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NASTAD

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

MEMORANDUM

DT: November 20, 1997

TO: Sandra Thurman, Director, Office of National AIDS Policy

FR: Joseph Kelly, Deputy Director, NASTAD
B.J. Harris, Director of Government Relations, NASTAD

RE: FY 99 Funding Requests

As requested, attached are preliminary FY 99 HIV/AIDS budget recommendations from the state AIDS directors. These figures include funding recommendations with justifications for the Centers for Disease Control and Prevention's HIV prevention, surveillance, and STD programs as well as state Title II core funding needs for the Ryan White CARE Act.

We are still in the process of calculating state ADAP resource needs for FY 99. You can expect a preliminary figure for this in the next day or two. We are consulting with the state programs and treatment advocates to arrive at a consistent number.

We hope the attached information is helpful and we look forward to working with you.

If you have any questions, please contact B.J. at 434-8068.

Attachment

444 North Capitol Street, NW, Suite 339 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

Preliminary FY 1999 HIV/AIDS Budget Recommendations from State AIDS Directors

Centers for Disease Control and Prevention

HIV Prevention

High priority needs identified by state AIDS directors to support HIV prevention programs through the cooperative agreements with state and local health departments in FY 1999 include the following items. **An additional $90 million in FY 99 is required to address these issues:**

- **HIV prevention for substance users** - Additional support for substance abuse treatment and other harm reduction interventions is consistently identified as a very high priority among AIDS directors.

- **Targeted prevention for subpopulations** - AIDS cases have not declined for all populations. Increased funding is needed for HIV prevention targeting the "emerging" at risk groups including women of color at risk, youth in high risk situations, and gay men of color, in addition to continued funding of prevention for the well-recognized at risk groups.

- **Enhanced HIV counseling and testing** - The availability of effective treatment is prompting a renewed interest in counseling and testing programs funded with public support. Project areas are interested in utilizing new testing technologies - oral testing and rapid tests - in non-clinical settings and require funding for training and implementation of these new testing modalities. Funding for more targeted counseling testing including aggressive outreach and mobile units is also needed.

- **Implementation of new CDC program guidance** - CDC is issuing new program guidance for both partner notification and prevention case management programs. Resources are needed to enable states to implement the new guidance and expand and enhance these prevention interventions. In particular, states have expressed a great interest in expanding HIV prevention services targeting HIV infected people and their sexual/needle-sharing partners through both partner services and prevention case management.

- Broadcast and print media materials for use with general public that can be locally adapted as well as support for the translation of these materials into multiple languages.

- Enhanced funding for evaluation of HIV prevention models and interventions and dissemination of "what works" to jurisdictions.

HIV Surveillance

High priority needs identified by state AIDS directors to support HIV and AIDS surveillance activities in FY 1999 include the following. **An additional $30 million is needed to undertake these efforts**:

- Guidance and funding from the CDC for implementation of active HIV case reporting in all jurisdictions.
- Continued funding for population-based blinded serosurveys in hospitals, drug treatment clinics, STD and adolescent health settings.
- Increased funding for behavioral surveillance to learn more about changes in behavior related to HIV prevention.
- Increased funding for perinatal surveillance in the absence of the SCBW.

Therefore, the total requested funding for HIV prevention and surveillance programs for FY 99 is **$120 million** greater than the FY 98 level.

STD Programs

An additional $60 million is needed to fund STD programs adequately. Priority should be given to the following activities:

- Increased funding for syphilis elimination in areas across the country with high incidence, particularly in the south and rural areas.
- Increased funding for screening women including urine screening for GC and Chlamydia and single dose therapy.
- Support for STD surveillance.
- Support for behavioral interventions for people at risk for STDs.
- Expanded partner notification services for all STDs not just syphilis and gonorrhea.
- Improved outreach services with incorporation of less invasive testing modalities.
- Increased flexibility for states to determine priorities for STD funding based on the state's STD epidemiology.

Health Resources and Services Administration

Ryan White CARE Act, Core Title II Program
High priority needs identified by state AIDS directors to support core Title II programs in FY 1999 which would require **an additional $85 million in Title II core funding above FY 98 levels**:

- **Primary care, including viral load testing and monitoring** - Viral load testing continues to be an additive cost that is borne by the Title II programs - particularly in providing reimbursement for lower cost state laboratory processing of viral load tests.

