



## **FY2010 HIV/AIDS AND HEPATITIS RELATED HOUSE REPORT LANGUAGE**

### **Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2010**

#### **General Summary of the Bill**

*Public Health:* \$6,681,895,000 for the discretionary public health programs administered by the Centers for Disease Control and Prevention (CDC), which is \$67,294,000 more than the fiscal year 2009 program level and \$38,435,000 more than the budget request. Increases are provided for a number of CDC programs, including: a \$53,054,000 increase to support testing of up to 600,000 persons for HIV and to link HIV positive individuals with health services;

#### **Health Resources and Services Administration**

##### *Ryan White HIV/AIDS Programs*

The Committee provides a program level of \$2,292,414,000 for Ryan White HIV/AIDS Programs, which is \$53,993,000 above the fiscal year 2009 funding level and the same as the budget request. The bill makes available \$25,000,000 in program evaluation funding under section 241 of the Public Health Service Act for Special Projects of National Significance. The bill continues language to make funds appropriated for Parts A and B available for three years, consistent with the authorization.

Within the total, the Committee provides \$142,900,000 for the Minority HIV/AIDS Initiative, which is \$3,900,000 above the fiscal year 2009 funding level and the same as the budget request. These programs are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders.

That notwithstanding section 703 of Public Law 109-415, authority to carry out title XXVI of the PHS Act shall continue in effect until October 1, 2010, unless prior to that date, authorization is enacted into law otherwise extending this authority.

##### Emergency Assistance

The Committee provides \$679,074,000 for the Part A Emergency Assistance Program, which is \$15,992,000 above the fiscal year 2009 funding level and \$7,999,000 above the budget request. These funds provide grants to metropolitan areas with very high numbers of HIV/AIDS cases for outpatient and ambulatory health and social support services. Half of the amount appropriated is allocated by formula and half is allocated to eligible areas demonstrating additional need through a competitive grant process. The program will provide awards to 24 eligible metropolitan areas and 32 transitional areas in fiscal year 2010. An estimated 300,000 people are served by Part A.

The Committee provides funds within the Part A program to prevent substantial funding losses in both eligible metropolitan areas and transitional grant areas. Changes in the reauthorization

significantly altered the method for allocating Part A funds, and additional funds are required to create a stop loss against unanticipated cuts that threaten to disrupt access to needed medical care and support services for people living with HIV and AIDS. The Committee includes bill language to cap maximum fiscal year 2009 losses at 92.4 percent of the fiscal year 2006 level for eligible metropolitan areas and transitional grant areas. When allocating fiscal year 2010 supplemental funds under Part A of the Ryan White CARE Act, the Committee urges HRSA to provide additional increases to jurisdictions that have experienced cuts in their total awards relative to the amount awarded in fiscal year 2006.

#### Comprehensive Care Programs

The Committee provides \$1,253,791,000 for Part B Comprehensive Care programs, which is \$30,000,000 above the fiscal year 2009 funding level and the same as the budget request. The funds provide formula grants to States for the operation of HIV service delivery consortia in the localities most heavily affected, the provision of home- and community-based care, continuation of health insurance coverage for infected persons, and purchase of therapeutic drugs. The Committee includes bill language identifying \$835,000,000 of this total to support State AIDS Drug Assistance Programs (ADAP), which is \$20,000,000 above the fiscal year 2009 funding level and the same as the budget request. The Part B program provides 59 grants to States and territories. In fiscal year 2010, 150,000 clients were served by ADAP.

#### Early Intervention Program

The Committee provides \$206,823,000 for the Part C Early Intervention Services Program, which is \$4,946,000 above the fiscal year 2009 funding level and \$5,054,000 below the budget request. Funds are used for discretionary grants to Community Health Centers, Family Planning agencies, comprehensive hemophilia diagnostic and treatment centers, Federally-qualified Health Centers, county and municipal health departments, and other non-profit community-based programs that provide comprehensive primary care services to populations with or at risk for HIV disease. The grantees provide testing, risk reduction counseling, transmission prevention, oral health, nutritional and mental health services, and clinical care. Optional services include case management, outreach, and eligibility assistance. Currently, 353 grantees provide comprehensive, primary care services to approximately 232,000 people in 52 States and territories.

#### Children, Youth, Women, and Families

The Committee provides \$78,728,000 for Part D Children, Youth, Women, and Families Programs, which is \$1,883,000 above the fiscal year 2009 funding level and the budget request. HIV-infected children, youth, women, and affected family members have multiple, complex medical, economic, and social service needs, which often require more intensive care coordination, intensive case management, child and respite care, and direct service delivery to engage and maintain adolescents and mothers in care. Funds support innovative and unique strategies and models to organize, arrange for, and deliver comprehensive services through integration into ongoing systems of care. In fiscal year 2010, 90 grants will support health care and support services for over 80,000 women, infants, children and youth living in 34 States, D.C., and Puerto Rico.

#### AIDS Dental Services

The Committee provides \$13,758,000 for AIDS Dental Services, which is \$329,000 above the fiscal year 2009 funding level and \$1,671,000 below the budget request. The program includes two components: (1) the dental reimbursement program, which reimburses dental education programs for non-reimbursed costs incurred in providing care to AIDS patients; and (2) the community-based dental partnership, which increases access to oral health services and provider training in community settings. In fiscal year 2008, 64 dental schools and post-doctoral dental education programs received partial reimbursements for the costs of serving 33,500 patients. In addition, 16 community-based dental partnership grants provided training to students and residents enrolled in dental education programs that provide care for people with HIV under direction of dentists in the community.

Education and Training Centers

The Committee provides \$35,240,000 for AIDS Education and Training Centers, which is \$843,000 above the fiscal year 2009 funding level and \$3,157,000 below the budget request. The program supports a network of 11 regional centers with more than 130 associated sites that conduct targeted, multi-disciplinary HIV education and training for health care providers.

*Family Planning*

The Committee provides \$317,491,000 for the Family Planning program, which is \$10,000,000 above the fiscal year 2009 funding level and the same as the budget request. In fiscal year 2010, the program is expected to serve 5.2 million low-income women and men at 4,500 clinics nationwide. This funding level will allow the program to prevent over one million unintended pregnancies.

