



THE AIDS INSTITUTE



Sustaining Progress in HIV & STD Prevention and Treatment in the United States

INTRODUCTION

For perhaps the first time in history, we have the knowledge and tools to end the HIV epidemic and dramatically reduce the burden of STDs in America. Despite our best medical advances to date, HIV remains an incurable infectious disease and STD infection rates have reached a record high in the United States. We can successfully treat people living with HIV and other STDs and prevent new infections. However, to meet these goals it is critical we make robust investments to protect the health and wellness of people living with and affected by HIV and other STDs.

CDC HIV PREVENTION & SURVEILLANCE

The number of new HIV infections in the United States fell 18 percent between 2008 and 2014, which translates to hundreds of thousands of averted new infections and billions of dollars in cost savings for treatment. CDC HIV Prevention funds testing services, education, risk reduction, surveillance, and response outbreak, among many other activities. Despite tremendous progress with HIV prevention efforts, there are still an estimated 37,600 new infections each year. Continued funding HIV Prevention is critical to ensure CDC and its grantees can maintain recent gains and intensify prevention efforts in communities where HIV is most prevalent.

We request that the CDC Division of HIV Prevention receive a total of \$872.7 million in FY2018, an increase of \$84 million over FY2017.

CDC STD PREVENTION

An essential component of our HIV prevention strategy must include adequate and robust investments in STD prevention programs at the CDC. Rates of chlamydia, gonorrhea, and syphilis have surged to a 20-year high. STDs cause many harmful, often irreversible, and costly clinical complications such as reproductive health problems, cancer, and make people more at risk for HIV. These increases threaten to undue progress made in HIV prevention and account for an estimated \$16 billion in health care costs. We must appropriately fund our public health infrastructure to address these growing epidemics.

We request that the CDC's Division of STD Prevention receive a total of \$192.3 million in FY2018, an increase of \$40 million over FY2017.

RYAN WHITE HIV/AIDS PROGRAM

The Ryan White HIV/AIDS Program provides a critical and comprehensive system of care that includes access to lifesaving medication, primary medical care, and essential support services for people living with HIV who are uninsured or underinsured. Almost two-thirds of Ryan White clients are living at or below 100 percent of the Federal Poverty Level (FPL) and over 90 percent are living at or below 250 percent of FPL. The program has been highly successful at achieving positive clinical outcomes, especially in communities most affected by HIV. More than half of all people diagnosed with HIV in the United States are reached by the program. Many Ryan White Program clients live in states that have

RYAN WHITE HIV/AIDS PROGRAM (CONT)

not expanded Medicaid and must rely on the Ryan White Program as their only source of HIV/AIDS care and treatment. This is particularly true in the South. As the program struggles to keep up with demand amid a changing and uncertain health care landscape, continued funding is critically important to ensure that access to health care, medications, and other services for people with HIV are consistently maintained.

We urge you to fund the Ryan White HIV/AIDS Program at a total of \$2.465 billion in FY2018, an increase of \$145.8 million over FY2017, distributed in the following manner:

- ***Part A: \$686.7 million***
- ***Part B (Care): \$437 million***
- ***Part B (ADAP): \$943.3 million***
- ***Part C: \$225.1 million***
- ***Part D: \$85 million***
- ***Part F/AETC: \$35.5 million***
- ***Part F/Dental: \$18 million***
- ***Part F/SPNS: \$34 million***

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

The Housing Opportunities for Persons with AIDS (HOPWA) Program provides housing assistance and related supportive services for low-income people living with HIV and their families. Housing is the greatest unmet need for people living with HIV. Research shows that stable housing plays an important role in helping to prevent new HIV infections, helping individuals living with HIV adhere to treatment, and reduces the likelihood of HIV-related complications.

Though HOPWA is a proven, highly effective housing program, it only meets a fraction of the need, especially given that it is estimated that half of all people living with HIV in the United States will need some form of housing assistance during the course of

their lives. Adequate funding for HOPWA is needed to ensure safe, affordable housing for low-income people living with HIV.

We request that HOPWA be funded at \$385 million in FY2018, an increase of \$29 million over FY2017.

SECRETARY'S MINORITY AIDS INITIATIVE FUND (SMAIF)

Racial and ethnic minorities in the United States are disproportionately affected by HIV. African Americans, more than any other racial/ethnic group, continue to bear the greatest burden of HIV in the United States. While African Americans only comprise 12 percent of the U.S. population, in 2015 they accounted for 45 percent of all HIV diagnoses. In 2014, Hispanics accounted for almost a quarter of all new HIV infections despite representing only 17 percent of the U.S. population. SMAIF aims to improve the HIV-related health outcomes for racial and ethnic minorities and reduce HIV-related health disparities. The resources for SMAIF supplement other federal HIV funding and are designed to encourage capacity building, innovation, collaboration, and the integration of best practices.

We request that the HHS Secretary's MAI be funded at \$105 million in FY2018, an increase of \$51.1 million over FY2017. Please note that other MAI funds are contained within the budgets of the programs described above.

CONCLUSION

We have an unprecedented opportunity to end the HIV epidemic in America and stem the tide of new STD infections within our lifetimes by adequately funding efforts to expand access to HIV and STD prevention, treatment, and research. Now more than ever, the investment of the federal government in HIV and STDs is critical for reaching these goals.

AIDS United (AU), NASTAD, the National Coalition of STD Directors (NCSO), NMAC, and The AIDS Institute (TAI) are national non-partisan, non-profit organizations focused on ending HIV in the U.S. They have been working in partnership to identify and share resources to sustain successes and progress we have made in HIV and STD prevention, care, and treatment in the United States.

