



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

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

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

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

The Committee provides \$2,273,421,000 for Ryan White AIDS programs. The recommendation includes \$25,000,000 in transfers available under section 241 of the Public Health Service Act. The fiscal year 2009 comparable level was \$2,238,421,000 and the budget request for fiscal year 2010 was \$2,292,414,000.

Next to the Medicaid program, the Ryan White AIDS programs are the largest Federal investment in the care and treatment of people living with HIV/AIDS in the United States. These programs provide a wide range of community-based services, including primary and home healthcare, case management, substance abuse treatment, mental health services, and nutritional services.

Within the total provided, the Committee intends that Ryan White AIDS 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 continue with at least the level of funding provided in fiscal year 2009.

[Provided further, That notwithstanding section 703 of Public Law 109-415, 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 \$663,082,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic, the same as the fiscal year 2009 comparable level. The budget request for fiscal year 2010 included \$671,075,000.

Grants are provided to metropolitan areas meeting certain criteria. Two-thirds of the funds are awarded by formula and the remainder is awarded through supplemental competitive grants.

The Committee notes that the fiscal year 2009 comparable level included a provision directing funds to particular metropolitan areas facing dramatic cuts as a result of the changes to the Ryan White formula. The Committee has not continued this provision in fiscal year 2010.

##### Comprehensive Care Programs

The Committee provides \$1,253,791,000 for HIV healthcare and support services. The fiscal year 2009 comparable level was \$1,223,791,000 and the budget request for fiscal year 2010 was \$1,253,791,000. Funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease,

continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of anti-retroviral therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee includes bill language providing \$835,000,000 for AIDS medications in the AIDS Drug Assistance Program [ADAP]. The fiscal year 2009 comparable level was \$815,000,000 and the budget request for fiscal year 2010 was \$835,000,000.

#### Early Intervention Services

The Committee provides \$206,877,000 for early intervention grants. The fiscal year 2009 comparable level was \$201,877,000 and the budget request for fiscal year 2010 was \$211,877,000.

Funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

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

The Committee provides \$76,845,000 for grants for coordinated services and access to research for women, infants, children, and youth, the same as the fiscal year 2009 comparable level and the budget request for 2010.

Funds are awarded to community health centers, family planning agencies, comprehensive hemophilia diagnostic and treatment centers, federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act, county and municipal health departments and other nonprofit community-based programs that provide comprehensive primary healthcare services to populations with or at risk for HIV disease.

#### AIDS Dental Services

The Committee provides \$13,429,000 for AIDS Dental Services, the same as the fiscal year 2009 comparable level. The budget request for fiscal year 2010 was \$15,429,000.

This program provides grants to dental schools, dental hygiene schools, and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV disease.

#### AIDS Education and Training Centers

The Committee provides \$34,397,000 for the AIDS education and training centers [AETC's]. The fiscal year 2009 comparable level was \$34,397,000 and the budget request for fiscal year 2010 included \$38,397,000.

AIDS education and training centers train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations.

The Committee encourages the AETCs to continue to prioritize interactive training that demonstrates effectiveness in changing clinician behavior. Funding may be used for existing regional and national centers to conduct clinical training and support workforce development to help meet the program's performance goal to maintain the proportion of racial/ethnic minority healthcare providers participating in the AETC intervention programs. In addition, the Committee recognizes the growing shortage of primary care health professionals trained in HIV care and treatment in the country.

*Family Planning*

The Committee provides \$317,491,000 for the title X family planning program. The fiscal year 2009 comparable level was \$307,491,000 and the budget request for fiscal year 2010 was \$317,491,000.

Title X grants support primary healthcare services at clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level. Title X of the Public Health Service Act, which established the family planning program, authorizes the provision of a broad range of acceptable and effective family planning methods and preventive health services to individuals, regardless of age or marital status. This includes FDA-approved methods of contraception.

The Committee urges HRSA to use the increased funds to augment the awards for existing grantees to offset the rising cost of providing healthcare services. In addition, the Committee encourages HRSA to increase funding to the regional training centers.

The Committee remains concerned that programs receiving title X funds ought to have access to these resources as quickly as possible. The Committee again instructs the Department to distribute to the regional offices all of the funds available for family planning services no later than 60 days following enactment of this bill. The Committee intends that the regional offices should retain the authority for the review, award and administration of family planning funds, in the same manner and timeframe as in fiscal year 2006. The Committee intends that at least 90 percent of funds appropriated for title X activities be for clinical services authorized under section 1001 of the act. The Committee further expects the Office of Family Planning to spend any remaining year-end funds in section 1001 activities.