The program provides grants to public and private non-profit agencies to support a range of family planning and reproductive services, as well as related preventive health services, such as patient education and counseling; breast and cervical cancer examinations; STD and HIV prevention education, counseling, testing and referral; and pregnancy diagnosis and counseling. The program is the only source of health care for many of its clients.

*Special Projects*

Project	Amount
Southwest Center for HIV/AIDS, Phoenix, AZ for facilities and equipment	\$300,000

**Centers for Disease Control and Prevention**

***HIV/AIDS, Viral Hepatitis, STD and TB Prevention***

The Committee provides \$1,062,082,000 for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB) prevention, which is \$55,707,000 above the fiscal year 2009 funding level and \$1,783,000 above the budget request.

Within the total for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, the Committee includes the following amounts:

Activity	FY 2010 Committee	FY 2010 Committee compared to --	
		FY 2009	FY 2010 Budget Request
Domestic HIV/AIDS Prevention	\$744,914,000	+\$53,054,000	+\$0

and Research			
State/Local Health Dept. Prevention Coop. Agreements	348,109,000	+26,888,000	+15,000,000
Domestic HIV/AIDS Testing Initiative	65,425,000	+12,147,000	-15,000,000
Early Diagnosis Grants	0	-15,000,000	-15,000,000
National/Regional/Other Organizations	171,300,000	+5,957,000	0
Viral Hepatitis	20,150,000	+1,834,000	+1,783,000
Sexually Transmitted Diseases	152,750,000	+421,000	0
Tuberculosis	144,268,000	+398,000	0

The Domestic HIV/AIDS Prevention and Research program provides national leadership and support for HIV prevention research and the development, implementation, and evaluation of evidence-based HIV prevention programs serving persons affected by, or at risk for, HIV infection. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State and local health departments to develop and implement integrated community prevention plans.

*HIV/AIDS in American Indian and Alaska Native Communities*

The Committee recognizes that American Indians and Alaska Natives have the known third highest rate of new HIV infection in the U.S. after African Americans and Hispanics. The Committee is concerned that of the 63 evidence-based prevention interventions contained in the 2008 Compendium of Evidence-Based HIV Prevention Interventions, none target Native American communities. The Committee urges CDC to increase the number of interventions for these populations and to work with the National Institutes of Health (NIH) and other behavioral research groups to accomplish this work. The Committee further encourages CDC to work directly with the Tribal Epidemiology Centers to support their culturally-competent approach in order to gain needed epidemiology in the area of HIV/AIDS surveillance within American Indian and Alaska Native communities.

*HIV/AIDS in High Risk Youth*

The Committee recognizes that seven of the 63 evidence-based prevention interventions contained in CDC's 2008 Compendium of Evidence-Based HIV Prevention Interventions target high risk youth, and that data indicate that more than one-third of new infections were among youth aged 13-29. The Committee is concerned that none of the evidence-based prevention interventions target homeless individuals and only one intervention targets runaway youth in shelters to prevent HIV/AIDS. The Committee urges CDC to increase the number of targeted interventions for these populations and to work with NIH and other behavioral research groups to accomplish this work.

*HIV/AIDS Testing Initiative*

The Committee commends CDC for the prioritization of the domestic HIV/AIDS testing initiative among African Americans. The Committee requests that CDC provide an updated comprehensive report to the Committees on Appropriations of the House of Representatives and

the Senate no later than April 1, 2010 on the progress of the testing initiative to date, including the number of individuals reached, testing positive for HIV, and accessing treatment as a result of their HIV positive diagnosis. The Committee continues to be supportive of CDC's promotion of rapid HIV tests in its HIV/AIDS testing activities.

#### *Microbicides*

The Committee requests that in the future, CDC include information in the HIV/AIDS section of the Congressional budget justification on the amount of anticipated and actual funding it allocates to activities related to research and development of microbicides for HIV prevention. The Committee urges CDC to work with NIH, USAID, and other appropriate agencies to develop processes for coordinated investment and prioritization for microbicide development, approval, and access.

#### *Minority AIDS Initiative*

Within the total provided, \$95,700,000 is provided for the Minority AIDS Initiative to support activities that are targeted to address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. This amount is \$300,000 more than the fiscal year 2009 funding level and the same as the budget request.

#### *Division of Viral Hepatitis*

The Division of Viral Hepatitis provides the scientific and programmatic foundation for the prevention, control, and elimination of hepatitis virus infections in the U.S. CDC conducts surveillance, research, education, training, and program development focusing on activities related to Hepatitis A virus, Hepatitis B virus (HBV), and Hepatitis C virus (HCV).

*Hepatitis Education, Prevention, and Surveillance.*--The Division of Viral Hepatitis is the centerpiece of the Federal response to controlling, reducing, and preventing the suffering and deaths resulting from viral hepatitis. CDC estimates that over 4.5 million Americans have chronic HCV and HBV infections and that each year up to 15,000 Americans die of HBV and HCV related disease. In addition, chronic Hepatitis B and C are the leading causes of liver cancer, now among the top ten killers of Americans over the age of 25, and now one of the leading killers of Americans living with HIV/AIDS. The Committee urges CDC to target funding increases for viral hepatitis toward the identification of chronically infected persons and their referral to medical care, particularly focusing on groups disproportionately affected by chronic HCV and HBV. In addition, the Committee encourages CDC to provide States with funds to implement a chronic Hepatitis B and C surveillance system, which currently does not exist. This information is critical to understanding the impact of Hepatitis epidemics and for targeting limited resources for greatest impact.

#### *Hepatitis Testing*

The Committee recognizes the high incidence of Hepatitis and its often undocumented state. In fiscal year 2009 the Committee urged CDC to formulate a plan for significant testing for Hepatitis, including the implementation of rapid testing technology as a means of ascertaining the prevalence of Hepatitis. The Committee requests a status report on CDC's plan to implement Hepatitis testing to be included in the fiscal year 2011 Congressional budget justification.

