



January 9, 2024

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

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

The Honorable Patty Murray
Chair
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Susan Collins
Vice Chair
Committee on Appropriations
United States Senate
Washington, DC 20515

Subject: Final HIV Community Funding Requests for FY2024 Domestic HIV Programs

Dear Chairwoman Granger, Ranking Member DeLauro, Chair Murray, and Vice Chair Collins:

The undersigned 100 organizations of 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 2024 appropriations packages. *As you work to finalize the bill, while ABAC continues to advocate for our coalition's original FY 2024 requests, **we urge you to reject the \$767 million cuts in domestic HIV programs as proposed by the House and support at least the proposed levels in the Senate's FY 2024 appropriations bills that maintain funding for these critically 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 HIV must be taken, as the risk factors associated with hepatitis, STIs, TB, and injection drug use are uniquely linked. Cutting funding for these programs would not only stop momentum against these infectious diseases but could also backtrack on the progress made in the last decade.

To view a chart of proposed funding levels for each program our coalition advocates for, as well as ABAC's original requests, please click here: <http://federalaidspolicy.org/fy-abac-chart/>. Additionally, please refer to our letter to Congress sent earlier this year, signed by 96 organizations, describing the needs of each program: <https://federalaidspolicy.org/fy-2024-abac-letter-to-congress/>.

Ending the HIV Epidemic Initiative

The **Ending the HIV Epidemic Initiative (EHE)** was announced by then-President Trump as part of his 2019 State of the Union Address, where he said that the EHE would “eradicate AIDS in America once and for all.” Over the past four fiscal years, Congress has provided resources to 57 jurisdictions across the U.S. where the majority of new HIV infections occur. While the COVID-19 pandemic challenged public health and community-based organizations as the plans were first implemented, we are already seeing positive outcomes from EHE funding. Since the inception of the EHE initiative, federal funding has:

- Provided 85,000 people with PrEP in 365 centers through HRSA Health Center EHE funding in 2022;
- Conducted 3.5 million HIV tests through HRSA Health Center EHE funding in 2022;
- Brought 37,731 people living with HIV into or re-engaged in care through Ryan White EHE funding in 2021;
- Provided 44,000 people with pre-exposure prophylaxis (PrEP) through CDC EHE funding in 2021 & 2022;
- Conducted nearly 600,000 HIV tests, identifying 8,500 previously undiagnosed individuals, with CDC EHE funding in 2021 and 2022;
- Distributed over 175,000 at-home HIV self-tests through CDC EHE funding in 2021 and 2022.

While the funding levels are well below what is truly needed, we urge Congress to fund the EHE Initiative *at least* at the following levels, which are the amounts proposed by the Senate:

- **\$223 million for the CDC Division of HIV Prevention for testing, linkage to care, prevention services, and expansion of pre-exposure prophylaxis (PrEP);**
- **\$165 million for HRSA Ryan White HIV/AIDS Program to expand comprehensive treatment for people living with HIV;**
- **\$157.3 million for HRSA Community Health Centers to increase clinical access to prevention services, particularly PrEP;**
- **\$5 million for The Indian Health Service (IHS) to address and combat the disparate impact of HIV and hepatitis C 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.**

The Ryan White HIV/AIDS Program

We urge Congress to fund the Ryan White HIV/AIDS Program *at least* at \$2.571 billion. The Ryan White Program 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 essential in many states with large coverage gaps, particularly in states that have not implemented Medicaid expansion. 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, including the growing population of people aging with HIV. In 2020, the Ryan White Program served 566,416 clients and received \$2.3 billion, an amount that has basically stayed the same for ten years while its number of clients continues to grow.

