

Outside Witness Testimony FY2012 Appropriations

Organization: National Alliance of State & Territorial AIDS Directors (NASTAD)

Subcommittee: Labor, HHS, Education and Related Agencies

Department: Health and Human Services (HHS)

The National Alliance of State & 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-HHS-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 (MSM) 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.

The President's FY2012 budget proposal provides increases to HIV/AIDS prevention, care and the Ryan White Program in support of the National HIV/AIDS Strategy for a total investment of \$3.5 billion. The Budget prioritizes HIV/AIDS resources within high burden communities and among high-risk groups, including MSM, African Americans and Hispanics, and realigns resources within CDC, HRSA, SAMHSA, and the Office of the Secretary to support the National HIV/AIDS Federal Implementation Plan. Additionally, the Budget allows CDC and states to transfer up to 5 percent across HIV/AIDS, tuberculosis, STD and viral hepatitis programs to improve coordination and integration.

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). The President's budget includes an increase of \$63 million for a total of \$2.4 billion for the entire Ryan White Program. The Budget also includes \$940 million for AIDS Drug Assistance Programs (ADAPs), an increase of \$55 million.

NASTAD requests a minimum increase of \$183 million in FY2012 for state Ryan White Part B grants compared to the President's budget of flat funding Part B at its FY2010 level of \$418.8 million and requesting a \$55 million increase or a total of \$940 million for ADAPs. We are requesting an increase of \$77 million for the Part B Base and \$106 million or a total of \$991 million for ADAPs. ADAPs truly need an increase of \$360 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 May 19, 2011, there 8,310 individuals are on waiting lists in 13 states to receive their life-sustaining medications through ADAP:

Alabama: 15 individuals	North Carolina: 242 individuals
Arkansas: 59 individuals	Ohio: 413 individuals
Florida: 3,938 individuals	South Carolina: 693 individuals
Georgia: 1,520 individuals	Utah: 6 individuals
Idaho: 14 individuals	Virginia: 684 individuals
Louisiana: 696 individuals	Wyoming: 4 individuals
Montana: 26 individuals	

Last year, as of April 2010, there were ten states with less than 900 individuals on waiting lists. Thus, we have seen an over 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 **\$90 million above FY2011 funding levels for a total of \$555 million compared to the President's request of a \$4 million increase** 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 \$30.4 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 **\$60 million above FY2011 levels compared to the President's request of a \$6.4 million increase for the HIV prevention cooperative agreements with health departments** in order to scale up effective prevention programs and enable CDC to implement a new funding formula that would provide equitable funding to all jurisdictions based on disease burden without dismantling existing prevention efforts in some jurisdictions. Moreover, these additional resources will allow health departments to increase their efforts in a variety of areas such as: expanding the reach of activities targeting men who have sex with men (MSM). According to the September 2010 CDC Fact Sheet *HIV/AIDS Among Gay and Bisexual Men*, MSM account for nearly half (48 percent) of the more than one million people living with HIV/AIDS and account for 53 percent of new infections. Young men from racial and ethnic minority communities bear a disproportionate burden of the disease and there are more new HIV infections among young Black MSM (aged 13–29) than among any other age and racial group of MSM. Additional funding will allow health departments to continue developing and implementing innovative, cost effective and evidence-based prevention programming. Increased funding will also allow health departments to expand services to other disproportionately impacted populations including Black women, persons who inject drugs and youth. With additional funding, health departments will expand outreach, targeted and routine HIV testing, partner services and linkage to care and other evidence-based prevention interventions. Increased funding will also allow for the expansion of additional core prevention services such as partner services (the identification, notification and counseling of partners of persons whom have tested HIV positive), capacity building and technical assistance to implement routine HIV testing and highly targeted behavior change interventions to community-based organizations and health care providers as well as public education campaigns to reinforce accurate, evidence-based information and begin to reduce the stigma associated with the disease.

In addition, NASTAD believes increased funding should be directed towards critical **HIV surveillance efforts and requests an increase of \$30 million above FY2011 levels compared to the President's request of a decrease of nearly \$2 million.** 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.

The funding increase will also allow for the continuation of the Expanded Testing Program, Enhanced Comprehensive HIV Prevention Planning (ECHPP) and Program Collaboration and Service Integration (PCSI) activities. **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. 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.

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 continuing ECHPP funding at \$12 million in order to fund the next round of state health departments for this important activity.**

NASTAD also requests continued support 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.

HIV School-based Prevention for Youth

NASTAD also supports an increase for evidence-based programs for youth funded through the CDC. **An increase of \$10 million above the President’s FY2012 level of \$40 million should be supported for HIV school health for a total of \$50 million.** CDC currently funds HIV school health programs through the Division of Adolescent and School Health (DASH). The President’s budget proposal moves HIV-specific DASH funding to the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention to ensure closer coordination with other HIV prevention programs, which NASTAD supports. One-third of all new infections are among young people under the age of 29, the largest share of any age group of new infections.

Viral Hepatitis Prevention Programs

NASTAD requests an increase of \$40 million for a total of \$59.8 million in FY2012 compared to the President’s request of \$5.2 million for a total of \$25 million. Funding increases would go to the CDC’s Division of Viral Hepatitis (DVH) to support the HHS *Action Plan on Viral Hepatitis* for a national testing, education and surveillance initiative as outlined in the Division’s professional judgment budget submitted to Congress last year. While we are hopeful about the first-ever HHS *Viral Hepatitis Action Plan*, funding is needed to support increased capacity at the HHS Office of the Assistant Secretary for Health (ASH) for supporting the implementation of this plan.

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. 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 (AVHPCs) 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.**

In addition, we encourage Congress to work with CDC to provide adequate hepatitis B vaccination through the Section 317 program as proposed in CDC's FY2012 budget. In years past, cost-savings from the Section 317 program supported an at-risk adult hepatitis B vaccine initiative with a funding high of \$20 million. While this funding went to vaccine-purchase only and not staff capacity or infrastructure, it was a highly successful initiative at administering nearly one million doses of vaccine. Unfortunately cost-savings for the program were expended in FY2011.

Further we encourage the utilization of 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 \$212.7 million for a total of \$367.4 million in FY2012 compared to the President's request of a \$7 million increase 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. may spend 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.

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.