



September 27, 2021

The Honorable Patrick Leahy Chairman
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Richard Shelby
Vice-Chairman
Committee on Appropriations
United States Senate Washington, DC 20515

Subject: HIV Community Funding Requests for FY2022 Domestic HIV Programs

Dear Chairman Leahy and Vice-Chairman Shelby:

The AIDS Budget and Appropriations Coalition (ABAC), a workgroup of the Federal AIDS Policy Partnership (FAPP), write to reiterate the need to fund domestic HIV, hepatitis, STI, TB, and related programs at the highest possible levels as your Committee works to finalize your proposals for FY2022. We urge you to provide funding levels at least at the same level that was included in the House of Representatives passed consolidated appropriations package (H.R. 4502). However, we believe in certain areas, additional funding is needed to make much-needed investments in the public health infrastructure necessary to end these epidemics, and we hope the Senate will continue the bipartisan support of these important programs.

We believe that we have the tools, science, and support to end the HIV epidemic by 2030. We also believe that a syndemic approach to ending the HIV epidemic must be taken, as the risk factors associated with hepatitis, STIs, TB, and injection drug use are uniquely linked. As the nation turns the corner on COVID-19, public health programs must refocus on their long-term goals and must have the resources needed to respond to these epidemics.

ABAC continues to advocate for our coalition's FY2022 requests for each program, which are found in the far-right column of our appropriations chart available here: <http://federalaidspolicy.org/fy-abac-chart/>. Also included on the chart is the level approved for each program by the House in H.R. 4502. Additionally, please refer to our letter to Congress sent earlier this year, signed by 80 organizations, describing the needs of each program: <http://federalaidspolicy.org/fy2022-abac-letter-to-congress/>.

Ending the HIV Epidemic Initiative

We are extremely grateful H.R. 4502 included \$670 million for year three of the Ending the HIV Epidemic (EHE) Initiative, which is the same level proposed in the President's FY2022 budget. President Biden has committed to continue this important project, and appointed staff within HHS and the White House to coordinate these efforts. Already, we are seeing initial successes within EHE-funded jurisdictions. The Ryan White HIV/AIDS Program reports that in these priority jurisdictions with the additional funding they were able to bring nearly 6,300 new clients into the program and re-engage an additional 3,600 between March and August of 2020. In those community health centers funded by the EHE Initiative, they were able to increase PrEP uptake to over 151,000 people.

We urge the Senate to fund the EHE Initiative at the following levels:

- **\$371 million for CDC Division of HIV/AIDS Prevention for testing, linkage to care, and prevention services, including pre-exposure prophylaxis (PrEP);**
- **\$212 million for HRSA Ryan White HIV/AIDS Program to expand comprehensive treatment for people living with HIV;**
- **\$152 million for HRSA Community Health Centers to increase clinical access to prevention services, particularly PrEP;**
- **\$27 million for The Indian Health Service (IHS) to address the combat the disparate impact of HIV on American Indian/Alaska Native populations;**
- **And \$26 million for NIH Centers for AIDS Research to expand research on implementation science and best practices in HIV prevention and treatment.**

Centers for Disease Control and Prevention

We urge the Committee to fund CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at \$2.045 billion, which is \$731 million above FY 2021 enacted levels. These programs have been on the front line responding to COVID-19 while continuing to support HIV, hepatitis, STD, and TB prevention work. We are concerned that COVID-19 has stretched thin resources within health departments and CDC grantees, and hope that increased investments in these programs are prioritized. Viral hepatitis rates and new STI infections are at an all-time high, yet these programs are critically underfunded. The United States is also experiencing an ongoing overdose crisis, with spikes and outbreaks of viral hepatitis and HIV among people who inject drugs occurring in communities nationwide.

