

Testimony for Submission

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To the House Committee on Appropriations
Subcommittee on Labor, HHS, Education and Related Agencies For FY2012

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the nation's chief state health agency staff who have programmatic responsibility for administering HIV/AIDS and viral hepatitis healthcare, prevention, education, and supportive service programs funded by state and federal governments. On behalf of NASTAD, we urge your support for increased funding for federal HIV/AIDS and viral hepatitis programs in the FY2012 Labor-Health-Education Appropriations bill, and thank you for your consideration of the following critical funding needs for HIV/AIDS, viral hepatitis and STD programs in FY2012. These funding needs support activities aligned with the goals set forth in the National HIV/AIDS Strategy (NHAS) – a game-changing blueprint for tackling the nation's HIV/AIDS epidemic.

As we approach 30 years into the HIV/AIDS epidemic, we must be mindful that HIV/AIDS is still a crisis in the U.S., not just a global issue. HIV/AIDS is an emergency and while there are life-saving medications that did not exist 20 years ago, there is still no cure, and we still see new infections – about 56,000 annually. The nation's prevention efforts must match our commitment to the care and treatment of infected individuals. First and foremost we must address the devastating impact on racial and ethnic minority communities, particularly African Americans and Latinos, as well as gay men and other men who have sex with men of all races and ethnicities, substance users, women and youth. To be successful, we must expand outreach, scale-up and consider new and innovative approaches to arrest the epidemic here at home.

HIV/AIDS Care and Treatment Programs

The Health Resources and Services Administration (HRSA) administers the \$2.2 billion Ryan White Program that provides health and support services to more than 500,000 Persons Living with HIV/AIDS (PLWHA). NASTAD requests a minimum increase of **\$184 million** in FY2012 for state Ryan White Part B grants, including an increase of **\$76 million** for the Part B Base and **\$108 million** for AIDS Drug Assistance Programs (ADAPs). ADAPs truly need an increase of \$410 million in FY2012 to maintain their programs and fill the structural deficits that have built up

during the last several years. With these funds states and territories provide care, treatment and support services to PLWHA, who need access to HIV clinicians, life-saving and life-extending therapies, and a full range of support services to ensure adherence to complex treatment regimens. All states have reported to NASTAD a significant increase in the number of individuals seeking Part B Base and ADAP services.

State ADAPs provide medications to low-income uninsured or underinsured PLWHA. In FY2009, over 213,000 clients were enrolled in ADAPs nationwide. Due to many factors such as unemployment, economic challenges, increased HIV testing and linkages to care, and new HIV treatment guidelines calling for earlier therapeutic treatments, program demand has increased dramatically, and thus ADAPs are ever more in crisis. As of April 14, 2011, there are 7,885 individuals are on waiting lists in 11 states to receive their life-sustaining medications through ADAP:

Arkansas: 56 individuals	North Carolina: 178 individuals
Florida: 3,807 individuals	Ohio: 341 individuals
Georgia: 1,343 individuals	South Carolina: 612 individuals
Idaho: 10 individuals	Virginia: 616 individuals
Louisiana: 894 individuals	Wyoming: 4 individuals
Montana: 24 individuals	

Last year, as of April 2010, there were ten states with less than 900 individuals on waiting lists. Thus, we have seen a 900 percent increase in individuals on waiting lists in the last year.

HIV/AIDS Prevention and Surveillance Programs

One of the major goals of the NHAS is to lower the annual number of new infections from 56,300 to 42,225 by 2015. In order to meet this ambitious goal, NASTAD requests an increase of **\$122 million above FY2010 funding levels** for state and local health department HIV prevention and surveillance cooperative agreements in order to provide comprehensive prevention programs. By providing adequate resources to state and local health departments to scale up HIV prevention and surveillance programs, we will be closer to meeting the NHAS goal of reducing new HIV infections by 25 percent by 2015. In addition, NASTAD fully supports the President's request to allocate \$30 million from the Prevention and Public Health Fund for HIV prevention activities consistent with the allocation of these resources in FY2010.

Of the total increase requested, NASTAD supports an increase of **\$55 million** for the HIV prevention cooperative agreements with health departments in order to scale up effective prevention programs and enable CDC to implement a new formula for allocation of resources. In addition, NASTAD believes increased funding should be

directed towards critical HIV surveillance efforts and requests an increase of **\$30 million above FY2010 levels**.

Additional resources will allow improvements in core surveillance and expand surveillance for HIV incidence, behavioral risk, and receipt of care information including CD4 and viral load reporting. HIV surveillance data are the mechanism through which the success at achieving the goals of the NHAS will be measured. The completeness of national HIV surveillance activities is critical to monitor the HIV/AIDS epidemic and to provide data for targeting with greater precision the delivery of HIV prevention, care, and treatment services.

