Joint Letter of the HIV Health Care Access Working Group  
& the AIDS Budget and Appropriations Coalition

November XX, 2013

Chairman Patty Murray  
U.S. Senate 
Committee on the Budget 
624 Dirksen Senate Office Building 
Washington, D.C. 20510

Chairman Paul Ryan  
U.S. House of Representatives 
Committee on the Budget 
207 Cannon House Office Building 
Washington, D.C. 20515

Dear Chairmen Murray and Ryan:

On behalf of the AIDS Budget and Appropriations Coalition (ABAC), and the HIV Health Care Access Working Group (HHCAWG), work groups of the Federal AIDS Policy Partnership (FAPP), and the organizations listed below, we urge you to reach an agreement on the budget that is balanced and will reverse the devastating sequestration cuts to domestic HIV/AIDS programs and maintain our Nation’s commitment to the safety net programs that people with HIV/AIDS rely on for their care, treatment and housing. We believe that the budget passed by the Senate best meets these goals.

While we are in difficult fiscal times, we ask that you keep the needs of people living with HIV/AIDS forefront in your minds as you work to find a balanced solution that will address the federal budget, but does not cut critical non-defense discretionary programs and other programs such as Medicaid and Medicare that so many people with HIV/AIDS depend upon. HIV/AIDS and other critical public health programs have already received significant funding cuts because of sequestration and other discretionary cuts. In the last fiscal year alone, this has resulted in $379 million in cuts to HIV prevention at the CDC, the Ryan White Program, including ADAP, at HRSA, AIDS research at the NIH, and the Housing Opportunities for People with AIDS (HOPWA) program at HUD. Further cuts to these non-defense discretionary programs and the dismantling of Medicaid and Medicare will do irreparable harm to people living with HIV disease, as well as those at risk for HIV infection.

We will lose our battle against HIV disease and the loss will come with a high price tag in terms of the human toll and costs to the health care system. Failure to continue our nation’s investment in a health care safety-net and to support prevention, care and treatment and research programs will result in significant increases in HIV infections; higher hospital and emergency room costs and diminished hope for a cure and/or vaccine to eventually eradicate HIV disease. Further, because we now know effective HIV treatment prevents HIV transmission, comprehensive care for people living with HIV is vital to our nation’s public health and has the potential to dramatically decrease new HIV infections in the U.S.

We urge you to:

Repeal the Sequester and Reject Massive and Arbitrary Cuts to Discretionary Health Care Programs: Sequestration’s arbitrary cuts have reversed efforts to prevent HIV in our country
and disrupted the Ryan White Program’s system of lifesaving care and treatment that today serves over 500,000 low-income people with HIV/AIDS. With 50,000 new infections each year and a record 1.1 million people living with HIV/AIDS, we cannot turn our backs on the remarkable progress we have made in preventing and treating HIV/AIDS. Sequestration has resulted in the loss of critical staff that care and treat people with HIV/AIDS, which has negatively impacted the delivery of services at the same time patient loads are increasing. In order to achieve the goals of the National HIV/AIDS Strategy, continued federal government resources will be required and sequestration must be repealed.

**Sustain the Federal Commitment to Our Country’s Most Vulnerable Residents:** Medicaid is the single largest source of HIV/AIDS care and treatment, providing coverage to approximately 50% of people living with HIV and AIDS in care in the United States. Proposals that undercut the federal commitment to Medicaid, including converting the federal contribution to the Medicaid program into a block grant, will shift greater costs to the states and drastically hinder their ability to meet the need for HIV prevention and care services. In addition, proposals that create a voucher program for Medicare or to increase cost sharing will shift costs to people with disabilities and seniors and will quite simply leave lifesaving care and treatment out of reach for people with HIV/AIDS who rely on this program.

**Support Progress Not Repeal of Health Reform:** People across the country are already benefiting from the Affordable Care Act and millions more will do so when their new health care coverage takes effect in 2014. Those benefiting will include tens of thousands of people with HIV who have been previously shut out of the private insurance market and have been ineligible for Medicaid. We urge you to work to improve and strengthen the ACA as has been done for all of the other large scale and now popular federal health care programs, including Medicaid, Medicare, the Part D Drug Benefit and the Children’s Health Insurance Program.

We cannot afford to retreat in our battle against HIV and AIDS and to end support for the health care safety-net programs that are vital to millions of the most vulnerable Americans. We strongly urge you to oppose any effort to dismantle the Medicaid and Medicare programs, repeal or defund the reforms included in the Affordable Care Act, or cut discretionary health spending.

Should you have any questions or comments, please do not hesitate to contact ABAC Co-Chairs Donna Crews at dcrews@aidsunited.org, Emily McCloskey at emccloskey@nastad.org, Carl Schmid at cschmid@theaidsinstitute.org or HCAWG co-chairs Robert Greenwald at rgreenwa@law.harvard.edu, Amy Killelea at akillelea@nastad.org, Andrea Weddle at aweddle@idsociety.org.

Sincerely,

ActionAIDS
AIDS Action Baltimore
AIDS Action Committee of MA
AIDS Alliance for Infants, Children, Youth & Families
AIDS Care
AIDS Community Research Initiative of America
AIDS Foundation of Chicago
AIDS Legal Council of Chicago
AIDS Project Los Angeles
AIDS Project New Haven
AIDS Resource Center Ohio
AIDS Treatment Data Network
AIDS United
AIDS/HIV Services Group (ASG)
American Academy of HIV Medicine
Baltimore Student Harm Reduction Coalition
CANN - Community Access National Network
Canticle Ministries, Inc.
Communities Advocating Emergency AIDS Relief (CAEAR) Coalition
Community Education Group
Gay Men’s Health Crisis
Georgia AIDS Coalition
Georgia Equality
Harlem United
Harm Reduction Coalition
Health and Disability Advocates
HealthHIV
Heartland Cares
HIVictorious, Inc.
HIV Dental Alliance
HIV Medicine Association
HIV Prevention Justice Alliance (HIV PJA)
Housing Works
Hyacinth AIDS Foundation
International Association of Providers of AIDS Care
L.A. Gay & Lesbian Center
LifeLinc of Maryland
Lifelong AIDS Alliance
Mendocino County AIDS/Viral Hepatitis Network
Metropolitan Community Churches
Metropolitan Latino AIDS Coalition (MLAC)
Moveable Feast
National AIDS Housing Coalition
National Alliance of State and Territorial AIDS Directors (NASTAD)
National Black Gay Men’s Advocacy Coalition (NGBMAC)
National Gay and Lesbian Task Force Action Fund
National Minority AIDS Council
Pediatric AIDS Chicago Prevention Initiative
Project Inform
San Francisco AIDS Foundation
Seattle TGA HIV Planning Council
Sexuality Information and Education Council of the U.S. (SIECUS)
South Carolina Campaign to End AIDS
START at Westminster
The AIDS Institute
The National Working Positive Coalition
The Women's Collective
TOUCH-Together Our Unity Can Heal, Inc.
Treatment Access Expansion Project
Treatment Action Group
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
Village Care

CC: Members of the Conference Committee