### *Syringe Re-Use*

The Committee is deeply troubled by recent outbreaks of Hepatitis caused in some part by the re-use of syringes in outpatient health care settings. These outbreaks are entirely preventable with well-known infection control practices. The Committee urges CDC to support activities such as provider education and patient awareness, detection and tracking, and engineering and innovation activities focused on injection safety and infection control guidelines in the delivery of outpatient care. CDC is encouraged to partner with industry and university researchers to identify the best interventions to reduce the possibility of disease transmission in the health care setting. The Committee directs the CDC to provide a report to the Committees on Appropriations of the House of Representatives and the Senate by April 1, 2010 on the direction pursued and the status of CDC's efforts.

### *Pre-Exposure Prophylaxis*

The Committee is aware that there are currently seven clinical trials testing the safety and effectiveness of Pre-Exposure Prophylaxis (PrEP), and that PrEP is considered among the most promising of potential HIV prevention interventions now being studied. The Committee encourages the agencies sponsoring these trials--NIH, CDC, and the U.S. Agency for International Development--to jointly develop a five year coordinated PrEP research plan.

The Division of STD Prevention provides national leadership through research, policy development, and support of effective services to prevent sexually transmitted diseases and their complications such as infertility, adverse outcomes of pregnancy, and reproductive tract cancer. CDC assists health departments, health-care providers, and non-governmental organizations and collaborates with other governmental entities through the development, syntheses, translation, and dissemination of timely, science-based information; the development of national goals and science-based policy; and the development and support of science-based programs that meet the needs of communities.

The CDC Tuberculosis (TB) program provides grants to States and localities for a broad range of tuberculosis control activities. In addition, the CDC supports State and local laboratories and conducts research, epidemiological investigations, and education and training seminars.

*TB Administrative Grant Costs.*--The Committee is pleased that CDC is working with States, territories, and localities to ensure equitable TB funding to all jurisdictions through the distribution formula. The Committee encourages grantees to keep administrative costs at or below ten percent to ensure adequate funds to all jurisdictions in proportion to the number and complexity of TB cases.

*County Departments of Public Health.*--The Committee lauds CDC's efforts to improve and update the funding formula for TB treatment and education, but recognizes that county departments of public health should be included in stakeholder meetings on changes to the funding formula. The Committee directs CDC to reach out to and include stakeholders from county departments of public health suffering from a disproportionate number of TB cases to participate in and contribute to discussion groups involved in the creation of new administrative funding formulas.

***Chronic Disease Prevention, Health Promotion, and Genomics***

*Division of Adolescent and School Health (DASH)*

Currently, CDC funds 22 State education agencies and one tribal government to establish a partnership with their State health agency to focus on reducing chronic disease risk factors such as tobacco use, poor nutrition, and physical inactivity. The \$5,000,000 programmatic increase provided for DASH will allow CDC to support ten additional State education agencies. An economic evaluation of school-based programs to prevent cigarette use among middle and high school students showed that for every \$1 invested in tobacco prevention programs almost \$20 in future medical care costs would be saved.

*Teen Pregnancy Prevention*

The Committee is aware that one-third of girls in the U.S. get pregnant before age 20. In 2006, over 435,000 infants were born to mothers aged 15 to 19 years and that 80 percent of these births were unintended. The increase of \$5,000,000 within Safe Motherhood/Infant Health will bring the total resources devoted to teen pregnancy prevention at CDC to \$15,800,000. These funds will allow CDC to expand efforts to promote evidence-based interventions that provide medically accurate and age appropriate information to youth. Eight additional State-based teen pregnancy prevention coalitions will be supported, which will bring the total to 17. These coalitions work with State departments of education to implement innovative science-based prevention programs in youth-serving organizations and schools.

***Global Health***

The Committee provides \$323,134,000 for Global Health, which is \$14,310,000 above the fiscal year 2009 funding level and \$4,000,000 above the budget request.

Within the total, the following amounts are included for Global Health activities:

Activity	FY 2010 Committee	FY 2010 Committee compared to --	
		FY 2009	FY 2010 Budget Request
Global AIDS Program	\$118,979,000	+\$116,000	\$0
Global Immunization Program	153,475,000	+10,149,000	0
Polio Eradication	101,599,000	+99,000	0
Other Global/Measles	51,876,000	+10,050,000	0
Global Disease Detection	37,756,000	+4,033,000	+4,000,000
Global Malaria Program	9,405,000	+9,000	0
Other Global Health	3,519,000	+3,000	0

*Malaria.*--The Committee supports CDC's global malaria program. It is essential, as the threat of drug and pesticide resistance looms, that CDC continues research leading to new tools that will be available to replace current interventions once they are no longer effective. The Committee urges CDC to expand its important malaria work, and recognizes that without CDC's contributions, the overall U.S. effort against malaria will be considerably less effective. Further, the Committee encourages CDC to expand its support for public-private partnerships involved in the discovery, development, and delivery of effective and affordable anti-malarial drugs.

*Pre-Exposure Prophylaxis.*--The Committee is aware that there are currently seven clinical trials testing the safety and effectiveness of Pre-Exposure Prophylaxis (PrEP), and that PrEP is considered among the most promising of potential HIV prevention interventions now being studied. The Committee encourages the agencies sponsoring these trials--NIH, CDC, and the U.S. Agency for International Development--to jointly develop a five year coordinated PrEP research plan.

The bill includes \$13,455,000 for the following projects in the following amounts:

*Special Projects*

Project	Amount
Alameda County Department of Public Health, Office of AIDS, Oakland, CA for an HIV/AIDS prevention and testing initiative	\$300,000
Puerto Rican Cultural Center, Chicago, IL for an HIV/AIDS outreach and education program	100,000
South Carolina HIV/AIDS Council, Columbia, SC for an HIV/AIDS prevention program	200,000

**National Institutes of Health**

The Committee fully funds the Administration's request of \$300,000,000 for transfer to the Global Fund for AIDS, Malaria and Tuberculosis.

*National Institute of Diabetes and Digestive Kidney Diseases*

Hemophilia and Hepatitis C

The Committee understands that hepatitis C (HCV) continues to have a devastating impact on the hemophilia population, with nearly half of all persons with hemophilia having contracted HCV, and many of these individuals co-infected with HIV. The Committee encourages NIDDK to pursue research initiatives on co-infection and the progression of liver disease in this population.