Expanded Testing Program

To be successful, health departments must expand outreach, HIV testing and linkage to care and treatment targeting high-risk populations including gay men of all races and ethnicities, Black women, persons who inject drugs, and youth. In order to maximize prevention efforts, partners of persons being tested must be identified, notified, and counseled. Moreover, health departments need resources to educate the mass public by reinforcing accurate, evidence-based information while working to reduce the stigma associated with the disease. NASTAD supports maintaining funding at **\$70 million** to health departments to continue the highly successful Expanded Testing Program (ETP), which targets African Americans, Latinos, gay and bisexual men of all races and ethnicities, and persons who inject drugs. For the 30 jurisdictions currently funded for ETP, the program has been an effective way to implement routine HIV testing in clinical settings – increasing the number of people who know their HIV status and linking those with HIV to care and treatment. In FY2010, \$4.4 million was allocated from the Prevention and Public Health Fund to increase the number of jurisdictions that were funded for linkage to care. NASTAD supports the continuous inclusion of this funding. During the first three years of the program approximately 2.6 million tests were conducted with an estimated 28,000 being confirmed HIV positive. Reducing new HIV infections relies heavily on “knowing your status.” This program should be preserved with adequate funding to ensure that more individuals learn their HIV status and are linked to care.

Enhanced Comprehensive HIV Prevention Planning (ECHPP)

The first step in the NHAS is to “intensify HIV prevention efforts in communities where HIV is most heavily concentrated.” In response, in August 2010, the CDC funded ECHPP. Eligible jurisdictions were awarded on September 30, 2010 with an average award of \$960,000. Through ECHPP, these highly impacted urban areas were awarded resources to test and evaluate new approaches to integrate planning, monitoring and delivering HIV

prevention and care services in their specific localities. NASTAD supports a doubling of ECHPP funding to **\$24 million** in order to fund additional jurisdictions for these important activities designed to help states maximize existing prevention resources.

Improving Program Effectiveness

NASTAD also requests an increase of **\$10 million** for Program Collaboration and Service Integration (PCSI) to enable health departments to integrate prevention services for HIV, STD, viral hepatitis, and TB at the client level. Currently six jurisdictions are funded by CDC for PCSI activities. Based on epidemiological data, 29 jurisdictions were eligible to apply for PCSI funding. Additional funding is required to allow CDC to fund another 10 jurisdictions and use resources to support other projects related to PCSI including surveillance.

Viral Hepatitis Prevention Programs

NASTAD requests an increase of **\$40 million** for a total of **\$59.3 million** in FY2012 for the CDC's Division of Viral Hepatitis (DVH) for a national testing, education and surveillance initiative as outlined in the Division's professional judgment budget submitted to Congress last year. We believe that testing to identify over 3 million people or 65-75 percent of chronic hepatitis B and C patients who do not know they are infected is the highest priority for reducing illness and death related to viral hepatitis. Testing must accompany education efforts to reach those already infected and at high risk of death and of spreading the disease. Developing a national surveillance system is the Division's second highest priority. Surveillance is needed to monitor disease trends and evaluate evidence-based interventions. Unlike other infectious diseases, viral hepatitis lacks a national surveillance system. Further this funding would enhance the role of Adult Viral Hepatitis Prevention Coordinators based in state health departments to implement and integrate testing, education and surveillance into the existing public health infrastructure. States and cities receive an average funding award from DVH of \$90,000, which supports a single staff position and is not sufficient for the provision of core prevention services. Therefore, NASTAD requests funding to state adult viral hepatitis prevention coordinators be increased from **\$5 to \$10 million**.

HHS is expected to release its Viral Hepatitis Action Plan that will improve the collaboration and coordination of the federal government's response and implement the Institute of Medicine's (IOM) expert recommendations on controlling and preventing viral hepatitis. Funding is needed to support increased capacity at the HHS Office of the Assistant Secretary for Health (ASH) for supporting the implementation of the HHS Viral Hepatitis Action Plan.

Further we encourage you to utilize health reform's Prevention and Public Health Fund to support a broad testing and screening initiative that would include neglected diseases such as viral hepatitis in order to capture patients before they progress in their liver disease and increase costs to public healthcare systems.

STD Prevention Programs

NASTAD supports an increase of **\$213.5 million** for a total of **\$367.4 million** in FY2012 for STD prevention, treatment and surveillance activities undertaken by state and local health departments. CDC's Division of STD Prevention has prioritized four disease prevention goals—Prevention of STD-related infertility, STD-related adverse pregnancy outcomes, STD-related cancers and STD-related HIV transmission. CDC estimates that 19 million new infections occur each year, almost half of them among young people ages 15 to 24. In one year, the U.S. spends over \$8 billion to treat the symptoms and consequences of STDs. Untreated STDs contribute to infant mortality, infertility, and cervical cancer. Additional federal resources are needed to reverse these alarming trends and reduce the nation's health spending. The teen pregnancy prevention initiative should be expanded to include prevention of HIV and STDs and funded at \$20 million above the President's 2012 request of **\$114.5 million**. Such an increase would allow providers to serve an additional 100,000 youth. NASTAD also support the President's request for **\$40 million**, for HIV school health and the transfer of this funding to the CDC National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP) to increase access to evidence-based and comprehensive sex education.

As you contemplate the FY2012 Labor, HHS and Education Appropriations bill, we ask that you consider all of these critical funding needs. We thank the Chairman, Ranking Member and members of the Subcommittee, for their thoughtful consideration of our recommendations. Our response to the HIV, viral hepatitis and STD epidemics in the United States defines us as a society, as public health agencies, and as individuals living in this country. There is no time to waste in our nation's fight against these infectious and often chronic diseases. The nation's prevention efforts must match our commitment to the care and treatment of infected individuals.

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