We urge Congress to fund the Ryan White HIV/AIDS Program *at least* at the following levels:

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|-----------------------------------------|------------------------------------------|
| ● Part A: \$680.8 million | ● Part F/AETC: \$34.9 million |
| ● Part B (Care): \$464.6 million | ● Part F/Dental: \$13.6 million |
| ● Part B (ADAP): \$900.3 million | ● Part F/SPNS: \$25.0 million |
| ● Part C: \$209.0 million | ● EHE Initiative: \$165.0 million |
| ● Part D: \$77.9 million | |

Centers for Disease Control and Prevention

We urge Congress to fund the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention *at least* at \$1.395 billion as proposed by the Senate. This Center is the federal leader in creating new and innovative strategies for HIV prevention. The tools available to prevent HIV have never been stronger, yet there must be enough funding available to get those tools to the communities most impacted by HIV, including the equitable expansion of PrEP. Viral hepatitis rates and new STI infections are at an all-time high, yet these programs are critically underfunded. The United States is experiencing an ongoing overdose crisis, with spikes and outbreaks

of viral hepatitis and HIV among people who inject drugs occurring in communities nationwide. The work of the National Center is critical in preventing, responding to, and mitigating the spread of infectious diseases across the country.

We urge Congress to fund the National Center for HIV, Viral Hepatitis, STD, and TB Prevention *at least* at the following levels, which were proposed by the Senate:

- **\$1.017 billion for the Division of HIV Prevention, with \$755.6 million for HIV prevention, \$38.1 million for the Division of Adolescent and School Health, and \$223.0 million for EHE Initiative Activities;**
- **\$43.0 million for the Division of Viral Hepatitis;**
- **\$174.3 million for STD prevention;**
- **\$137.0 million for TB elimination; and,**
- **\$24.0 million for Infectious Diseases and Opioid Epidemic programs.**

We also 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 to expand Syringe Service Programs (SSPs), which are a key tool in combating infectious diseases and overdose deaths, as well as connecting people to substance use treatment, HIV and hepatitis testing, and other supportive services. Furthermore, more than 700 full-time public health employees working in sexually transmitted infection (STI), HIV, hepatitis, and tuberculosis prevention will be laid off in the next year due to the rescission of the remaining disease intervention specialist workforce funds in the Fiscal Responsibility Act. An additional \$25 million is needed for the Division of STD Prevention to avert the layoffs of this syndemic workforce.

Housing Opportunities for Persons With AIDS (HOPWA)

Housing is the number one unmet need for people living with HIV and 2 out of 5 PLWHA who need housing assistance do not get it. HOPWA is a highly effective housing program, providing housing to 50,000 households and supportive services to over 100,000 individuals. However, there is only enough HOPWA funding to house PLWHA who need housing for 1.24 months, per person, per year.

We urge Congress to fund HOPWA *at least* at \$505 million as proposed by both the House and Senate.

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 \$60 million, and SAMHSA's MAI program *at least* at \$119.3 million as proposed by the Senate.

HIV/AIDS Research

We urge you to fund the National Institutes of Health's HIV/AIDS research work *at least* at the FY2023 level of \$3.294 billion. This research has been critical in developing innovative and effective tools for combating

HIV, as well as furthering research to find a vaccine or cure for HIV. Additionally, advances in basic medicine funded through HIV research at NIH have led to new vaccines, treatments, and medication for many other diseases such as cancer, Alzheimer's, kidney disease, tuberculosis, and now COVID-19.

We urge Congress to fund the HIV/AIDS research at the NIH *at least* at the FY2023 level of \$3.294 billion in FY 2024.

Sexual Health Programs

Finally, we urge you to protect funding for the Title X family planning program, which provides critical HIV and STI testing and counseling for millions of low-income people, especially people 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.

We urge Congress to fund Title X *at least* at \$286.5 million and the Teen Pregnancy Prevention Program *at least* at \$101 million, as proposed by the Senate. We also urge Congress to eliminate funding for ineffective and wasteful abstinence-only programs in FY 2024.

We understand that the Fiscal Responsibility Act set caps on discretionary spending, and we appreciate that the Senate was able to at least level fund domestic HIV and related programs while also complying with the caps imposed by the agreement. This bill stands in stark difference to the House's FY 2024 appropriations bills, which proposed significant and detrimental cuts to HIV programs throughout the proposed bills. We hope that the final FY 2024 appropriations bills look as similar to the Senate's proposals as possible so that we can continue to make progress against HIV, hepatitis, STDs, TB, and related syndemics. Additionally, we urge you to work diligently to ensure that we avoid a full-year continuing resolution, which would be extremely damaging to all the programs described above.

