



December X, 2021

The Honorable Rosa L. DeLauro
Chairwoman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

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: Final HIV Community Funding Requests for FY2022 Domestic HIV Programs

Dear Chairwoman DeLauro, Ranking Member Granger, 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 increase funding for domestic HIV, hepatitis, STI, TB, and related programs in the final FY 2022 appropriations packages. *As you work to finalize the bill, while ABAC continues to advocate for our coalition's original FY 2022 requests, **we urge you to support the highest proposed level from each of the House and Senate's appropriations bills.***

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.

Additionally, ***ABAC urges Congress to pass a full FY 2022 appropriations package to avert any chances that a full year continuing resolution is enacted.*** Already, the continuing resolution lasting through February 18, 2022 will delay grant awards and create budget and staffing uncertainties by grantees. HIV and related programs have been underfunded for many years. Since the COVID-19 pandemic began, many programs have been forced to divert resources to respond to COVID-19. A full year continuing resolution would be devastating for these programs that have been helping the country respond to COVID-19 while continuing to combat other infectious diseases. Because of inflation and increased costs of treatment and prevention, level funding would be, in effect, a cut. We cannot ask these programs to provide more services with less resources. Further, a full year continuing resolution would severely impact the goal of ending the HIV epidemic by 2030. In the past two years, Congress has invested significant new funding in the *Ending the HIV Epidemic Initiative*. The third year of this Initiative will truly kickstart the implementation phase, allowing jurisdictions to operationalize the plans they have developed to combat the epidemic in their communities. A full year continuing resolution would not allow for more resources to be provided for this Initiative, which could impact the long-term success of this important program.

To view a chart of proposed funding levels for each program our coalition advocates for, as well as ABAC's original requests for each program, please click here: <http://federalaidspolicy.org/fy-abac-chart/>. 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 both the House and Senate proposed \$670 million for year three of the Ending the HIV Epidemic (EHE) Initiative, which is the same level proposed in the President's FY 2022 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. With its first year of funding, the Ryan White HIV/AIDS Program reports that in these priority jurisdictions they were able to bring 11,139 new clients into the program and re-engage an additional 8,282 bringing in a total of 19,421 people to healthcare. In those community health centers funded by the EHE Initiative, they were able to increase PrEP uptake to 389,000 people.

We urge Congress to fund the EHE Initiative at least at the following levels:

- **\$275 million for CDC Division of HIV Prevention for testing, linkage to care, and prevention services, including pre-exposure prophylaxis (PrEP);**
- **\$190 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 Congress to fund CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention *at least at* \$1.501 billion as proposed by the House. This is \$187.5 million above current 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 Congress to fund the National Center for HIV, Viral Hepatitis, STD and TB Prevention at least at the following levels:

- **\$1.065 billion for the Division of HIV Prevention, with \$755.6 m for HIV prevention , \$50.1 million for the Division of Adolescent and School Health, and \$275 million for EHE Initiative Activities;**
- **\$44.5 million for the Division of Viral Hepatitis;**
- **\$166.8 million for STD prevention;**
- **\$140 million for TB elimination; and,**

- **\$69.5 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 both chambers. 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 Congress to fund the Ryan White HIV/AIDS Program *at least at* \$2.655 billion, as proposed by the House. This is an increase of \$231 million spread 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. It is especially important in many states where there are large coverage gaps because of states choosing not to expand Medicaid. 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 Congress to fund the Ryan White HIV/AIDS Program at least at the following levels:

- Part A: \$700.9 million
- Part B (Care): \$486.7 million
- Part B (ADAP): \$900.3 million
- Part C: \$207.1 million
- Part D: \$80.1 million
- Part F/AETC: \$44.6 million
- Part F/Dental: \$15.1 million
- Part F/SPNS: \$30.0 million
- EHE Initiative: \$190.0 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 ensure HOPWA is funded at a high enough level that will allow all programs able to meet their renewals so people living with HIV/AIDS and their families do not lose housing. The House’s appropriations bill carried our coalition's request to fund HOPWA at \$600 million for FY2022.

We urge Congress 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 Congress to fund the Minority HIV/AIDS Fund at least at \$58.4 million, and SAMHSA's MAI program at least at \$119.3 million in FY2022, as proposed by both the House and Senate bills.)

HIV/AIDS Research

We thank Congress for your continued support of the NIH and urge you to fund the National Institutes of Health's HIV/AIDS research work *at least at* \$3.29 billion, which is the level proposed by the House.. 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 Congress to fund the HIV/AIDS research at the NIH at least at \$3.29 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 Congress to fund Title X at least at \$500 million, which is what was proposed by the Senate, and the Teen Pregnancy Prevention Program at least at \$130 million. We also urge Congress to eliminate funding for ineffective and wasteful abstinence-only programs in FY2022, as proposed by both the House and Senate.

We thank you for your continued 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.

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)

Advocates for Youth (DC)

AIDS Action Baltimore (MD)

AIDS Alabama (AL)

AIDS Alliance for Women, Infants, Children, Youth
& Families (DC)

AIDS Foundation of Chicago (IL)

AIDS United (DC)

Aliveness Project (MN)

American Academy of HIV Medicine (DC)

American Psychological Association (DC)

American Sexual Health Association (NC)

APLA Health (CA)

Black AIDS Institute (GA)

CARES of Southwest Michigan (MI)

Cascade AIDS Project (OR)

CenterLink: The Community of LGBT Centers (FL)

Colorado Organizations and Individuals Responding
to HIV/AIDS(CORA) (CO)

Food for Thought (CA)

Georgia AIDS Coalition (GA)

Georgia Equality (GA)

HealthHIV (DC)

HEP (WA)

HIV + Hepatitis Policy Institute (DC)

HIV AIDS Alliance of Michigan (MI)

HIV Medicine Association (VA)

Hope and Help Center of Central Florida, Inc. (FL)

Hyacinth Foundation (NJ)

iHealth (NY)

In Our Own Voice: National Black Women's
Reproductive Justice Agenda (DC)

Indiana Recovery Alliance (IN)

International Association of Providers of AIDS Care
(DC)

Korean Community Services of Metropolitan New
York (NY)

Lansing Area AIDS Network (MI)

Latino Commission on AIDS (NY)

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 Working Positive Coalition (NY)

NMAC (DC)

Positive Women's Network-USA (CA)

Reproductive Health Access Project (NY)

San Francisco AIDS Foundation (CA)

Southwest Center for HIV/AIDS (AZ)

Southwest Recovery Alliance (AZ)

Suzanna Masartis (PA)

The AIDS Institute (DC)

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)