Hepatitis B

The Committee notes that NIDDK has responded to the challenges surrounding the management of chronic hepatitis B by establishing a Hepatitis B Clinical Research Network and by conducting a Consensus Development Conference on the management and treatment of hepatitis B. The Committee encourages the Hepatitis B Clinical Research Network to increase its focus on pregnant women and pediatric cases of hepatitis B and further urges that a research plan be developed to address the research priorities identified by the Consensus Development Conference. In particular, better understanding of the nature of the different clinical categories of hepatitis B and of fibrosis and cirrhosis are needed. New medical interventions for management of hepatitis B and the diseases with which it is associated, including fibrosis and cirrhosis, are also needed.

Hepatitis C

The Committee urges a continuing focus on the development of new treatments for hepatitis C and notes that without new medical interventions the projected direct and indirect costs of hepatitis C will be more than \$85,000,000,000 over the next 10 years.

*National Institute of Allergy and Infectious Diseases*

Drug-Resistant Tuberculosis (TB)

Drug-resistant TB is on the rise globally, with 500,000 cases reported in 2006. Without the development of new diagnostics, drugs and vaccines, the number of people with drug-resistant TB will continue to increase. The Committee encourages NIAID to intensify research into developing new diagnostics, drugs and vaccines to halt the spread of drug-resistant TB.

Hepatitis B

The Committee supports NIAID's plans to fund experimental models of hepatitis B (HBV) and to continue support for a specialized animal model of hepatitis virus. The Committee notes that NIAID has effectively responded to the challenges surrounding the management of other infectious diseases with specific programs and networks, and suggests the same be done for HBV. The Committee understands that although there are now a number of medications approved for the treatment of HBV, they are of limited therapeutic value since most of them target the same virus functions. The Committee encourages NIAID to support research on different courses of treatment as well as ways to identify new cellular and antiviral targets. In addition, the Committee believes that special attention to the problems associated with co-infections of hepatitis B with hepatitis C and HIV is needed.

Malaria

The Committee encourages NIAID to strengthen its support for public-private partnerships involved in the research and development of antimalarial drugs, and particularly notes the activities of the Medicines for Malaria Venture (MMV). The Committee is aware that NIAID-funded scientists recently decoded the genome of *Plasmodium vivax*, the malaria-causing parasite most common in Asia and Latin America. This achievement is expected to significantly advance scientific understanding in several areas key to malaria control and prevention, including drug resistance. The Committee urges NIAID to continue this work and help to ensure that new tools are available when current interventions begin to lose their effectiveness.

Microbicides

Encouraging results from a recent NIH Microbicide Trials Network safety and effectiveness study of particular microbicide candidate showed that the product was safe and approximately 30 percent effective in preventing HIV infection. While data from this study are not definitive and results from additional trials are needed to confirm the findings, this study supports the concept that a microbicide could prevent HIV infection. The Committee urges NIH to work with USAID, CDC, and other appropriate agencies to develop processes for coordinated investment and prioritization for microbicide development, approval, and access.

*National Institute on Drug Abuse*

Reducing Health Disparities

The Committee notes that the consequences of drug abuse disproportionately impact minorities, especially African American populations, and is pleased to learn that NIDA continues to encourage researchers to conduct more studies in this population, particularly in geographic areas where HIV/AIDS is high and/or growing among African Americans, including in criminal justice settings.

### *Office of AIDS Research*

The challenges posed by HIV/AIDS exceed the mission of any individual institute, and virtually every NIH institute and center is involved in conducting or supporting AIDS research. The Office of AIDS Research (OAR) was established in the 1993 NIH Revitalization Act and given authorities to manage trans-NIH research so that it would function essentially as an 'institute without walls.' OAR has the authority to plan, coordinate, and evaluate AIDS research, to set scientific priorities through a trans-NIH AIDS strategic plan, and to determine the AIDS research budgets of each NIH Institute and Center to address that plan. For all appropriated funds, the Director of OAR and the Director of NIH together determine the total for AIDS research within the total NIH appropriation, and the Director of OAR determines and allocates the IC distribution of those funds.

The Committee believes that NIH continues to be the world's leader in research to respond to the critical needs of the AIDS pandemic, both in the U.S. and around the world. The Committee commends NIH for supporting the NIH AIDS and non-AIDS funding allocation at the current relative rate and endorses the continuation of this policy. The Committee continues to endorse the importance of OAR, including its critical trans-NIH budget authority and its status as a unique 'institute without walls.' The Committee commends the Office for its leadership in setting trans-NIH AIDS research priorities, including important new basic science initiatives in the area of genomics, and its ongoing support for innovative research and community outreach to address the complex issues of AIDS in racial and ethnic minority populations in the U.S.

The bill continues language permitting OAR to use up to \$8,000,000 for construction or renovation of facilities, as authorized in title XXIII of the Public Health Service Act.

### **Substance Abuse and Mental Health Services Administration**

#### *Minority HIV/AIDS Initiative*

The Committee provides \$116,656,000 for activities throughout SAMHSA Programs of Regional and National Significance that address the growing HIV/AIDS epidemic and its disparate impact on communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. This amount is the same as the fiscal year 2009 funding level and the budget request. These funds provide grants to organizations with a history of providing culturally competent, community-specific, and linguistically appropriate services in hard-to-reach and high-risk communities of color to expand service infrastructure and capacity. The distribution of these funds between CMHS, CSAT, and CSAP is detailed later in this report.

#### *Center for Mental Health Services*

The Committee provides a program level total of \$1,008,182,000 for the Center for Mental Health Services (CMHS), which is \$39,030,000 above the fiscal year 2009 funding level and \$22,363,000 above the budget request. Within the total, \$21,039,000 is provided through the section 241 Public Health Service Act evaluation set-aside, which is the same as the fiscal year 2009 funding level and the budget request.

### Programs of Regional and National Significance

The Committee provides \$357,165,000 for mental health Programs of Regional and National Significance, which is \$12,727,000 above the fiscal year 2009 funding level and \$21,363,000 above the budget request.