**Centers for Disease Control and Prevention**

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

The Committee has included \$1,028,680,000 for the activities at this Center in fiscal year 2010. The fiscal year 2009 level was \$1,006,375,000 and the 2010 budget request was \$1,060,299,000. The Committee has included funding for the following activities at the following amounts:

Activity	FY 2010 Committee	FY 2009 Comparable	FY 2010 Budget Request
HIV/AIDS	\$711,045,000	\$691,861,000	\$744,914,000
Viral Hepatitis	\$18,367,000	\$18,316,000	\$18,367,000
Tuberculosis	\$144,268,000	\$143,870,000	\$144,268,000

*Hepatitis Testing-* The Committee encourages the CDC to expand testing and continue to validate interventions focused on the mother-child transmission issue and other efforts targeted on the prevention of the hepatitis B virus in the Asian-American community where currently 1 in 10 individuals are infected with the hepatitis B virus.

*HIV/AIDS-* Within the amount made available for HIV/AIDS, increases over last year's level have been provided for the President's proposals on service integration, data collection and additional testing. All other activities, including the Early Diagnosis and Screening program have been included at the 2009 level. The Committee again notes that the Early Diagnosis and Screening funds may be awarded to States newly eligible for the program in fiscal year 2010. No State may be eligible for more than \$1,000,000. The Committee intends that the amounts that have not been awarded by May 31, 2010 shall be awarded for other HIV testing programs. The Committee commends the Department for the prioritization of the domestic HIV/AIDS testing among African-Americans. The Committee requests a comprehensive report on the progress of this initiative to date to be included in fiscal year 2011 budget justification. The Committee continues to be supportive of CDC's promotion of rapid HIV tests in its HIV/AIDS testing activities.

[Provided further, That out of funds made available under this heading for domestic HIV/AIDS testing, up to \$15,000,000 shall be for States newly eligible in fiscal year 2010 under section 2625 of the PHS Act as of December 31, 2009 and shall be distributed by May 31, 2010 based on standard criteria relating to a State's epidemiological profile, and of which not more than \$1,000,000 may be made available to any one State, and amounts that have not been obligated by May 31, 2010 shall be made available to States and local public health departments for HIV testing activities.]

*Infertility Prevention Program.*—The Committee has included additional funding for the Infertility Prevention program.

*Microbicides.*—The Committee requests the CDC continue to include information in the fiscal year 2011 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.

*Prostatitis.*—Up to 20 percent of chronic prostatitis may be due to sexually transmitted diseases [STDs] that go undiagnosed. The Committee encourages the CDC to consider updating the sexually transmitted disease guidelines with a new focus on the prostate as a reservoir for hidden infection. The Committee recommends that the National Center for Infectious Disease work with other centers in the CDC with special expertise to test for all microbial life and their relation to prostatic disease and to examine prostatic fluid, semen, and prostatic tissue pathology for other theories of causation.

Viral Hepatitis.—The Committee expects the CDC to put forward a professional judgment budget for viral hepatitis no later than August 15, 2010.

Syringe Re-use- The Committee remains concerned about the re-use of syringes and other infection control errors. The Committee is pleased that the CDC Healthcare Infection Control Practices Advisory Committee is at work developing additional infection control guidance specifically for outpatient settings and that the CDC is planning to convene meetings with academia and industry to explore the development of 'fail safe' systems and products. In addition, the Committee continues to support the CDC's education and outreach campaign. The Committee requests that the CDC report to the Committee on the progress of those efforts by April 15, 2010.

*Global Health*

The Committee recommends \$332,779,000 for global health-related activities at the CDC in fiscal year 2010. The fiscal year 2009 comparable level was \$308,824,000 and the budget request for fiscal year 2010 was \$319,134,000. The Office of Global Health leads and coordinates CDC's global programs to promote health and prevent disease in the United States and abroad, including ensuring rapid detection and response to emerging health threats. The Committee recommendation includes funding for the following activities in the following amounts:

[In thousands of dollars]

Activity	Fiscal year 2009 comparable	Fiscal year 2010 request	Committee recommendation
Global AIDS Program	118,863	118,979	118,863
Global Immunization Program	143,326	153,475	153,876
Polio Eradication	101,500	101,599	102,000
Other Global/Measles	41,826	51,876	51,876
Global Disease Detection	33,723	33,756	37,000
Global Malaria Program	9,396	9,405	9,405
Other Global Health	3,516	3,519	3,519

AIDS and Malaria Programs- The Committee commends the efforts of the CDC's Global AIDS and Global Malaria Programs in implementing the President's Emergency Plan for AIDS Relief [PEPFAR] and the President's Malaria Initiative. The Committee encourages global AIDS and malaria program activities beyond PEPFAR and PMI countries.