- **Rural primary care services** - Many states are needing to bolster HIV care services which are in rural areas which may be outside of managed care environments. In addition, transportation to and from care services for individuals eligible for Title II services is a continuing problem area in more remote areas of larger rural states.

- **Expanding insurance continuation and insurance purchasing programs** - Approximately 30 states have high risk insurance pools for individuals who are deemed uninsurable, and approximately 20 of those states now use their high risk insurance pools as an alternative mechanism of guaranteed issue of insurance for Health Insurance Portability Act eligible individuals. This option is opening up in more states and states need to augment their use of federal funds for this purpose. In the state of Minnesota, which has a well-funded state insurance program, funds are limited to those who are disabled. Use of more flexible federal dollars is viewed as critically important to fill the gap for those people who are not HIV symptomatic.

- **Enhanced case management** - Competent, well-trained case managers are needed to help people living with HIV to navigate the increasingly complex social services and medical care systems. The complications and barriers to care which are the result of recent legislation such as welfare reform and immigration laws, the complexity and expense of drug treatment regimens, and the managed care version of Medicaid, all combine to make increased case management assistance needed for many clients of Title II service programs.

- **Job training and employment readiness** - This is cited as one of the major emerging needs in state and local Title II programs. Unfortunately, HRSA has not yet made a favorable determination on the flexible use of CARE Act funds for vocational rehabilitation. State programs report that they lack other funding streams with which to provide these services. For example, New York State reports that although the state receives $400 million in federal funding from the Department of Labor for vocational programs to implement welfare to work, none of those dollars is available to establish HIV-specific welfare to work demos. These would be potentially cost-effective services to provide given the feasibility of getting people on more stable forms of insurance.

Todd -
FYI
John

AIDS Action council

March 6, 1998

Honorable John Kasich
Chairman, House Budget Committee
1111 Longworth HOB
Washington, DC 20515

Honorable John Spratt
Ranking Member, House Budget Committee
1536 Longworth HOB
Washington, DC 20515

Dear Mr. Chairman and Mr. Ranking Member:

On behalf of the 2,400 community-based organizations we represent, AIDS Action urges you to advance a budget that gives appropriators enough flexibility within the budget agreement to fund adequately their public health priorities. As you near completion of the budget process, we encourage you to take into consideration the tremendous toll of the HIV/AIDS epidemic on our health departments and communities across the country.

We appreciate your attention to the urgent public health needs imposed by this epidemic, including a broad bi-partisan commitment to biomedical research. We are extremely concerned, however, that the "caps" on domestic discretionary spending contained in last year's budget agreement will hinder the ability of the Congress to increase biomedical research while adequately addressing other vital programs in the health function of the federal budget. It is also critical that your Committee's spending limits not be too prescriptive, but instead allow goals set by the relevant committees an opportunity to mature.

1875
Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

The Fiscal Year 1999 Budget Resolution could set the stage for pitting funding for public health against one another. In such a confrontation everyone loses. We urge you to draft a budget resolution that would avoid such a contentious debate. We need a comprehensive approach to public health that addresses prevention, care and research, and other social services that make health care access possible.

As a result of the sustained and increased federal investment in the entire HIV/AIDS portfolio (prevention, care, research, and housing), we are seeing dramatic declines in AIDS deaths, costly hospital admissions, emergency room visits, and in the incidence of opportunistic infections. But these benefits come at a price and we have an obligation to help as many people with HIV as possible. Nothing short of a comprehensive approach to the AIDS epidemic is essential if we are to see an end to this epidemic in our lifetime.

Thank you for your consideration of this important matter. We look forward to working with you and your staff as the budget process is completed.

Sincerely,

Daniel Zingale

Daniel Zingale
Executive Director

cc: House Budget Committee

11/14
Friday 5
Thursday -

AIDS Spending
Entitlement Spending
(in thousands)

Program	FY93	FY94	FY95	FY96 Policy*	FY97 President's Budget	% change compared to FY96
Medicaid (Federal Share)	$1,290,000	$1,490,000	$1,640,000	$1,800,000	$1,970,000	9
Medicare	$386,000	$500,000	$600,000	$690,000	$780,000	13
Social Security (SSI)	$200,000	$240,000	$300,000	$370,000	$450,000	22
Social Security (DI)	$515,000	$600,000	$705,000	$710,000	$795,000	12
Total	**$2,391,000**	**$2,830,000**	**$3,245,000**	**$3,570,000**	**$3,995,000**	**8**

* This includes funds in pending continuing resolutions and proposed add-backs.

