threaten progress made in HIV prevention. The CDC estimates that nearly 20 million new sexually transmitted infections occur every year in the United States, accounting for \$16 billion in health care costs.

To address this growing issue, we request an increase of \$40 million for a total of \$192.3 million for the CDC's Division of STD Prevention in FY2018.

Syringe Exchange Services

The CDC recently reported that the number of new HIV infections among people who inject drugs has declined by 56 percent between 2008 and 2014. Access to syringe service programs has helped play a role in this reduction. However, these declines might be in jeopardy given the recent increase in the usage of heroin and other opiates in many parts of the country. Recognizing the outbreaks of HIV and hepatitis C and the proven effectiveness of syringe service programs, federal funding of certain syringe exchange services, but not the actual purchase of syringes, is now legally permitted. Funding for these services must be in those jurisdictions that are experiencing or is at risk for a significant increase in hepatitis or HIV infections 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 is at risk for a significant increase in HIV or hepatitis infections due to injection drug use.

Minority HIV/AIDS Initiative (MAI)

HIV/AIDS continues to affect communities of color at an alarming rate. We request that the MAI be funded at \$610 million in FY2018. While most of these funds are contained within the budgets of the programs described above, we request the Secretary's Minority AIDS Initiative Fund (SMAIF) is funded at \$105 million. SMAIF programs aim to improve health outcomes for racial and minority communities who are most affected by HIV. These resources are distributed to various HHS agencies to improve collaboration by federal parties and develop innovative best practices and strategies to improve health outcomes for those most impacted by HIV. They supplement, rather than replace, other federal resources.

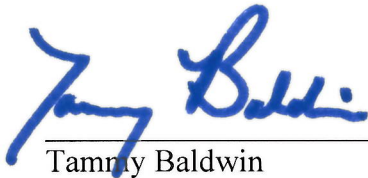
HIV/AIDS Research at the National Institutes of Health

HIV/AIDS research supported by the NIH is far-reaching and has supported development of improved drug therapies and behavioral and biomedical prevention interventions. We must continue to provide robust resources to the NIH in order for the U.S. to maintain its position as the global leader in HIV/AIDS research. NIH-funded research has proven the efficacy of pre-exposure prophylaxis (PrEP), the effectiveness of treatment as prevention, and the first partially effective AIDS vaccine. AIDS research has also contributed to the development of effective treatments for other diseases, including cancer and Alzheimer's disease.

Consistent with the most recent Trans-NIH AIDS Research By-Pass Budget Estimate for FY2017, we ask that you provide \$3.225 billion for HIV/AIDS research at the NIH in FY2018.

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,



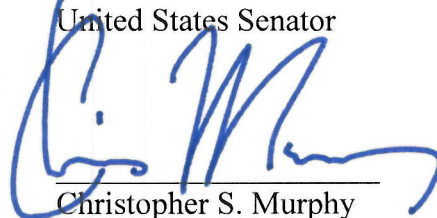
Tammy Baldwin
United States Senator



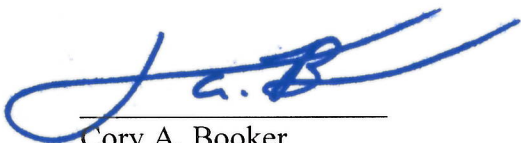
Kirsten Gillibrand
United States Senator



Richard Blumenthal
United States Senator



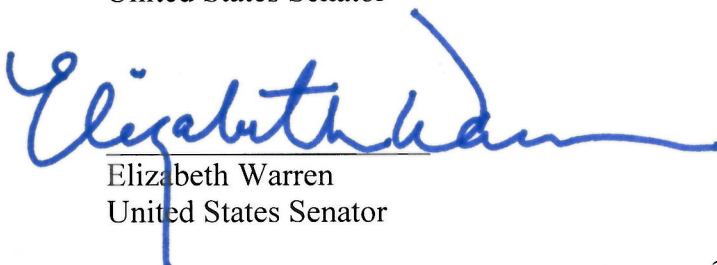
Christopher S. Murphy
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Cory A. Booker
United States Senator



Tammy Duckworth
United States Senator

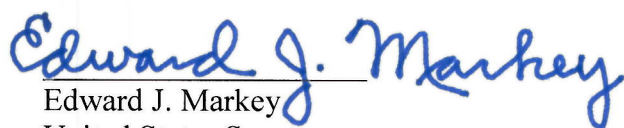



Elizabeth Warren
United States Senator




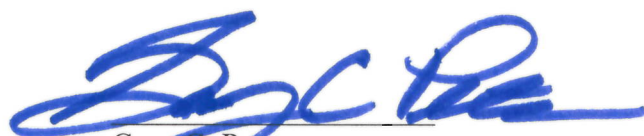
Sherrod Brown
United States Senator


Joe Manchin III
United States Senator

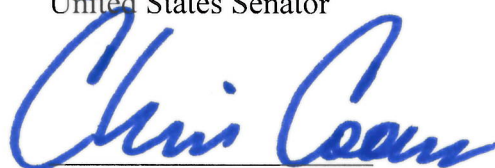

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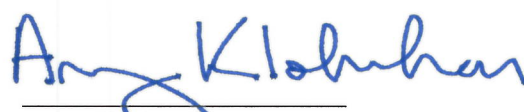

Christopher A. Coons
United States Senator

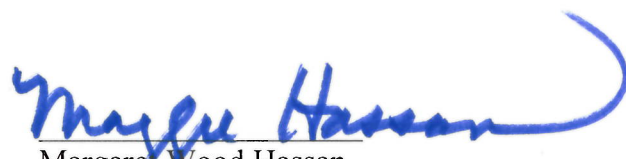

Chris Van Hollen
United States Senator

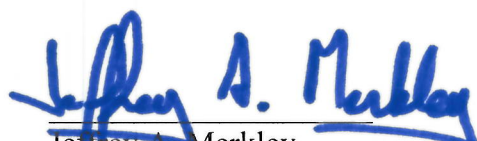

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Margaret Wood Hassan
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Jeffrey A. Merkley
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