Malaria- The CDC plays a critical role in the fight against malaria by performing much of the 'downstream' research that links basic science with the actual interventions tested and delivered to those in need, and CDC has been critical in developing and evaluating the tools being used today to combat malaria. As the threat of drug and pesticide resistance increases, the Committee urges the CDC to continue to perform malaria research leading to new drugs and tools that will be available to replace current interventions once they are no longer effective.

*Special Projects*

The Committee recommendation includes funding for AIDS Community Resources, Inc., Syracuse, NY, for HIV/AIDS education and prevention in the amount of \$300,000.

### **National Institutes of Health**

#### ***National Institute of Diabetes and Digestive Kidney Diseases***

Chronic Hepatitis B- The Committee commends the NIDDK for establishing a Hepatitis B Clinical Research Network and conducting a consensus development conference on the management and treatment of hepatitis B. The Committee urges that the Hepatitis B Clinical Research Network increase the 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, especially in understanding the nature of the different clinical categories of hepatitis B and of fibrosis and cirrhosis, and developing new medical interventions for the management of hepatitis B and the diseases with which it is associated, including fibrosis and cirrhosis.

Chronic Hepatitis C- The Committee urges a continuing focus on the development of new treatments for hepatitis C.

#### ***National Institute of Allergy and Infectious Diseases***

Included in these funds is \$300,000,000 to be transferred to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis. The fiscal year 2009 transfer amount was also \$300,000,000.

Chronic Hepatitis B- The Committee understands that although there are now a number of medications approved for the treatment of hepatitis B, they are of limited therapeutic value since they mostly target the same virus functions. The Committee urges additional research on different courses of treatment as well as ways to support efforts to identify new cellular and viral antiviral targets and develop new strategies for intervention. In addition, special attention to the problems associated with co-infections of hepatitis B with hepatitis C and HIV is needed.

Drug-resistant Tuberculosis [TB]- The Committee urges the NIAID to expand and intensify research into developing new diagnostics, drugs, and vaccines to halt the spread of drug-resistant TB.

Malaria- 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 the NIAID to allocate additional resources to malaria research, and by doing so help ensure that new tools are available when current interventions begin to lose their effectiveness. In addition, the Committee encourages NIAID to expand its current support for public-private partnerships involved in the research and development of antimalarial drugs.

Microbicides- Encouraging results from a recent NIH Microbicide Trials Network safety and effectiveness study of the microbicide candidate PRO2000 showed that the product was 30 percent more effective than any other arm of the study in preventing HIV. While data from this

study are not definitive and results from additional trials are needed to confirm these findings, they support the concept that a microbicide could prevent HIV infection. The Committee urges the NIH to work with USAID, CDC, and other appropriate agencies to develop processes for coordinated investment and prioritization for microbicide development, approval, and access.

**Pre-exposure Prophylaxis [PrEP]-** The Committee is aware there are currently seven clinical trials testing the safety and effectiveness of PrEP, an experimental HIV prevention strategy using antiretroviral drugs in HIV negative people, and that PrEP is considered among the most promising of potential HIV prevention interventions now being studied. These clinical trials are expected to report results starting in 2010. The Committee urges the NIAID to begin developing a research plan to prepare for the range of possible outcomes.

#### *National Institute on Aging*

**Demographic and Economic Research-** The Committee is aware that in 2010 the NIA will be making 5-year awards as part of its Demography of Aging Centers and Roybal Centers for Research on Applied Gerontology programs. The Committee urges the NIA, with support from the NIH Office of Behavioral and Social Science Research and Office of AIDS Research, to fund at least the existing number of centers, and more if possible. In addition, the Committee encourages the NIA to substantially increase the minority sample size of the Health and Retirement Study to understand the impact of the economic downturn on pre-retirees and retirees.

