

Congress of the United States
Washington, DC 20515

March 12, 2021

President Joseph R. Biden, Jr.
Vice President Kamala D. Harris
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Biden and Vice President Harris,

As you and your Administration draft your Fiscal Year 2022 Budget Request, we urge you to significantly increase funding for domestic HIV/AIDS programs. The United States has many effective HIV treatment, prevention, research and housing programs which have been successful in driving down new infections, increasing viral suppression rates, and providing much needed wrap-around services to people living with and at risk of HIV. Our nation has made great progress since the height of the AIDS epidemic. Since 2013, however, new cases of HIV have plateaued at around 37,000 new infections a year. HIV in the U.S. disproportionately impacts gay and bisexual men in communities of color, transgender women, and persons who inject drugs. Addressing the HIV epidemic in the U.S. will help our nation advance racial equity and meet the needs of underserved communities. Without rapid funding increases, the US epidemic will continue to outrun our response, increasing the long-term need for HIV treatment and increasing future costs. Public spending to support an accelerated scale-up will generate historic health benefits and savings sufficient to offset or exceed the required investments.

To truly end the HIV epidemic in the United States, which you have committed to doing by 2025, significant new resources must be provided to HIV programs. Over the last two years, Congress has appropriated additional funding for the *Ending the HIV Epidemic Initiative*, which sets the goal of reducing new HIV infections by 50% by 2025, and 90% by 2030. The scientific understanding of HIV tells us that this goal is possible, though it will require concerted effort and resources from all levels of government. The first five years of the Initiative focuses on 48 counties, the District of Columbia, San Juan, P.R., and seven rural states where the burden of new HIV infections are the highest. Cities, counties and states across the US are currently in the process of planning and implementing strategies to combat HIV in their jurisdictions. **We urge you to request significant increases in funding for the *Ending the HIV Epidemic Initiative* in your FY2022 Budget Request so that this important work continues.** With buy-in from all levels of government, including Congressional appropriators, we believe this Initiative can be successful.

We ask the Administration to increase funding in the FY2022 Budget Request for the *Ending the HIV Epidemic Initiative* by **at least** the amounts listed below in the following operating divisions:

- CDC Division of HIV/AIDS Prevention for testing, linkage to care, and prevention services, including pre-exposure prophylaxis (PrEP) (+\$196 m);
- HRSA Ryan White HIV/AIDS Program to expand comprehensive treatment for people living with HIV (+\$107 m);
- HRSA Community Health Centers to increase clinical access to prevention services, particularly PrEP (+\$34.7 m)
- The Indian Health Service (IHS) to combat the disparate impact of HIV on American Indian/Alaska Native populations (+\$22 m); and
- NIH Centers for AIDS Research to expand research on implementation science and best practices in HIV prevention and treatment.

The *Ending the HIV Epidemic Initiative* is intended to complement core HIV public health programs that are relied upon by millions across the United States. The Initiative will only be successful if people living with and at risk of HIV and related infectious diseases have access to high-quality treatment and prevention services, which include housing and other support services. We must also ensure that we fund high-quality medical research to continue advancements in HIV treatment and prevention.

HIV treatment, prevention, research, and housing programs funded through the federal government have been proven successful. It is critical to shore up these programs, while also focusing on Ending the Epidemic. The Ryan White HIV/AIDS Program provides services to more than half of people living with HIV in the US, and among clients there is an 88% viral suppression rate as compared to 51% of all people living with HIV in this country. The CDC funds millions of HIV tests every year and has a robust surveillance system which can inform where resources are needed to make the biggest impact. HIV research at the NIH has led to breakthroughs in new HIV treatments and biomedical HIV prevention tools like PrEP. Housing support for people living with HIV leads to better treatment outcomes for patients. HIV is effectively treatable but remains a lifelong chronic condition. By investing in these programs now, we can save billions in healthcare costs in the future.

Years of stagnant funding have placed immense resource constraints on these programs and the services they are able to provide. The COVID-19 pandemic has severely impacted all public health programs, especially infectious disease programs combatting HIV. The health and economic fallout of the pandemic will put tremendous stress on public health and safety net programs.

We ask the Administration to increase funding in the FY2022 Budget Request for each of the following discretionary domestic programs by *at least* the amounts listed below. These programs are critical to ending the HIV epidemic:

- HRSA, Ryan White HIV/AIDS Program, all parts (+\$238 m);

- CDC, Division of HIV/AIDS Prevention (+\$67.1 m);
- CDC, Opioid Related Infectious Diseases program (+\$107 m);
- HUD, Housing Opportunities for Persons with AIDS (+\$170 m);
- Minority AIDS Initiative (MAI) (includes the Minority HIV/AIDS Fund and cross-agency MAI programs) (+\$165.9 m);
- NIH, HIV specific research (+\$755 m);

The opioid epidemic in the United States has resulted in increases in new HIV infections and skyrocketing viral hepatitis cases among injection drug users. Harm reduction programs like syringe service programs (SSPs) are a key tool to prevent infectious diseases in communities hard hit by the opioid epidemic. Currently, federal funding for SSPs is restricted so that funding cannot be used to purchase sterile syringes. **We ask that in your FY2022 Budget Request, you urge Congress to eliminate this funding restriction so that SSPs are fully supported.**

Finally, we urge you to reestablish within the White House the Office of National AIDS Policy (ONAP), tasked with working across agencies and a diverse representation of community stakeholders. At the beginning of this year, the HIV National Strategic Plan was released which sets important goals for preventing and reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV, reducing HIV-related health disparities, and working to destigmatize and decriminalize HIV. As implementation plans are developed to achieve these goals, we hope ONAP will ensure that all federal agencies actively engage in the planning process and, importantly, include input from those most impacted by HIV. Your bold action through funding and the implementation of the Strategic Plan is critical in the goal to eradicate HIV.

Sincerely,



Barbara Lee
Member of Congress
HIV/AIDS Caucus, Co-Chair



Jenniffer González-Colón
Member of Congress
HIV/AIDS Caucus, Co-Chair



Maxine Waters
Member of Congress

Brian Fitzpatrick
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