March 31, 2011

Chairman Fred Upton  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, D.C. 20515

Ranking Member Henry Waxman  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, D.C. 20515

Chairman Joe Pitts  
Energy and Commerce Subcommittee on Health  
United States House of Representatives  
Washington, D.C. 20515

Ranking Member Frank Pallone, Jr.  
Energy and Commerce Subcommittee on Health  
United States House of Representatives  
Washington, D.C. 20515

Dear Chairmen Upton and Pitts and Ranking Members Waxman and Pallone:

The HIV Health Care Access Working Group (HHCAWG) and the AIDS Budget and Appropriations Coalition (ABAC), two working groups of the Federal AIDS Policy Partnership (FAPP), would like to express serious concern over proposals to eliminate or reclassify key health reform programs supported with mandatory funding under the Patient Protection and Affordable Care Act (ACA), including the Prevention and Public Health Fund (Fund) and the Personal Responsibility Education Program (PREP), both which were created under ACA. HHCAWG and ABAC are coalitions of more than 100 national and community-based AIDS service organizations representing HIV medical providers, public health professionals, advocates and people living with HIV/AIDS and providing critical HIV-related health care and support services.

As you know, the Fund is a dedicated investment in community prevention and state and local public health infrastructure and workforce and is a much-needed down payment on the health and economic well being of all Americans. As such, we oppose any effort to eliminate or reclassify the Fund. States are already using Prevention Fund dollars to build epidemiology and laboratory capacity to track and respond to public health threats, including preventing the spread of HIV/AIDS.

The ACA states that the money should be used “for programs authorized by the Public Health Service Act, for prevention, wellness, and public health activities.” In addition, the money will go to support disease prevention by promoting access to vaccines, strengthening the public health workforce, and investing in evidence-based prevention programs at the community level. The ACA makes a commitment to prioritizing preventive services and keeping people healthy. The Fund is an integral component of this strategy.

The Fund will also be used to tackle critical epidemics, such as HIV/AIDS. Recently, the Obama Administration reenergized our nation’s response to the HIV epidemic through the development of a National HIV/AIDS Strategy (NHAS). This strategy provides a roadmap for drastically cutting the number of new HIV infections in our nation through prevention, treatment, and reducing health disparities. The strategy also prioritizes prevention efforts for common co-occurring conditions, including other sexually transmitted diseases (STDs), viral hepatitis, substance abuse and mental health issues. To begin decreasing the number of new infections, $30 million of the Fund in FY2010 was allocated to help states and local communities implement the NHAS, support evidence-based HIV

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prevention activities, and improve surveillance systems. For FY2012, the Administration is requesting $30 million from the Fund for HIV prevention activities. The Fund is a unique opportunity to decrease health care spending for HIV/AIDS treatment and care by significantly reducing the 56,000 new HIV infections occurring annually. With HIV treatment and lost productivity costs estimated at $1 million per infection -- we cannot afford to lose the Prevention and Public Health Fund

We also cannot afford to defund PREP, which is the only state-grant program that funds initiatives to address the inter-related prevention and health needs of adolescents. PREP was created to reduce the rates of unintended pregnancy and STDs, including HIV, among young people and address adulthood preparation subjects that assist young people in making informed and responsible decisions about their daily lives. Funding for PREP totals $75 million per year for a period of five years, 2010–2014. Just over $55 million of PREP dollars is dedicated to state grants for evidence-based programs that are required to provide information on both abstinence and contraception, with substantial emphasis on both, as well as adulthood preparation subjects such as healthy relationships, adolescent development, financial literacy, educational and career success, and healthy life skills.

Statistics show that the need for this program is immense. According to the Centers for Disease Control and Prevention’s (CDC’s) Youth Risk Behavior Survey, in 2009, 46 percent of high school students had ever had sexual intercourse, while almost 40 percent of those students did not use a condom during last sexual intercourse. Young people aged 13–29 account for over one-third of the estimated 56,300 new HIV infections each year, the largest share of any age group. This means that two young people every hour are infected with HIV. And while young people in the U.S., aged 15–25, make up only one-quarter of the sexually active population, they contract about half of the 19 million STDs annually. Furthermore, the United States has one of the highest rates of teen pregnancy rates in the developed world with more than 80 percent of pregnancies among 15–19 unintended.

The PREP state-grant program is a voluntary program for which states can choose to apply. Recognizing the need for such education for their young people, 43 states, the District of Columbia, the Federated States of Micronesia, and Puerto Rico applied for PREP funding during the first year of the program. Two additional states also plan to apply for Fiscal Year 2011 funds. These dollars provide a clearly needed funding stream that will contribute to the stability and infrastructure of prevention programs for states at a time when fiscal uncertainty abounds.

PREP also provides $10 million for grants to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, and pregnant women and mothers who are under 21 years of age and their partners. A total of 13 grantees have already received funding to provide programming in 17 states— including, for Members of the Subcommittee, the states of California, Illinois, New York, Ohio, Pennsylvania, and Texas.

It is essential to the health of Americans that we seize the opportunity to invest in prevention programs and transform our public health system. For this reason, we urge you to oppose any effort to eliminate or reclassify health reform programs supported with mandatory funding, including the Prevention and Public Health Fund or the Personal Responsibility Education Program.

Sincerely,