#### *National Institute on Mental Health*

**HIV/AIDS Behavioral Research-** The Committee supports additional research on how to change the behaviors that lead to HIV acquisition, transmission, and disease progression, and how to maintain protective behaviors once they are adopted, with a better understanding of the social and cultural factors that may impact different populations.

#### *Office of AIDS Research*

The Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. The Committee recommendation does not include a direct appropriation for the OAR. Instead, funding for AIDS research is included within the appropriation for each institute, center, and division of the NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Director of the National Institutes of Health and the OAR, be allocated directly to the OAR for distribution to the institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the Director of the NIH and the OAR to shift up to 3 percent of AIDS research funding among institutes and centers throughout the year if needs change or unanticipated opportunities arise.

The Committee includes bill language permitting the OAR to use up to \$8,000,000 for construction or renovation of National Primate Research Centers. This is the same as the fiscal year 2009 level and the budget request.

The Committee notes that the NCI has made numerous important breakthroughs in HIV/AIDS and supports the allocation of additional funding to the NCI for research into developing an HIV/AIDS vaccine.

**Substance Abuse and Mental Health Services Administration**

*Center for Mental Health Services*

The Committee recommends \$988,269,000 for mental health services. The comparable level for fiscal year 2009 is \$969,152,000 and the administration request is \$985,819,000. The recommendation includes \$21,039,000 in transfers available under section 241 of the Public Health Service Act.

Programs of Regional and National Significance

The Committee recommends \$346,252,000 for programs of regional and national significance. The comparable level for fiscal year 2009 is \$344,438,000 and the administration request is \$335,802,000. Within the total provided for CMHS programs of regional and national significance, the Committee recommendation includes funding for the following activities:

Activity	Fiscal year 2009 comparable	Fiscal year 2010 request	Committee recommendation
Minority AIDS	9,283,000	9,283,000	9,283,000
HIV/AIDS Education	974,000	974,000	974,000

*Center for Substance Abuse Treatment*

The Committee recommends \$2,269,897,000 for substance abuse treatment programs. The comparable fiscal year 2009 level is \$2,192,933,000 and the administration request is \$2,238,647,000. The recommendation includes \$87,796,000 in transfers available under section 241 of the Public Health Service Act. Within the total provided for CSAT programs of regional and national significance, the Committee recommendation includes funding for the following activities:

Activity	Fiscal year 2009 comparable	Fiscal year 2010 request	Committee recommendation
Minority AIDS	65,988,000	65,988,000	65,988,000

HIV Testing- The Committee understands that SAMHSA has established a goal of providing HIV tests to 80 percent of clients accessing the services of its HIV/AIDS grantees. The Committee requests that SAMHSA provide an update on its progress toward meeting this goal in its fiscal year 2011 budget justification.

Substance Use and Mental Disorders of Persons with HIV- According to the nationally representative HIV Cost and Services Utilization Study, almost half of persons with HIV/AIDS screened positive for illicit drug use or a mental disorder, including depression and anxiety disorder. Unfortunately, health care providers fail to notice mental disorder and substance use problems in almost half of patients with HIV/AIDS, and mental health and substance use screening is not common practice in primary care settings. Several diagnostic mental health and substance use screening tools are currently available for use by non-mental health staff. The

Committee encourages SAMHSA to collaborate with HRSA to train health care providers to screen HIV/AIDS patients for mental health and substance use problems.

*Substance Abuse Prevention and Treatment Block Grant*

The Committee recommends \$1,818,591,000 for the substance abuse prevention and treatment [SAPT] block grant. The comparable fiscal year 2009 level is \$1,778,591,000, the same as the budget request. The recommendation includes \$79,200,000 in transfers available under section 241 of the Public Health Service Act.

*Center for Substance Abuse Prevention*

Programs of Regional and National Significance

The Committee has provided \$200,459,000 for programs of regional and national significance [PRNS]. Within the total provided for CSAP programs of regional and national significance, the Committee recommendation includes funding for the following activities:

Activity	Fiscal year 2009 comparable	Fiscal year 2010 request	Committee recommendation
Minority AIDS	41,385,000	41,385,000	41,385,000

**Centers for Medicaid and Medicare Services**

*Federal Administration*

The Committee applauds CMS for its leadership in clearly outlining the Medicaid and Children's Health Insurance Program policies regarding routine HIV testing and HIV screening in its June 2009 letter to State health officials. The policies are consistent with HIV testing guidelines issued in 2006 by the Centers for Disease Control and Prevention.