Congress of the United States
Washington, DC 20515

November 5, 1997

Honorable William Jefferson Clinton
President of the United States of America
The White House
1600 Pennsylvania Avenue, NW
Washington D.C. 20500

Dear Mr. President,

Thank you for your strong and continued efforts to keep AIDS legislation at the top of our nation's domestic agenda. We applaud your efforts on behalf of the nearly one million American people living with HIV/AIDS. As you know, AIDS is one of the leading killers among people ages 25-44 in this country, and more and more people are being infected with the virus every day.

In 1990, Congress adopted the Ryan White CARE Act with the nearly unanimous support of both the House and Senate. With this act, we recognize HIV/AIDS as a national crisis that needs our immediate and focused attention. Seven years later, the AIDS epidemic continues to ravage our towns and cities, and the 900,000 Americans infected by HIV urgently need our help.

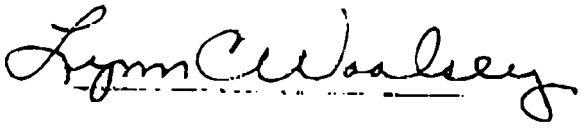
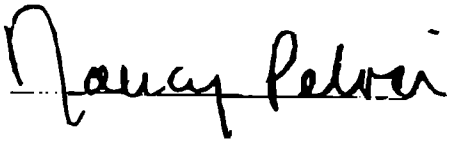
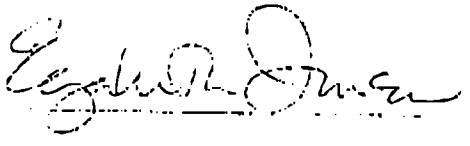
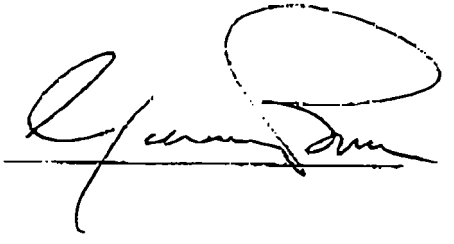
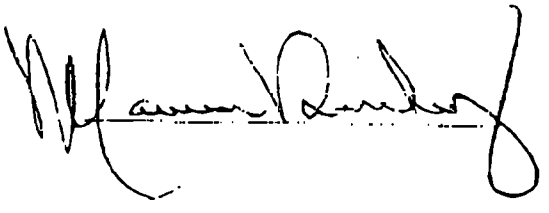
The Title I program provides grants to the American metropolitan areas most affected by this epidemic to provide needed health care and supportive services to people living with the virus. Critical breakthroughs in drug technologies and higher standards of care for HIV/AIDS patients have given us new hope to combat this disease. But with this new hope also comes added costs that have put great financial pressure on cities and towns fighting to provide necessary care. Without adequate Title I funding, the promise of these life-saving treatments cannot be fulfilled.