We thank you for your continued leadership in ending the HIV epidemic. Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@taimail.org, Drew Gibson at dgibson@aidsunited.org, Emily Schreiber at eschreiber@nastad.org, or Carl Schmid at cshmid@hivhep.org.

Sincerely,

ACR Health (NY)

Act Now End AIDS (ANEA) Coalition (SC)

Advocacy House Services, Inc. (NC)

Advocates for Youth (DC)

AIDS Action Baltimore (MD)

AIDS Alabama (AL)

AIDS Alabama South (AL)

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

AIDS Foundation Chicago (IL)

AIDS Legal Referral Panel (CA)

AIDS United (DC)

Aliveness Project (MN)

Alliance for Positive Change (NY)

American Academy of HIV Medicine (DC)

American Psychological Association (DC)

American Sexual Health Association (NC)

amfAR, The Foundation for AIDS Research (NY)

Apicha Community Health Center (NY)

APLA Health (CA)

Appalachian Learning Initiative Inc. (WV)

Argus Community, Inc. (NY)

Arianna's Center (FL/PR)

Association of Nurses in AIDS Care (OH)
AVAC (NY)
Black AIDS Institute (GA)
Black Women's Learning Institute (DC)
BOOM Health (NY)
CAEAR Coalition (DC)
CARES of Southwest Michigan (MI)
Cascade AIDS Project (OR)
Center for Health Law and Policy Innovation (MA)
CenterLink: The Community of LGBT Centers (FL)
Colorado Organizations and Individuals Responding to HIV/AIDS(CORA) (CO)
Community Liver Alliance (PA)
Drug Policy Alliance (NY)
Elizabeth Glaser Pediatric AIDS Foundation (DC)
Fatty Liver Foundation (ID)
Five Horizons Health Services (AL)
Food for Thought (CA)
Friends For All (TN)
Georgia AIDS Coalition (GA)
Georgia Equality (GA)
Grady Health System (GA)
Harlem United (NY)
HealthHIV (DC)
Healthy Teen Network (MD)
HEP (WA)
HIV + Hepatitis Policy Institute (DC)
HIV AIDS Alliance of Michigan (MI)
HIV Dental Alliance (GA)
HIV Medicine Association (VA)
Hope and Help Center of Central Florida, Inc. (FL)
Hope House of St. Croix Valley (MN)
Housing Works (NY)
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)
JSI (MA)
Korean Community Services of Metropolitan New York (NY)
Lansing Area AIDS Network (MI)
Latino Commission on AIDS (NY)
Latinos Salud (FL)
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 (DC)
National HIV/AIDS Housing Coalition (DC)
National Tuberculosis Coalition of America (GA)
National Working Positive Coalition (NY)
NMAC (DC)
Piedmont Care, Inc. (SC)
Positive Impact Health Centers (GA)
Positive Women's Network-Ohio (OH)
Positive Women's Network-USA (CA)
PrEP4All (NY)
Reproductive Health Access Project (NY)

Ribbon (DC)

Ryan White Medical Providers Coalition (VA)

SAGE (NY)

San Francisco AIDS Foundation (CA)

San Francisco Community Health Center (CA)

SIECUS: Sex Ed for Social Change (DC)

SisterLove, Inc. (GA)

Southwest Center for HIV/AIDS (AZ)

Southwest Recovery Alliance (AZ)

The AIDS Institute (DC)

The Aliveness Project, Inc. (MN)

The Well Project (NY)

Thomas Judd Care Center at Munson Medical
Center (MI)

Treatment Action Group (NY)

U.S. People Living with HIV Caucus (DC)

UNIFIED- HIV Health and Beyond (MI)

URGE: Unite for Reproductive & Gender Equity
(DC)

Vivent Health (CO, MO, TX, WI)

Wellness AIDS Services, Inc. (MI)