



May 20, 2011

THE **AIDS** INSTITUTE

**WRITTEN STATEMENT OF CARL SCHMID, DEPUTY EXECUTIVE DIRECTOR,
THE AIDS INSTITUTE
TO THE SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND
RELATED AGENCIES
SENATE COMMITTEE ON APPROPRIATIONS**

Dear Chairman Harkin and Members of the Subcommittee:

The AIDS Institute, a national public policy research, advocacy, and education organization, is pleased to comment in support of critical HIV/AIDS and Hepatitis programs as part of the FY2012 Labor, Health and Human Services, Education and Related Agencies appropriation measure. We thank you for your past support of these programs and hope you will do your best to adequately fund them in the future in order to provide for and protect the public health.

HIV/AIDS

HIV/AIDS remains one of the world's worst health pandemics in history. According to the CDC, over 617,000 people have died of AIDS in the U.S and there are 56,300 new infections each year. At the end of 2007, an estimated 1.1 million people in the U.S. were living with HIV/AIDS. Persons of minority races and ethnicities are disproportionately affected. African Americans account for half of the cases. HIV/AIDS disproportionately affects the poor and about 70 percent of those infected rely on publicly funded health care.

The vast majority of the discretionary programs supporting HIV/AIDS efforts domestically are funded through your Subcommittee. The AIDS Institute, working in coalition, has developed funding requests for each of these programs. We ask that you do your best to adequately fund them at the requested level.

We are keenly aware of budget constraints and competing interests for limited dollars, but programs that prevent and treat HIV are inherently federal, as they help protect the public health against a highly infectious virus, which if left untreated will most likely lead to death and increased infections. *Federal funding is particularly critical at this time since state and local budgets are being severely cut during the economic downturn.*

National HIV/AIDS Strategy

President Obama released a comprehensive National HIV/AIDS Strategy (NHAS) which seeks to reduce new HIV infections, increase access to care and improving health outcomes for people living with HIV, and reduce HIV-related health disparities. The Strategy sets ambitious goals and seeks a more coordinated national response with a focus on those communities most affected and on programs that work. In order to attain the goals, additional investment will be needed and health reform must be implemented.

The Budget proposed by the President requests that up to one percent of HHS discretionary funds appropriated for domestic HIV/AIDS activities be provided to the Office of the Assistant Secretary for Health to foster collaborations across HHS agencies and finance high priority initiatives in support of the NHAS. Such initiatives would focus on improving linkages between prevention and care, coordinating Federal resources within targeted high-risk populations, enhancing provider capacity, and monitoring key Strategy targets. The AIDS Institute supports this provision and encourages you to include it in the FY12 appropriation measure.

Centers for Disease Control and Prevention-HIV Prevention and Surveillance

FY2011: \$800.4 million
FY2012 Community Request: \$1,325.7 million

The U.S. allocates only about 4 percent of its domestic HIV/AIDS spending on prevention. Investing in prevention today will save money tomorrow. Preventing all the new 56,000 cases in just one year would translate into an astounding \$20 billion in lifetime medical costs.

The CDC is focused on carrying out several goals of the NHAS by 2015. Specifically, they are seeking to lower the annual number of new infections by 25 percent, reduce the HIV transmission rate by 30 percent, and increase from 79 to 90 the percentage of people living with HIV who know their serostatus.

While it is estimated that an increase of over \$500 million would be needed to achieve the goals of the NHAS, The AIDS Institute supports an increase of at least the \$57.2 million over FY11 as the President has proposed, including \$30.4 million from the Prevention and Public Health Fund. We are also supportive of a transfer of \$40 million from the Chronic Disease Prevention and Public Health Promotion for HIV school health programs to achieve closer coordination of CDC's HIV prevention programs.

With this funding, the CDC would improve surveillance and use of community viral load, enhance prevention among most affected communities, integrate care and prevention, expand HIV testing and linkage to care, build capacity, develop social marketing campaigns, and improve monitoring.

Ryan White HIV/AIDS Programs

FY2011: \$2,336.7 million
FY2012 Community Request: \$2,687.0 million

The centerpiece of the government's response to caring and treating low-income people with HIV/AIDS is the Ryan White HIV/AIDS Program, which currently serves over half a million low-income, uninsured, and underinsured people. In FY11, almost all parts of the Program experienced funding cuts at a time of increased need and demands on the program. Consider the following:

1) Caseloads are increasing. People are living longer due to lifesaving medications, there are over 56,000 new infections each year, and increased testing programs identify thousands of new people infected with HIV. With rising unemployment, people are losing their employer-sponsored health coverage.

2) State and local budgets are experiencing cutbacks due to the economic downturn. A survey by the National Alliance of State and Territorial AIDS Directors found that state funding reductions totaled more than \$170 million in 29 states during FY09.

3) States are cutting and the federal government is proposing massive cuts to Medicaid. As the payer of last resort cuts to entitlement programs, such as Medicaid, place further pressure on the Ryan White Program.

