

# United States Senate

WASHINGTON, DC 20510

April 13, 2018

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 Richard Shelby  
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 bipartisan work to address the HIV/AIDS epidemic in the United States. As you consider the Fiscal Year (FY) 2019 Labor, Health and Human Services, Education and Related Agencies (Labor HHS) appropriation bill, we urge you to uphold this commitment and provide strong funding for domestic HIV/AIDS programs in the final bill.

Over one million Americans are living with HIV, with 37,600 new infections each year. HIV remains a non-curable infectious disease, but advances in prevention and treatment have decreased new infection rates and improved the quality and length of life for those managing the disease. While great strides have been made in HIV research, as well as access to the support services needed to ensure impacted populations adhere to their care and treatment, more must be done to achieve the goal of finally ending this epidemic.

Funding to support HIV prevention, health care, and treatment is especially critical as our country faces the opioid crisis. Increases in injection drug use across the country are resulting in new HIV outbreaks, especially in areas with scarce public health resources. Health care providers, health departments, first responders, and AIDS services organizations routinely provide overdose prevention and substance use disorder services and treatment to individuals at risk for or living with HIV. However, we risk losing the great progress made by local efforts to address these coexisting public health threats if we fail to continue to adequately sustain these investments.

President Trump's FY 2019 Budget included troubling cuts to domestic HIV/AIDS programs. We thank the Committee for rejecting similar cuts in the Administration's FY 2018 Budget and urge you to maintain the federal government's commitment to these safety net programs that protect public health in FY 2019. Specifically, we are requesting adequate funding for the Ryan White HIV/AIDS Program, HIV prevention programs at the Centers for Disease Control and Prevention (CDC), and AIDS research at the National Institutes of Health (NIH). Below are specific discretionary programs we ask you to support, along with accompanying justifications.

### **CDC HIV, STD and Viral Hepatitis Prevention and Surveillance**

Efforts by CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) and its grantees, have been instrumental in averting hundreds of thousands of new infections and saving billions of dollars in treatment costs. Importantly, this shows that HIV prevention efforts are working. Through expanded HIV testing efforts, largely funded by the CDC, the number of people who are aware of their HIV status has increased from 81 percent in 2006 to 87 percent.

Yet many communities are still experiencing increased rates of HIV infection. Further, we are seeing troubling increases in communities across the country of HIV-related infectious diseases as well as co-occurring STD's like syphilis. Enhanced funding for CDC's HIV prevention programs will support HIV testing, targeted prevention interventions, public education campaigns, and surveillance activities as well as ongoing work to help develop effective STD prevention and treatment approaches, including vaccine development, and research to better combat STDs and to understand the inter-relationship with HIV/AIDS. Ending HIV will take a multifaceted approach. This funding supports a combination of effective evidence-based approaches including testing, linkage to care, and syringe service programs, and it also supports access to pre-exposure prophylaxis (PrEP), the FDA approved drug that keeps HIV negative people from becoming infected.

For FY 2019, we urge you to fund the CDC Divisions of HIV prevention and surveillance at \$872.7 million, STD Prevention at \$227.3 million and Viral Hepatitis at \$134 million.

### **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 almost 550,000 low-income, uninsured, and/or underinsured individuals living with HIV. Those living with HIV who are in care and on treatment have a much higher chance of being virally suppressed, leading to reduced transmission of the virus – over 85 percent of Ryan White clients have achieved viral suppression compared to just 49 percent of all HIV-positive individuals nationwide. This is achieved through clients' access to the high-quality patient centered, comprehensive care that the Ryan White Program provides, which enables its clients to remain in care and adhere to treatment.

The Ryan White Program continues to serve populations that are disproportionately impacted by HIV, including racial and ethnic minorities, who make up 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. To improve the continuum of care and progress toward an AIDS-free generation, sustained funding for all parts of the Ryan White Program is needed. With a changing and uncertain health care landscape, continued funding for the Ryan White Program is critically important to ensure that those at risk of or living with HIV have uninterrupted access to health care, medications, and services.

We urge you to fund the Ryan White HIV/AIDS Program at a total of \$2.465 billion in FY 2019:

- Part A: \$686.7 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

### **Minority AIDS Initiative**

Racial and ethnic minorities continue to be severely and disproportionately impacted by HIV/AIDS in the United States. Minorities represent the majority of new HIV diagnoses, people living with HIV/AIDS, and deaths among people with HIV/AIDS. African Americans account for 43 percent of new HIV diagnoses, and Latinos account for 26 percent. Asian Americans account for an additional two percent of new diagnoses. Indeed, the rate of new diagnoses among African Americans is about eight times that of whites, and the rate among Latinos is about three times that of whites. The Minority AIDS Initiative is an indispensable tool in the effort to combat these unacceptable disparities. This critical initiative targets funds for HIV/AIDS prevention, screening, treatment, education, and outreach to minority communities heavily impacted by HIV/AIDS. The funds are provided to community-based organizations that serve minority communities to help them develop capacity and deliver culturally and linguistically appropriate care and services. Consequently, the initiative fills gaps where the needs are the greatest and strengthens efforts to fight the epidemic nationwide.

