



## HIV and Viral Hepatitis Policy Watch

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The *Policy Watch* provides timely updates and resources on Hill and Administration activities impacting HIV and viral hepatitis programs. Please go to NASTAD's website at [www.NASTAD.org](http://www.NASTAD.org) for more information.

### Congress and Administration

#### FY2012 Budget

The House and Senate will both consider a continuing resolution (CR) next week to fund government departments and agencies at the start of the new fiscal year on October 1st. Currently, the full House has approved six of twelve bills; the Senate has finished one - neither chamber has approved the often contentious Labor-HHS-Education bill. The measure, expected to run until November 18, would fund the government at the \$1.043 trillion annual level included in the debt limit agreement, reached by Congress and the White House ([PL 112-25](#)) - the agreement is 1.4 percent below current FY 2011 spending.

In terms of the impact on Labor-HHS-Education Appropriations, the Senate has announced that their allocation will be \$300 million less than FY2011 and while the House has not made their allocations public, it is expected to be lower than the Senate. How these cuts will be within the Labor-HHS-Education appropriations bill remain to be seen.

NASTAD continues to work in coalition to advocate for increases in HIV and viral hepatitis programs. Additionally, NASTAD has signed onto a variety of funding request letters to appropriators around increases for [ADAP](#), the maintenance of the [Preventive Health and Health Services Block Grant](#) and a [letter](#) to appropriators which encourages prioritizing critical social services programs. The President's Advisory Committee on HIV/AIDS (PACHA) has also sent a [letter to Secretary Sebelius](#) which calls for the immediate restoration of \$20 million for core HIV prevention services through health departments. HIV/AIDS and viral hepatitis advocates will have to make a strong case to protect HIV and viral hepatitis care, prevention, research and housing programs.

## **FY2013 Budget**

In preparation for the President's FY2013 budget development process, the Office of Management and Budget (OMB) requested that federal agencies submit budget scenarios between five and ten percent below their FY2011 enacted discretionary appropriation levels. Instead of across-the-board reductions, OMB has stated that the goal is to eliminate "low priority" and "wasteful" programs while achieving better performance with the resources they have in light of anticipated reductions stemming from the Budget Control Act.

## **Joint Deficit Committee**

As previously , the Budget Control Act of 2011 signed by President Obama on August 2, 2011, immediately raised the debt limit by at least \$2.1 trillion (gradually) and formed a 12 person bipartisan Congressional committee chosen by leadership in the House and Senate tasked with reducing the deficit by \$1.5 trillion by FY2021 (or at least \$1.2 T). The [Deficit Committee](#), also known as the "Super Committee," has unprecedented authority to dictate legislation and policies that will achieve the mandated savings. Specifically, the Supercommittee can raise revenues and make cuts in spending to mandatory and/or discretionary programs and military and/or domestic programs. Their plan must be voted on in committee by November 23, 2011 and Congress must vote by December 23, 2011. If the Supercommittee cannot agree on a bill to send to Congress, "sequestration" would be triggered resulting in automatic cuts of up to \$1.2 trillion starting in January of 2013.

In terms of the implications for HIV/AIDS and viral hepatitis programs, everything is subject to cuts, including entitlement programs such as Medicaid and Medicare, a significant payer for people living with HIV/AIDS. The Supercommittee can also make alterations to the structure and funding for Medicaid and Medicare and these changes will impact the growing number of people living with HIV/AIDS who utilize them. Such changes could also impact an individual state's own contribution to these programs. Additionally, large cuts and/or caps on non-discretionary funding would shrink the overall pool of money available to all programs. The trickle down impact could mean fewer resources for programs such as Ryan White, ADAP, etc. Additionally, the Congressional Budget Office released an [analysis](#) detailing the impact of automatic cuts via the sequestration process.

NASTAD also signed on to letters asking Joint Deficit Committee members to protect .

## **Congressional HIV/AIDS Caucus**

On September 15, 2011, the bipartisan HIV/AIDS Caucus was [launched](#) at a press conference on Capitol Hill. The Caucus is comprised of three Co-Chairs: Representatives Barbara Lee (D-CA), Trent Franks (R-AZ) and Jim McDermott (D-WA) and currently has 59 [members](#). The purpose of the Caucus is to create a forum for Members of Congress to address the significant issues surrounding HIV/AIDS through

regular events, briefings, conferences and other means designed to bring broader attention and better focus to the pandemic.

## Hepatitis

The Viral Hepatitis and Liver Cancer Control and Prevention Act was introduced in the 110<sup>th</sup> and 111<sup>th</sup> Congresses. The purpose of the bill was to amend the Public Health Service Act to direct the Secretary of Health and Human Services to establish, promote, and support a comprehensive prevention, education, research, and medical management referral program for viral hepatitis infection that will lead to a marked reduction in the disease burden associated with chronic viral hepatitis and liver cancer. While the bill had over 75 co-sponsors, it never made it out of committee. The bill language has been included in the Health Equity and Accountability Act of 2011, a bill designed to support eliminating racial and ethnic health disparities under the Affordable Care Act by ensuring quality in the delivery of care, advancing research and promoting healthy behaviors throughout all communities. Viral hepatitis advocates and Congressional champions are in the process of crafting a different version of this bill which would focus specifically on hepatitis B virus (HBV) and hepatitis C virus (HCV) testing. Congressional champions will be introducing the Viral Hepatitis Testing Act of 2011 in the House of Representatives in the coming weeks.

## Resources

NASTAD has updated its [legislation of interest grid](#) for the 112th Congress to include the most recent HIV, STD and viral hepatitis legislation. One bill of note is HR 1774, the Increasing Access to Voluntary Screening for HIV/AIDS and STIs Act of 2011. Endorsed by NASTAD and sponsored by Representative Alcee Hastings (D- FL), HR 1774, increases access to voluntary screening and other preventive methods while preserving patient rights and confidentiality. The legislation calls for an aggressive, comprehensive approach to tackling HIV/AIDS, viral hepatitis and STIs.

Kaiser Family Foundation released a [fact sheet](#) titled “Preventive Services Covered by Private Health Plans under the Affordable Care Act.”