Within the total, the Committee provides the following amounts for mental health Programs of Regional and National Significance:

Activity	FY 2010 Committee	FY 2010 Committee compared to --	
		FY 2009	FY 2010 Budget Request
Minority AIDS	9,283,000	0	0
HIV/AIDS Education	974,000	0	0

*Center for Substance Abuse Treatment*

The Committee provides a program level total of \$2,240,090,000 for the Center for Substance Abuse Treatment (CSAT), which is \$47,157,000 above the fiscal year 2009 funding level and \$1,443,000 above the budget request. Within the total, \$87,796,000 is provided through the section 241 Public Health Service Act evaluation set-aside, which is the same as the fiscal year 2009 funding level and the budget request.

Programs of Regional and National Significance

The Committee provides a program level total of \$461,499,000 for substance abuse treatment Programs of Regional and National Significance (PRNS), which is \$47,157,000 above the fiscal year 2009 funding level and \$1,443,000 above the budget request. Within the total, \$8,596,000 is provided through the section 241 Public Health Service Act evaluation set-aside, which is the same as the fiscal year 2009 funding level and the budget request.

Within the total, the Committee provides the following amounts for substance abuse treatment Programs of Regional and National Significance:

Activity	FY 2010 Committee	FY 2010 Committee compared to --	
		FY 2009	FY 2010 Budget Request
Minority AIDS	65,988,000	0	0

*Center for Substance Abuse Prevention*

Programs of Regional and National Significance

The Committee provides \$200,009,000 for the substance abuse prevention Programs of Regional and National Significance, which is \$994,000 less than the fiscal year 2009 funding level and \$1,750,000 more than the budget request. The program identifies and disseminates evidence-based substance abuse prevention approaches.

Within the total, the Committee provides the following amounts for substance abuse prevention Programs of Regional and National Significance:

Activity	FY 2010 Committee	FY 2010 Committee compared to --	
		FY 2009	FY 2010 Budget Request
Minority AIDS	41,385,000	0	0

## **Agency for Healthcare Research and Quality**

### *Ambulatory Patient Safety*

The Committee recognizes AHRQ's efforts to examine the risks associated with the migration of health care into ambulatory settings. In light of the growing number of incidents involving syringe reuse and hepatitis C transmission across the country, the Committee urges AHRQ to expand the ambulatory safety and quality program to identify the inherent risks in ambulatory settings and to develop potential solutions for protecting patients. AHRQ is encouraged to partner with CDC for assessment, content expertise, and evaluation activities to enable these efforts.

## **Centers for Medicaid and Medicare Services**

### *Program Management*

The Committee recognizes that the Medicare Modernization Act of 2003 included a Welcome to Medicare physical exam benefit for new Medicare enrollees. However, despite clinical data showing hepatitis B and C are a major health problem in the United States, a hepatitis B and C screening benefit currently is not covered under the Medicare program. To assist in determining whether Congress should add a hepatitis B and C screening benefit to the Welcome to Medicare physical exam, the Committee encourages the Secretary to conduct a three-year hepatitis B and C screening and treatment demonstration project and to submit to the Committees on Appropriations of the House of Representatives and the Senate a report on the demonstration no later than December 31, 2013.

### *Medicare Operations*

The Committee notes that the CMS Medicaid policy on coverage for routine HIV Testing is unclear, and should be updated to reflect the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings issued in September 2006 by the Centers for Disease Control and Prevention (CDC).

### *Federal Administration*

The Committee encourages the Secretary to adopt quality measures for hepatitis B and C screening and treatment for use by dialysis providers and physicians who treat patients on dialysis. The Committee encourages the Secretary to include these quality measures and an analysis in the CMS Physician Quality Reporting Initiative.

## **Agency for Children and Families**

### *Abandoned Infants Assistance*

The Committee provides \$11,628,000 for the Abandoned Infants Assistance program, which is the same as the fiscal year 2009 funding level and the budget request. The purpose of this program is to provide financial support to public and private community and faith-based entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children exposed to HIV/AIDS and drugs; identify and address their needs; assist such children to reside with their natural families or in foster care; recruit, train, and retain foster parents, as well as health and social services personnel; provide respite care for families and foster families; and prevent the abandonment of infants and young children.

*Teenage Pregnancy Prevention*

The Committee provides a total program level of \$114,455,000 for a new teenage pregnancy prevention initiative, as requested by the Administration. This program will provide funds to public and private entities on a competitive basis for proven-effective or otherwise promising teenage pregnancy prevention programs that provide medically accurate, age-appropriate, and complete information to youths. The Committee is deeply concerned that teenage birth rates have begun to rise after 14 years of decline. In 2006, teenage birth increased for the first time since 1991, following a 34-percent decline over that period. Preliminary data indicates this increase may have continued in 2007. Studies have found that the overwhelming majority of teenage pregnancies are unplanned. Reducing the incidence of teenage pregnancy can have untold individual and societal benefits, including reducing poverty, improving education outcomes, improving child well-being, and reducing the need for abortions.

Within the total, the Committee provides not less than \$75,000,000 for evidence-based programs that have shown through rigorous evaluation, defined as randomized controlled trials, to reduce teenage pregnancy, delay sexual activity, or increase contraceptive use. Most evidence-based programs that have been proven effective at reducing risk factors associated with teenage pregnancy are those that encourage abstinence as the safest choice and also discuss contraceptive use as a way to avoid pregnancy and sexually transmitted infections. Within the total, the Committee further provides not less than \$25,000,000 to develop, test, replicate, and refine programs that may not yet have rigorous evaluation demonstrating effectiveness, but use promising or innovative approaches to prevent teenage pregnancy. Any remaining amounts not specified herein should be used for program support, training and technical assistance, demonstration development, and additional research and evaluation activities.

Within the total, \$4,455,000 is provided through the Section 241 Public Health Service Act evaluation set-aside for evaluating promising teenage pregnancy prevention approaches.

*Community-based Abstinence Education*

The Administration's budget request did not include funding for Community-based Abstinence Education, which received a program level total of \$99,114,000 in fiscal year 2009. The Committee adopts this recommendation. Abstinence education approaches meeting the qualifications laid out in the Teenage Pregnancy Prevention program will be eligible for funding under that program.