We urge the Senate to fund the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention at the following levels:

- **\$1.293 billion for the Division of HIV/AIDS Prevention, with \$822.7 m for HIV prevention activities, \$100 million for the Division of Adolescent and School Health, and \$371 million for EHE Initiative Activities;**
- **\$134 million for the Division of Viral Hepatitis;**
- **\$273 million for STD prevention;**
- **\$225 million for TB elimination; and,**
- **\$120 million for Infectious Diseases and Opioid Epidemic programs.**

Additionally, we urge the Committee to remove the ban on the use of federal funding for the purchase of sterile syringes, as proposed by the House and in President Biden's Budget. This funding ban negatively impacts the ability of state and local public health groups from expanding SSPs, which are a key tool in combating infectious diseases, as well as connecting people to substance use treatment, HIV and hepatitis testing, and other supportive services.

The Ryan White HIV/AIDS Program

We urge your committee to fund the Ryan White HIV/AIDS Program at \$2.818 billion, an increase of \$394.4million across all parts of the program. Ryan White is an important safety net program that serves as the payer of last resort for more than half of people living with HIV in the United States. This program is especially important in many states where there are large coverage gaps because of states choosing not to expand Medicaid. As the economic impact of COVID-19 continues to impact employment opportunities and access to employer-sponsored health insurance, funding for Ryan White programs will remain critical. The program also helps to ensure more equitable access to life-saving health care for some of the most underserved populations and communities in our nation.

We urge the Senate to fund the Ryan White HIV/AIDS Program at the following levels:

- Part A: \$731.1 million
- Part B (Care): \$486.7 million
- Part B (ADAP): \$968.3 million
- Part C: \$225.1 million
- Part D: \$85.0 million
- Part F/AETC: \$58.0 million
- Part F/Dental: \$18.0 million
- Part F/SPNS: \$34.0 million
- EHE Initiative: \$212.0 million

Housing Opportunities for Persons With AIDS (HOPWA)

This year is a critical year for the HOPWA program. FY2022 is the first year of the new HOPWA grant formula without any hold harmless restrictions. It is imperative that we make sure HOPWA is funded at a high enough level that will keep all programs able to meet their renewals so people living with HIV/AIDS and their families do not lose housing. H.R. 4502 carried our coalition's request to fund HOPWA at \$600 million for FY2022.

We urge the Senate to fund HOPWA at \$600 million so that the program meets the needs of people living with HIV while preventing HOPWA recipients from losing housing.

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS. Our coalition believes that the end of the HIV epidemic will rely on breaking down racist barriers to accessing healthcare. The Minority AIDS Initiative is an important tool that works to improve HIV-related health outcomes for racial and ethnic minorities and reduce HIV-related health disparities. The Minority HIV/AIDS Fund supports cross-agency demonstration initiatives to support HIV prevention, care and treatment, and outreach and education activities across the federal government. MAI programs at the Substance Abuse and Mental Health Administration target specific populations and provide prevention, treatment, and recovery support services, along with HIV testing and linkage service when appropriate, for people at risk of mental illness and/or substance abuse.

We urge the Senate to fund the Minority HIV/AIDS Fund at \$105million, and SAMHSA's MAI program at \$160 million in FY2022.

HIV/AIDS Research

We urge your committee to fund the National Institutes of Health's HIV/AIDS research work at \$3.84 billion, which is the level determined by the HIV/AIDS Professional Judgement Budget as needed to accomplish the agency's HIV/AIDS research goals. This research has been critical in developing innovative and effective tools in combating HIV, as well as furthering research to find a vaccine or cure for HIV. Additionally, the scientific knowledge learned in this research was critical in the development of COVID-19 vaccines and treatments.

We urge the Senate to fund the HIV/AIDS research at the NIH at \$3.84 billion in FY2022.

Sexual Health Programs

Finally, we urge you to increase funding for the Title X family planning program, which provides critical HIV and STI testing and counseling for millions of low-income women, especially women of color, as well as the Teen Pregnancy Prevention Program, which provides evidence-informed or evidence-based information to prevent unintended pregnancies, HIV, and other STDs. Additionally, the bill proposed to eliminate the "sexual risk avoidance" abstinence-only programs, which are ineffective, withhold lifesaving sexual health information, and stigmatize young people, especially LGBTQ+ youth.