4) There are significant numbers of people in the U.S. who are not receiving life-saving AIDS medications. An IOM report concluded that 233,069 people in the U.S. who know their HIV status do not have continuous access to Highly Active Antiretroviral Therapy.

Specifically, The AIDS Institute requests the following funding levels for each part of the Program:

Part A provides medical care and vital support services for persons living with HIV/AIDS in the metropolitan areas most affected by HIV/AIDS. We request an increase of \$74.2 million, for a total of \$752 million.

Part B base provides essential services including diagnostic, viral load testing and viral resistance monitoring, and HIV care to all 50 states, DC, Puerto Rico, and the territories. We are requesting a \$76.8 million increase, for a total of \$495 million.

The **AIDS Drug Assistance Program (ADAP)** provides life-saving HIV drug treatment to over 200,000 people, or about one in four HIV positive people in care in the U.S. The majority of whom are people of color and very poor. ADAPs are experiencing unprecedented growth and are in crisis. Over the course of one year, HRSA reported an increase of over 30,000 new people to the program. Because of a lack of funding, there are currently 8,100 people in 13 states on waiting lists, thousands more have been removed from the program due to lowered eligibility requirements, and drug formularies have been reduced.

According to NASTAD's recent annual ADAP monitoring report, state funding for ADAPs increased 61% in FY09 to a total of \$346 million, and drug company rebates grew 5% to \$522 million. The federal share of the overall ADAP budget has decreased to less than fifty percent.

The AIDS Institute is very appreciative of the \$50 million increase to ADAP in FY11, but it is far from what is currently required to meet the growing number of new people needing ADAP medications in the coming year. The true need is an increase of \$360 million. The AIDS Institute requests that you provide an increase that is as close as possible to that amount. We note the President has requested an increase of \$55 million, which would only provide medications to fewer than 4,800 people.

Part C provides early medical intervention and other supportive services to over 248,000 people at over 380 directly funded clinics. We are requesting a \$66.6 million increase, for a total of \$272 million.

Part D provides care to over 84,000 women, children, youth, and families living with and affected by HIV/AIDS. We are requesting a \$5.8 million increase, for a total of \$83.1 million.

Part F includes the AIDS Education and Training Centers (AETCs) program and the Dental Reimbursement program. We are requesting a \$15.4 million increase for the AETC program, for a total of \$50 million, and a \$5.5 million increase for the Dental Reimbursement program, for a total of \$19 million.

National Institutes of Health-AIDS Research

FY 2011: \$3.07 billion
FY 2012 Community Request: \$3.5 billion

The NIH conducts research to better understand HIV and its complicated mutations, discover new drug treatments, develop a vaccine and other prevention programs such as microbicides, and ultimately develop a cure. The critically important work performed by the NIH not only benefits those in the U.S., but the entire world. This research has already helped in the development of many highly effective new drug treatments, prolonging the lives of millions of people. NIH also conducts the necessary behavioral research to learn how HIV can be prevented best in various affected communities. We ask the Committee to fund critical AIDS research at the community requested level of \$3.5 billion.

Comprehensive Sexuality Education

Since the vast majority of HIV infection occurs through sex, age appropriate education on how HIV is transmitted and HIV prevention is critical. It is for this reason, The AIDS Institute is supportive of funding the Teen Pregnancy Prevention Initiative for a total of \$135 million and we oppose funding of abstinence only education programs, which have proven not to be effective.

Minority AIDS Initiative

The AIDS Institute supports increased funding for the Minority AIDS Initiative, which is funded by numerous federal agencies to address the disproportionate impact that HIV has on communities of color. For FY12, we are requesting a total of \$610 million.

Policy Riders

The AIDS Institute is opposed to using the appropriations process as a vehicle to repeal or prevent the implementation of current law or ban funding for certain activities or organizations, such as the Affordable Care Act and syringe exchange programs which are scientifically proven to be effective in the prevention of HIV and Hepatitis.

Viral Hepatitis

The Institute of Medicine (IOM) report [*Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*](#) outlines recommendations on how the incidence of Hepatitis B & C infections can be decreased. They include increased public awareness campaigns, heightened testing and vaccination programs, continued research, along with improved surveillance. The Administration recently announced the first ever national strategy to eliminate Viral Hepatitis.

In FY11, Congress funded CDC's Viral Hepatitis Division at only \$19.8 million. Given the huge impact that Hepatitis B & C have on the health of so many people, and the large treatment costs, and to begin to implement the IOM recommendations and the national strategy, The AIDS Institute urges the federal government to make a greater commitment to Hepatitis prevention. For FY12, we request a total of \$59.8 million.

The AIDS Institute asks that you give great weight to our testimony as you develop the FY12 appropriation bill. Should you have any questions or comments, feel free to contact Carl Schmid, Deputy Executive Director, The AIDS Institute (202) 462-3042 or cschmid@theaidsinstitute.org.

Thank you very much.

The AIDS Institute

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