Within the \$14,819,000 included in the bill, \$13,569,000 shall be used for the following projects in the following amounts:

Project	Amount
Gregory House Programs, Honolulu, HI for a comprehensive homelessness prevention program for people living with HIV/AIDS	100,000

**Office of the Secretary**

*HIV/AIDS in Minority Communities*

The Committee bill includes \$53,891,000 to be available to the Secretary for transfer to the Department's operating divisions for specific program activities to address the high-priority HIV

prevention and treatment needs of minority communities. This amount is \$2,000,000 above the fiscal year 2009 funding level and the budget request. These funds are provided to promote an effective, culturally competent and linguistically appropriate public health response to the HIV/AIDS epidemic.

*Minority Community-based Organizations.*—The Committee emphasizes that national minority AIDS initiative funds are intended to support minority community-based organizations and engage them in capacity building and service provision. The Committee encourages the full participation of minority community-based organizations during the competitive grant process.

*HIV Testing Initiative*

The Committee continues to commend the Office of the Secretary for its leadership on the African American HIV testing initiative of the Centers for Disease Control and Prevention and requests a comprehensive progress report.

Within the total, the Committee expects that activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders, will be supported at no less than last year's funding level.

**General Provisions**

Sec. 202. The Secretary of Health and Human Services shall make available through assignment not more than 60 employees of the Public Health Service to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund or the World Health Organization.

Sec. 213. The Committee includes a provision to allow funding for HHS international HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad to be spent under the State Department Basic Authorities Act of 1956.

Sec. 523. None of the funds contained in this Act may be used to distribute any needle or syringe for the hypodermic injection of any illegal drug in any location which is within 1,000 feet of a public or private day care center, elementary school, vocational school, secondary school, college, junior college, or university, or any public swimming pool, park, playground, video arcade, or youth center, or an event sponsored by any such entity.

**Appropriations Not Authorized By Law**

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned:

Agency/Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in this Bill
Ryan White Care Act	FY 2009	\$2,237,000,000	\$2,238,421,000	\$2,267,414,000

programs				
Immunization Program	FY 2005	Such Sums	\$493,032,000	\$545,674,000
HIV/AIDS Prevention	FY 2005	Such Sums	\$662,267,000	\$744,914,000
Sexually Transmitted Diseases Grants	FY 1998	Such Sums	\$113,671,000	\$152,750,000
Tuberculosis Grants	FY 2002	Such Sums	\$132,403,000	\$144,268,000
Other Infectious Disease Control	FY 2005	Such Sums	\$225,589,000	\$270,731,000

**Financial Services and General Government Appropriations Bill, 2010**

**National AIDS Strategy**

The recommendation includes not less than \$1,400,000 for the White House Office of National AIDS Policy, to continue development and implementation of a National AIDS Strategy. Implementation of an effective Strategy will be an ongoing process that includes coordination of Federal agency efforts, assessment of policy and programming, consultation with leaders in the public and private sectors, careful monitoring and reporting of outcomes, and communication with providers and the public.

**District of Columbia**

The Committee recommends a Federal payment of \$4,000,000 for HIV/AIDS prevention initiatives. This funding was not requested in the President's budget, but was proposed by the Mayor of the District of Columbia. The District is in the midst of an HIV/AIDS epidemic. Based on the national HIV/AIDS case reporting system, the District currently has the highest HIV/AIDS rate in the country--nearly twice as high as New York City and five times as high as Detroit. Estimates indicate that between 3 to 5 percent of the adult residents in the District are currently living with HIV or AIDS. The District has developed policies and programs to provide innovative HIV/AIDS prevention, care, and support services on a city-wide basis. However, District resources are insufficient to permit broad implementation of these programs. This Federal payment will enable the District to provide testing, counseling, and other prevention services in communities most affected by the spread of HIV/AIDS. The Committee directs the District of Columbia to provide a spending plan for these funds within 45 days of enactment of this Act. Funds are available through September 30, 2011.

Sec. 816. None of the funds contained in this Act may be used to distribute any needle or syringe for the hypodermic injection of any illegal drug in any area of the District of Columbia which is within 1,000 feet of a public or private day care center, elementary school, vocational school, secondary school, college, junior college, or university, or any public swimming pool, park, playground, video arcade, or youth center, or an event sponsored by any such entity.

**Transportation, Housing Urban Development Appropriations Bill, 2010**

**Housing Opportunities for Persons With AIDS**

Appropriation, fiscal year 2009      \$310,000,000

Budget request, fiscal year 2010	310,000,000
Recommended in the bill	350,000,000
Bill compared with:	
Appropriation, fiscal year 2009	+40,000,000
Budget request, fiscal year 2010	+40,000,000

The Housing Opportunities for Persons with AIDS (HOPWA) program is authorized by the Housing Opportunities for Persons with AIDS Act. This program provides states and localities with resources and incentives to devise long-term comprehensive strategies to meet the housing needs of persons with HIV/AIDS and their families. Ninety percent of funding is distributed by formula to qualifying states and metropolitan areas on the basis of the cumulative number and incidences of AIDS reported to the Centers for Disease Control. The remaining 10 percent of funding is distributed through a national competition. Government recipients are required to have a HUD-approved Comprehensive Plan or Comprehensive Housing Affordability Strategy (CHAS).

**Committee Recommendation**

For fiscal year 2010, the Committee recommends \$350,000,000, an increase of \$40,000,000 above the enacted level for fiscal year 2009 and the budget request. Within the funds provided, the Department should continue to give priority to creating new housing opportunities for persons with AIDS.

The Committee continues language which requires the Secretary to renew expiring permanent supportive housing contracts previously funded under the national competition, which meet all program requirements, before awarding new competitive grants.