We urge the Senate to fund Title X at \$737 million, and the Teen Pregnancy Prevention Program at least at \$150 million. We also urge you to eliminate funding for ineffective and wasteful abstinence-only programs in FY2022.

We thank you for your Committee's leadership in ending the HIV epidemic. As the United States continues to battle COVID-19, it is critical that the public health infrastructure that responds to infectious diseases like HIV, hepatitis, STDs, and TB receive the necessary funding to expand their important work. We urge the Senate to follow the lead of the House and craft a final bill that will bolster the defense of our nation's health.

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@taimail.org, Emily McCloskey at emccloskey@nastad.org, or Carl Schmid at cschmid@hivhep.org.

Sincerely,

ADAP Educational Initiative (OH)	Friends For Life, Corp. (TN)
Advocates for Youth (DC)	Georgia AIDS Coalition (GA)
African American Health Alliance (MD)	Georgia Equality (GA)
AIDS Action Baltimore (MD)	God's Love We Deliver, Inc. (NY)
AIDS Alabama (AL)	Grady - Ponce de Leon Center (GA)
AIDS Alliance for Women, Infants, Children, Youth & Families (DC)	HealthHIV (DC)
AIDS Foundation Chicago (IL)	Hennepin County (MN)
AIDS United (DC)	HEP (WA)
Aliveness Project (MN)	HIV + Hepatitis Policy Institute (DC)
American Academy of HIV Medicine (DC)	HIV AIDS Alliance of Michigan (MY)
American Psychological Association (DC)	HIV Medicine Association (VA)
American Sexual Health Association (NC)	Hope and Help Center of Central Florida, Inc. (FL)
amfAR, The Foundation for AIDS Research (NY)	Human Rights Campaign (National)
APLA Health (CA)	Hyacinth Foundation (NJ)
Black AIDS Institute (GA)	iHealth (NY)
CAEAR Coalition (DC)	Illinois Public Health Association (IL)
CARES of Southwest Michigan (MI)	In Our Own Voice: National Black Women's Reproductive Justice Agenda (DC)
Cascade AIDS Project (OR)	Indiana Recovery Alliance (IN)
CenterLink: The Community of LGBT Centers (FL)	International Association of Providers of AIDS Care (DC)
Colorado Organizations and Individuals Responding to HIV/AIDS(CORA) (CO)	John Snow, Inc. (JSI) (MA)
Covid Clinic (CA)	Korean Community Services of Metropolitan New York (NY)
Elizabeth Glaser Pediatric AIDS Foundation (DC)	Lansing Area AIDS Network (MI)
Food For Thought (CA)	Latino Commission on AIDS (NY)

Latinos Salud (FL)

Los Angeles LGBT Center (CA)

Medical Students for Choice (PA)

NASTAD (DC)

National Association of County and City Health Officials (DC)

National Black Gay Men's Advocacy Coalition (DC)

National Black Women's HIV/AIDS Network (SC)

National Coalition of STD Directors (DC)

National Family Planning & Reproductive Health Association (National)

National Working Positive Coalition (NY)

NMAC (DC)

North Carolina AIDS Action Network (NC)

Positive Women's Network-USA (CA)

Reproductive Health Access Project (NY)

Ryan White Medical Providers Coalition (VA)

San Francisco AIDS Foundation (CA)

Southwest Center for HIV/AIDS (AZ)

Southwest Recovery Alliance (AZ)

Suzanna Masartis (PA)

The AIDS Institute (DC)

The Food Is Medicine Coalition (National)

The Well Project (NY)

Thomas Judd Care Center at Munson Medical Center (MI)

Treatment Action Group (NY)

UNIFIED- HIV Health and Beyond (MI)

URGE: Unite for Reproductive & Gender Equity (DC)

Vivent Health (CO, MO, TX, WI)

Wellness AIDS Services, Inc. (MI)