The Committee urges CMS to conduct a demonstration project to identify effective Medication Therapy Management Program models for low-income Medicare part D enrollees living with HIV/AIDS. The demonstration project should emphasize evidence-based prescribing, prospective medication management, technological innovation and outcome reporting.

**Agency for Children and Families**

*Abandoned Infants Assistance*

The Committee recommends \$11,628,000 for abandoned infants assistance, which is the same as the comparable funding level for fiscal year 2009 and the budget request. This program provides grants to public and private community and faith-based organizations to develop, implement, and operate demonstration projects that prevent the abandonment of infants and young children impacted by substance abuse and HIV. Funds may be used to provide respite care for families and caregivers, allow abandoned infants and children to reside with their natural families or in foster care, and carry out residential care programs for abandoned infants and children who are unable to reside with their families or be placed in foster care.

*Abstinence Education*

The Committee recommendation does not include funding for community-based abstinence education. The comparable level for fiscal year 2009 is \$99,114,000. The administration did not

request funding for this program. The Committee has redirected funding from this program to a new initiative in the Office of the Secretary that will fund a range of evidence-based programs that reduce teen pregnancy and sexually transmitted infections, including HIV. The Committee notes that programs formerly receiving abstinence education funding are eligible for funding under this new initiative, provided they meet the evidence-based criteria.

#### *Teen Pregnancy Prevention*

The Committee recommendation does not include funding in ACF for the President's teen pregnancy prevention initiative. The administration requested \$114,455,000 for this activity. The Committee applauds the administration for developing a new teen pregnancy proposal that focuses on evidence-based, effective interventions. The Committee has funded this initiative in the Office of the Secretary due to the public health expertise necessary to implement evidence-based approaches to reducing teen pregnancy and sexually transmitted infections, including HIV.

#### **Office of the Secretary**

##### *HIV/AIDS in Minority Communities*

To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Committee recommends \$51,891,000. This is the same as the comparable fiscal year 2009 level and the administration request. These funds are available to key operating divisions of the Department with capability and expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

#### **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. 207. The Director of the National Institutes of Health, jointly with the Director of the Office of AIDS Research, may transfer up to 3 percent among institutes and centers from the total amounts identified by these two Directors as funding for research pertaining to the human immunodeficiency virus: Provided, That the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of any transfer.

Sec. 208. Of the amounts made available in this Act for the National Institutes of Health, the amount for research related to the human immunodeficiency virus, as jointly determined by the Director of the National Institutes of Health and the Director of the Office of AIDS Research, shall be made available to the 'Office of AIDS Research Office' account. The Director of the Office of AIDS Research shall transfer from such account amounts necessary to carry out section 2353(d)(3) of the Public Health Service Act.

Sec. 505. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

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

### **National AIDS Strategy**

Of the total funding, the Committee recommends \$1,400,000 for the Office of National AIDS Policy. The Committee directs the administration to coordinate a Government-wide effort to develop and implement a domestic AIDS strategy, including the development of targets for improved prevention and treatment outcomes.

### **District of Columbia**

Section 810 continues the provision that prohibits the use of any Federal funds in this act to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

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

### **Housing Opportunities for Persons With AIDS [HOPWA]**

Appropriations, 2009	\$310,000,000
Budget estimate, 2010	310,000,000
House allowance	340,000,000
Committee recommendation	320,000,000

The Housing Opportunities for Persons With AIDS [HOPWA] Program provides States and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing and supportive services needs of persons living with HIV/AIDS and their families. Statutorily, 90 percent of appropriated funds are distributed by formula to qualifying States and metropolitan areas on the basis of the number and incidence of AIDS cases reported to the Centers for Disease Control and Prevention by March 31 of the year preceding the appropriation year. The remaining 10 percent of funds are distributed through a national competition.

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

### **Global Health Initiative**

The Committee notes that despite U.S. leadership in saving millions of lives from HIV/AIDS, malaria, and tuberculosis, thousands of children around the world die every day from extreme poverty and preventable diseases. A more integrated and sustainable approach to fighting disease, improving basic healthcare, and strengthening health systems is necessary. The Committee endorses the President's Global Health Initiative as an opportunity to create a comprehensive and sustainable global health strategy that identifies specific initiatives, quantitative goals, and appropriate funding levels for global health.