The Committee notes that funding for this account has been virtually flat for the past decade, despite the fact that new communities become eligible for funding each year. This year alone, three new communities are expected to qualify for direct allocations because of an increase in AIDS cases reported annually. As more cases have been reported to the Centers for Disease Control and Prevention each year, funding for existing communities has been reduced to accommodate the newly qualified entities. Thus, funding has actually decreased each year that the Administration has proposed flat funding levels. For this reason, the Committee recommends that funding be increased to accommodate new communities and to assure that permanent supportive housing and services will continue to be available for vulnerable populations, thus mitigating homelessness.

**Military Construction and Veterans Affairs and Related Agencies Appropriation Bill, 2010**

*HIV Testing at VA Facilities.*--In September 2006, the Centers for Disease Control (CDC) released *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. These new recommendations advised routine HIV screening of adults, adolescents, and pregnant women and also recommended reducing barriers to HIV testing. Public Law 110-387 repealed the limitation on authority for the Department to conduct wide-spread HIV testing so that the Department could adopt these recommendations. The Committee directs the Department to provide a report to the Committees on Appropriations of

both Houses of Congress by January 22, 2010 on its progress to more closely align Department policy with CDC recommendations to include any barriers that prevent full implementation of those recommendations.

**State, Foreign Operations, and Related Programs Appropriations Bill, 2010**

**Global Health and Child Survival**

The Committee recommendation includes \$7,784,000,000 for Global Health and Child Survival, which is \$445,000,000 above the fiscal year 2009 enacted level and \$189,000,000 above the request. Within the total, the Committee recommendation includes \$5,759,000,000 in this Act for HIV/AIDS, including not less than \$750,000,000 for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Funds in this account are allocated in the following table and subject to the requirements of section 7019 of this Act.

GLOBAL HEALTH AND CHILD SURVIVAL [excerpt]  
[Budget authority in thousands of dollars]

Activity	Request	Committee recommendation	Change
Malaria	585,000	585,000	0
Tuberculosis	73,000	252,000	79,000
Global TB Drug Facility	15,000	15,000	0
USAID HIV/AIDS	350,000	350,000	0
Microbicides	45,000	45,000	0
Department of State HIV/AIDS	5,259,000	5,409,000	150,000
UNAIDS	35,000	43,000	8,000

***HIV/AIDS***

The Committee recommendation includes a total of \$5,759,000,000 for global HIV/AIDS activities in the 'Global Health and Child Survival' account. Of the total, \$350,000,000 is allocated to USAID and \$5,409,000,000 is allocated to OGAC at the Department of State.

*Blood safety*- The Committee is encouraged that OGAC has made blood safety programs a central part of its strategy and recommends continued funding for such programs, especially in Africa. USAID should consider the work of Safe Blood for Africa.

*Education*- The Committee recognizes the important linkages between expanding access to HIV/AIDS prevention, care and treatment and education. The Committee directs OGAC to collaborate with basic education initiatives, including the 'Communities of Learning' Initiative in fiscal year 2010.

*Human capacity issues*- The Committee recognizes the impact that the rapid expansion of HIV/AIDS programs has had on the health care infrastructure and workforce in areas most impacted by the HIV/AIDS pandemic. OGAC has undertaken significant efforts to train community health care workers, doctors, nurses, and other health professionals. The Committee

supports the continuation and expansion of these programs to include pediatric training, training in prevention education, and in counseling and testing. The Committee expects that short, medium and long-term training and retention strategies will be put in place. OGAC should consider the work of the Ethiopian North American Health Professionals Association, and the Tel Aviv University Center for AIDS and Related Infectious Diseases.

*Media programs-* The Committee understands that local and national media is an effective HIV/AIDS prevention tool. The Committee recommends that USAID, in collaboration with OGAC, continue HIV-related media prevention programs in Africa and, India, and other Asian countries. USAID should consider the work of Local Voices.

*Microbicides-* In accordance with Public Law 108-25, as amended, OGAC is directed to consult with the Committees on Appropriations on how it will play a larger role in supporting microbicides development and eventual product access.

*Nutritional support-* Food and nutrition are important components of a comprehensive approach to HIV/AIDS. The Committee intends that \$130,000,000 of OGAC resources be used to support short and long-term approaches to food security as components of a comprehensive approach. Programs that address the development and implementation of nutrition support, guidelines, and care services for people living with HIV/AIDS should also be supported. These programs shall be coordinated with USAID's food security and agricultural development initiative.

*Operations research-* The Committee expects OGAC to continue to allocate funding for operations research and impact evaluation research activities. OGAC should consult with stakeholders, including HIV/AIDS implementing organizations, in determining the appropriate priorities for operations research, impact evaluation research, and program monitoring activities. Program monitoring activities should ensure that interventions and approaches to service delivery and prevention are evidence-based and continuously improved over time.

*Orphans and vulnerable children-* The Committee urges OGAC to meet the ten percent statutory mandate in accordance with Public Law 108-25, as amended, for orphans and other children affected by, or vulnerable to HIV/AIDS. Funds should be used to build the long-term capacity of local organizations, including faith-based organizations, and communities to support and deliver services in an innovative and multifaceted manner to families, orphans, and vulnerable children affected by HIV/AIDS.

*Pediatric treatment-* OGAC should continue efforts to expand access to treatment for children. The Committee recommends that the Coordinator include early diagnosis and initiation of antiretroviral treatment for infants and children as a priority in country operating plans.

*Pre-exposure Prophylaxis-* Currently, there are seven clinical trials testing the safety and effectiveness of Pre-Exposure Prophylaxis, one of the most promising HIV prevention interventions now being studied. The Committee directs OGAC to provide a report to the Committees on Appropriations on how this strategy could be implemented in the PEPFAR context if it is found to be effective.

*Prevention of mother-to-child transmission.*--The Committee understands that the fiscal year 2010 request includes a significant expansion of prevention of mother-to-child transmission (PMTCT) programs in order to meet the 80 percent coverage target. The Committee encourages OGAC to continue efforts to reach women in rural settings, to improve the ability of programs to offer the most effective drug regimens, and to encourage stronger linkages between PMTCT and care and treatment programs. These efforts should be undertaken in consultation and coordination with USAID's global health programs.

*Regional programs.*--HIV/AIDS knows no borders and OGAC should expand support for regional efforts, which are central to the overall effort. USAID should consider the work of TREAT Asia.