We therefore urge you to provide \$610 million for the Minority AIDS Initiative in fiscal year 2019.

### **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, and behavioral and biomedical prevention interventions, saving and improving the lives of millions around the world. Specifically, AIDS research supported by the NIH has proved the efficacy of PrEP, the effectiveness of treatment as prevention, and the first partially effective AIDS vaccine. We are appreciative of the committee's work to increase funding for the NIH in recent years, and urge you to direct some of these resources to continued HIV/AIDS research so that more effective HIV treatments and ultimately a cure can be realized.

We request that HIV research at the NIH receive a total of \$3.225 billion in FY 2019.

Thank you for your continued leadership and support of domestic HIV/AIDS programs that serve the more than one million people living with HIV in our communities across the country.

Sincerely,



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Tammy Baldwin  
United States Senator



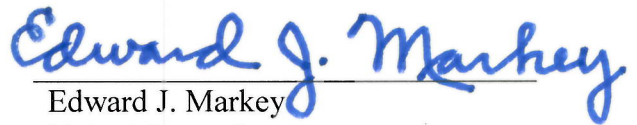
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Kirsten Gillibrand  
United States Senator





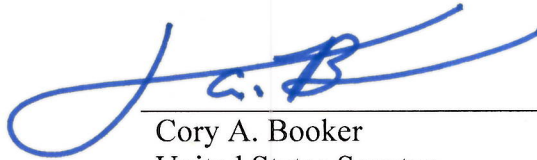
Christopher S. Murphy  
United States Senator



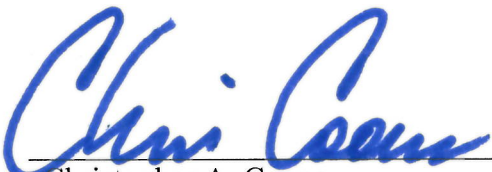
Edward J. Markey  
United States Senator



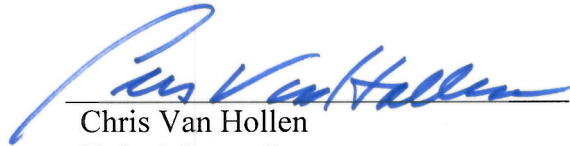
Sherrod Brown  
United States Senator



Cory A. Booker  
United States Senator



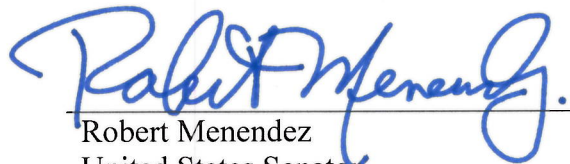
Christopher A. Coons  
United States Senator



Chris Van Hollen  
United States Senator



Richard Blumenthal  
United States Senator



Robert Menendez  
United States Senator



Joe Manchin III  
United States Senator



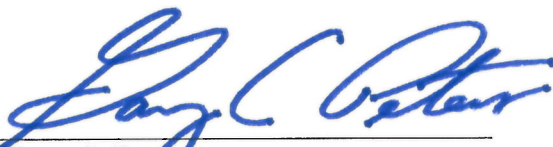
Elizabeth Warren  
United States Senator



Margaret Wood Hassan  
United States Senator



Debbie Stabenow  
United States Senator



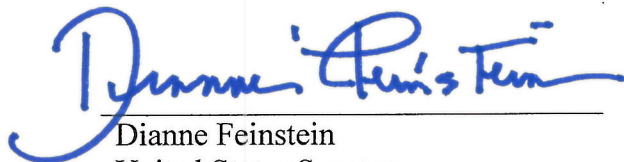
Gary C. Peters  
United States Senator



Bill Nelson  
United States Senator




Benjamin L. Cardin  
United States Senator



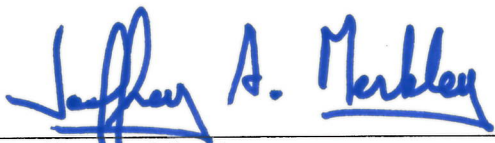
Dianne Feinstein  
United States Senator



Amy Klobuchar  
United States Senator



Richard J. Durbin  
United States Senator



Jeffrey A. Merkley  
United States Senator