

United States Senate

WASHINGTON, DC 20510

March 27, 2015

Chairman Cochran
Subcommittee on Labor, HHS,
Education & Related Agencies
United States Senate
Washington, DC 20510

Chairmen Blunt
Subcommittee on Labor, HHS,
Education & Related Agencies
United States Senate
Washington, DC 20510

Ranking Member Mikulski
Subcommittee on Labor, HHS,
Education & Related Agencies
United States Senate
Washington, DC 20510

Ranking Member Murray
Subcommittee on Labor, HHS,
Education & Related Agencies
United States Senate
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Dear Chairmen Cochran and Blunt, and Ranking Members Mikulski and Murray:

Thank you for your commitment to addressing HIV/AIDS in the United States. As you prepare the FY2016 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations bill, we urge you to adequately fund domestic HIV/AIDS programs and appreciate that you have recognized this need in the past.

Unfortunately, previous funding reductions due to Sequestration have resulted in longer wait times for patients, loss of staff, and a reduction of services, such as HIV testing. Yet, with a record 1.2 million people living with HIV and an estimated 50,000 new infections annually, it is clear the HIV epidemic continues to grow. Equally concerning, about one out of every seven people living with HIV are unaware they have the virus. HIV disproportionately affects young people as well as low income and ethnic minority communities who depend on public services for their life-saving treatments. Domestic HIV/AIDS programs not only save lives of people living with HIV, they also reduce transmission to new populations through education and prevention efforts.

To strengthen our nation's efforts against HIV/AIDS, achieve the goals of the National HIV/AIDS Strategy, and to move toward an AIDS free generation, we ask that you increase funding for domestic HIV/AIDS programs, as specified below:

The Ryan White Program

The Ryan White HIV/AIDS Program provides medications, medical care, and essential coverage completion services to approximately 536,000 low-income, uninsured, and underinsured individuals living with HIV/AIDS. In addition, the program trains treatment providers, delivers services to families affected by HIV, and includes comprehensive essential services that promote program retention, treatment adherence, and improve long-term outcomes. The Ryan White Program works with Medicaid, Medicare, and the Affordable Care Act (ACA), and as a result, more people living with HIV will be able to receive and remain in care.

For these reasons, we urge you to maintain all parts of the program, and oppose the Administration's proposal in the FY2016 budget request to consolidate Parts C and D. We further request you fund the Ryan White Program at a total of \$2.45 billion in FY2016, an increase of \$136 million over FY2015, distributed in the following manner:

- Part A: \$687 million
- Part B (Care): \$437 million
- Part B (ADAP): \$943 million
- Part C: \$225 million
- Part D: \$85 million
- Part F/AETC: \$35 million
- Part F/Dental: \$18 million
- Part F/SPNS: \$25 million

CDC HIV Prevention and Surveillance

Early detection of HIV, retention in care, and adherence to treatment will reduce the incidence of both sexual and perinatal transmission of HIV treatment. In order to achieve the goals of the National HIV/AIDS Strategy to reduce new infections, increase knowledge of HIV-positive status, and reduce HIV transmission, funding for the CDC Division for HIV prevention and surveillance activities is critical.

For FY2016, we request an increase of \$67 million over FY2015 for a total of \$822.7 million for the CDC Division of HIV prevention and surveillance activities.

CDC STD Prevention

Given the strong link between HIV and other STDs, including high rates of co-infection among certain populations, an increased investment in STD programs is an essential component of HIV prevention.

We request an increase of \$54.7 million for a total of \$212 million for the CDC's Division of STD Prevention in FY2016.

Access to Sterile Syringes

Numerous studies have shown syringe exchange programs can be an evidence-based and cost-effective means to lower HIV and hepatitis infections, reduce the use of illegal drugs and help connect people to medical treatment, including substance use treatment.

We urge the Congress to end the ban on the use of federal funds for syringe exchange programs and to maintain language that allows the use of local funds for syringe exchange programs in the District of Columbia.

HIV/AIDS Research at the National Institutes of Health

For the U.S. to maintain its position as the global leader in HIV/AIDS research, we must invest adequate resources in HIV research at the NIH. NIH AIDS research has produced promising recent advances, including improved treatment programming and the first partially effective HIV vaccine. To date, AIDS research has also contributed to effective treatments for other diseases such as cancer and Alzheimer's disease. In order to realize similar breakthroughs in the future and improve the HIV care continuum, continued robust AIDS research funding is essential.

Consistent with the most recent Trans-NIH AIDS Research By-Pass Budget Estimate for FY2013, we ask that you request \$3.6 billion for HIV research at the NIH, an increase of \$600 million over FY2015.

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 FY2016. We note that most of these funds are contained within the budgets of the programs described above.

We again thank you for your continued leadership and support of these critical HIV/AIDS programs. Please let us know if you have any questions.

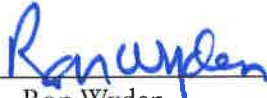
Sincerely,



Kirsten Gillibrand



Tammy Baldwin



Ron Wyden



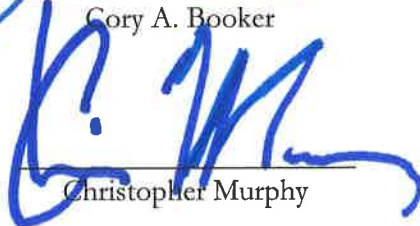
Elizabeth Warren



Barbara Boxer



Cory A. Booker



Christopher Murphy



Charles E. Schumer



Edward J. Markey



Richard Blumenthal



Jeff Merkley