Funds are allocated in the following table and subject to the requirements of section 7019 of this act:

Global Health and Child Survival  
[Budget authority in thousands of dollars]

Program, by Account	FY2010 Request	Committee Recommendation	Change from Request
USAID HIV/AIDS	350,000	350,000	0
Malaria	585,000	585,000	0
Tuberculosis	173,000	201,000	+28,000
Global TB Drug Facility (non-add)	[15,000]	[15,000]	
Department of State HIV/AIDS	5,259,000	5,359,000	+100,000
UNAIDS	35,000	43,000	+8,000
Microbicides	45,000	45,000	0
Global Fund	600,000	700,000	+100,000

### ***HIV/AIDS***

The Committee recommends a total of \$5,709,000,000 for programs and activities to combat HIV/AIDS, of which \$5,359,000,000 is for PEPFAR and \$350,000,000 is for USAID.

*Global Fund.*--The Committee recommends not less than \$700,000,000 in this act for a U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Committee supports the Department of State and USAID's ongoing effort to assist the Global Fund to more effectively manage the demand side of its budget, and supports the recent creation of the Working Group to Manage Supply and Demand. The Committee is concerned with the Fund's proposal submission and approval process, including the apparent lack of consideration of the amount of undisbursed funds that are available for existing programs in countries prior to the approval of new proposals. The Committee believes that approving new proposals without analyzing disbursements of existing funds encourages countries to submit an unlimited number of proposals and is an unsustainable programming model.

*Mother-to-Child Transmission.*--The Committee continues to support programs that prevent mother-to-child transmission [PMTCT] of HIV. The Committee directs the Global AIDS Coordinator to provide the funds and technical assistance necessary to expand access to PMTCT services.

*Nutrition.* The Committee notes that nutrition plays a key role in maintaining quality of life for people with HIV/AIDS, and intends that HIV/AIDS funds be used for programs that address the development and implementation of nutrition support, guidelines, and care services for people living with HIV/AIDS.

*Reimbursements.*--The Committee understands OGAC has agreed to provide USAID reimbursements to cover direct and indirect PEPFAR implementation costs incurred both at headquarters and in the field, and expects OGAC and USAID to consult with the Committee regarding fiscal year 2010 reimbursement levels in a timely manner.

## **Infectious Diseases**

The Committee recommends a total of \$973,000,000 for other infectious diseases, including influenza, tuberculosis, malaria, measles, meningitis, and neglected tropical diseases.

*Malaria.*--The Committee recommends a total of \$585,000,000 for programs to combat malaria. The Committee directs that these funds be made available in accordance with country strategic plans incorporating best public health practices including insecticide-treated bed nets, artemisinin combination therapies, and indoor residual spraying, and with significant support for purchase of commodities and equipment. USAID is encouraged to increase its investment in public-private partnerships involved in research, development, access and delivery of anti-malarial medications.

*Tuberculosis.*--The Committee recommends a total of \$201,000,000 for programs to combat TB. The Committee supports the development of a new, safe, effective and affordable vaccine to protect against all strains of TB, including MDR or XDR. USAID should consider supporting clinical trials for TB vaccines in developing countries.

## **Research and Development**

*Microbicides.*--The Committee recommends \$45,000,000 for research on and development of microbicides to prevent HIV/AIDS. The Committee encourages USAID to conduct external consultations on program priorities and strategies to ensure the most effective use of resources, and to facilitate partnerships between industry and nonprofit product development organizations.

### ***Proposals***

The Committee is aware of proposals from the following organizations, which shall be considered in full and open competition, and in accordance with all applicable rules and regulations:

*Albert Schweitzer Hospital, Beth Israel Deaconess Medical Center.*--To support the hospital's work in HIV/AIDS, TB, malaria and maternal and child health.

*International Partnership for Microbicides.*--To continue research and development of microbicides to combat HIV infection.

*Media Programs.*--To support media programs to prevent the spread of HIV/AIDS in Kenya, Nigeria, and Ethiopia and expansion of programs in other African countries and in India.

## ***Economic Development Programs***

*Microenterprise Development Programs.* The Committee recommends not less than \$265,000,000 from all accounts in this act for microfinance and microenterprise development programs for the poor, especially women. The Committee directs that 50 percent of funds be for grants to private networks, practitioner institutions, and NGOs, and that funds be provided for microfinance service providers working with people infected with HIV/AIDS.