*Sexual transmission prevention programs.*--The Committee urges OGAC to continue to prioritize the prevention of HIV/AIDS in all of its program activities. The Committee encourages OGAC to support innovative prevention programs, such as integrating prevention interventions into treatment service delivery, providing creative messaging to young people through population-based prevention interventions, working with high-risk populations, and including people living with HIV/AIDS in program development, planning and decision-making. Not later than 90 days after enactment of this Act, OGAC is directed to provide a prevention strategy to the Committees on Appropriations.

OGAC shall update the Committee on Appropriations on efforts in place to ensure the sharing of prevention best practices across the United States Government implementing agencies and their partners as well as with the Global Fund for HIV/AIDS, TB and Malaria. Efforts to expand access to prevention messaging and programming should be done in such a way as to leverage the knowledge and funding of other donors in order to reduce duplication of effort.

*Technical assistance.*--Technical assistance will be critical as we enter the next phase of PEPFAR. Of the funding provided for OGAC, \$43,000,000 should be provided to UNAIDS to support critical in-country donor coordination, capacity development, and monitoring and education activities. In addition, OGAC should work with the World Health Organization, where appropriate.

*TB/HIV co-infection.*--The Committee notes that tuberculosis (TB) is a leading killer of people with HIV/AIDS, and urges OGAC to continue to prioritize TB/HIV co-infection programs in country operating plans. OGAC should work to ensure that TB screening and treatment is provided to co-infected individuals in all focus countries, and work with host country officials to ensure that their countries have national strategies to address tuberculosis. Efforts undertaken in this area should complement USAID's TB programs. The Committee directs OGAC to provide \$160,000,000 for such programs in fiscal year 2010.

*Women and girls.*--The Committee is concerned that OGAC has not taken adequate steps to address the disproportionate impact HIV/AIDS is having on women and girls. In particular, the Committee urges OGAC to ensure that women and girls have adequate access through their existing health providers to HIV/AIDS prevention, care and treatment services. In particular,

efforts should be undertaken to collaborate with existing USAID maternal and child health and family planning programs.

*Voluntary contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria*

The Committee recommendation includes not less than \$750,000,000 from the HIV/AIDS funds allocated to the Department of State for the Global Fund, which is \$150,000,000 above the request.

*Future of the Global Fund.*--The Committee remains committed to supporting a performance-based, results-oriented, multilateral financing instrument to combat HIV/AIDS, TB, and malaria. The Committee directs OGAC to notify the Committees on Appropriations of any proposal and/or action that would move the Global Fund from project support to budget support, erode the Global Fund's results-based disbursement structure, or lessen the role of the technical review panel.

The Committee is aware of the establishment of the 'Working Group to Manage the Tension between Demand and Supply in a Resource Constrained Environment' at the November 2008 Board meeting. The Committee commends the Global Fund for exploring options to manage its demand pipeline. The Committee believes that all necessary steps must be taken to ensure that Global Fund resources are being used effectively and efficiently, including establishing benchmark costs for commodities and services, re-evaluating country eligibility and matching criteria to ensure the most effective use of Global Fund resources, and increased transparency across country grants of program implementation costs. The Committees on Appropriations expect OGAC to update them regularly on the discussions of the Working Group and to consult with the Committee on decision points as appropriate.

*Reporting requirement.*--OGAC shall monitor and evaluate Global Fund programs and encourage the implementation of evidence-based programs in grant proposals. Oversight of the Global Fund remains a high priority for the Committee on Appropriations. The Secretary of State is directed to provide a report to the Committees on Appropriations not later than 120 days after enactment of this Act that contains the most recent Global Fund audit information, commitment and disbursement data, and a summary of the recipient and sub-recipient expenditures as reported to the United States Government. Due to the passage of Public Law 110-293, this reporting requirement and the related funding limitation have been removed from legislative language.

*Technical assistance.*--The Committee is pleased with interagency coordination and cooperation in the provision of technical assistance to Global Fund recipients. The Committee continues its support for this program and encourages OGAC to continue efforts to sustain Country Coordinating Mechanisms and Principal Recipients, monitor grant performance, and otherwise improve the results of Global Fund grants. The Committee includes authority for OGAC to use up to five percent of the funds made available in this Act for a contribution to the Global Fund to provide technical assistance to Global Fund grants.

***Infectious diseases***

The Committee recommendation includes \$962,000,000 for other infectious diseases in this Act, including TB and malaria, which is \$12,500,000 below the request.

*Malaria.*--The Committee recommendation includes \$585,000,000 to continue the President's Malaria Initiative, which comprehensively addresses malaria prevention, care, and treatment.

*Tuberculosis.*--TB continues to be a major cause of morbidity and mortality in the developing world. The Committee recommendation includes a total of \$426,262,000 for TB treatment, prevention, and care in this Act. Of this total, \$252,000,000 is included in funds administered by USAID, \$160,000,000 is for TB/HIV co-infection programs implemented by OGAC, and \$14,262,000 is included in the 'Assistance for Europe, Eurasia and Central Asia' account. Technical assistance including through the development and implementation of prevention, care and treatment guidelines should continue to be part of USAID's TB program.

The Committee is concerned about the continued emergence of drug resistant strains of TB, including XDR-TB or extremely drug resistant TB, especially linked to HIV in Africa and Asia. The Committee believes that funding should be used to provide care and treatment, to strengthen basic TB care and treatment programs, to expand laboratories, and to strengthen infection control efforts in medical settings.

The Committee recommendation includes \$15,000,000 for the Global TB Drug Facility, which expands access to high-quality TB drugs.

*Child survival, reproductive health, HIV/AIDS, and other infectious diseases*

The Committee notes the need to continue programs that address child, maternal, reproductive, and environmental health as well as the increasing incidence of tuberculosis and HIV/AIDS co-infection in the countries of Eastern Europe, Russia, Ukraine, and the Central Asian Republics. The Committee has allocated not less than \$51,592,000 for health activities. Of this amount, the Committee recommendation includes \$13,939,000 for child survival and maternal health; \$9,608,000 for family planning/reproductive health programs; and \$28,045,000 for infectious diseases and other public health threats.