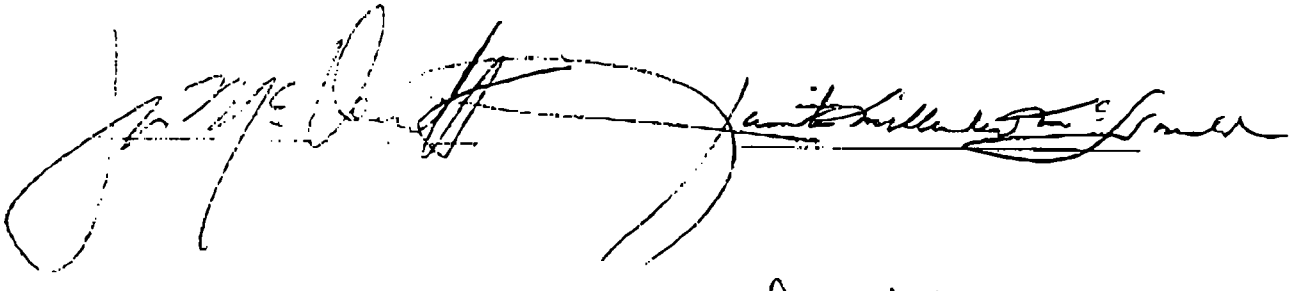
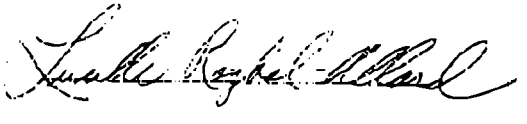
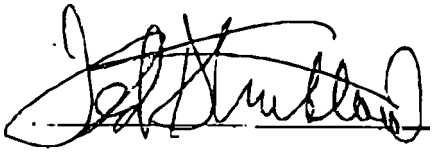
We are writing to urge you to increase your Administration's ~~request for~~ funding of Title I of the Ryan White CARE Act for fiscal year 1999 to a minimum of $570 million. As AIDS prevalence and treatment costs continue to increase, we must fight back with a proportional and appropriate response. The 49 metropolitan areas eligible to receive emergency assistance under Title I provide care to 74% of all reported cases of AIDS in America. Without adequate federal funding, these 49 areas will be unable to meet the rising demand for health care and supportive services for AIDS patients.

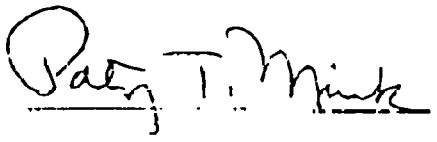
+$105,200 m

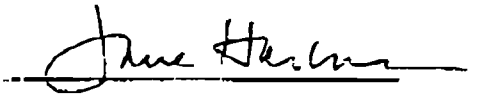
Thank you, Mr. President, for your leadership on this issue. We hope that you will consider this funding level as your Administration finalizes its funding requests for fiscal year 1999. Let's turn the promise of new AIDS treatments and care into a reality for every American living with HIV/AIDS

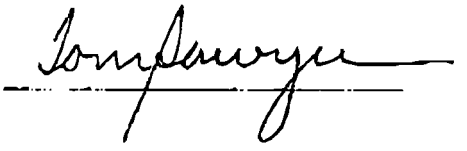
Sincerely,

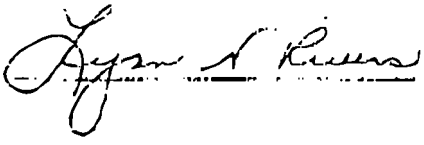






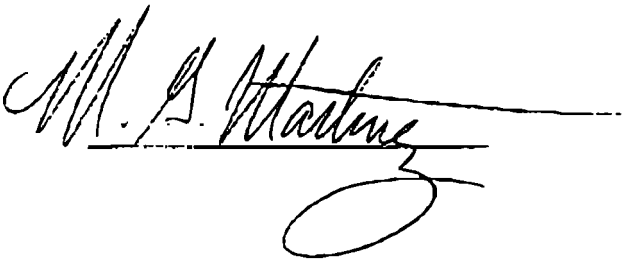




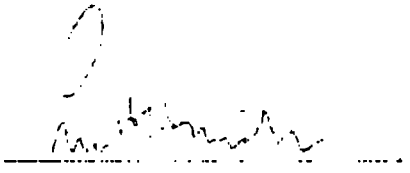


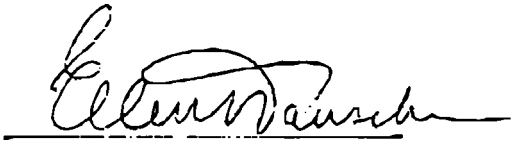


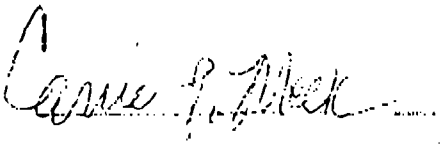


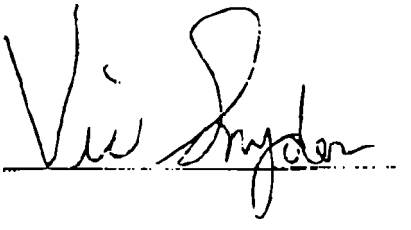


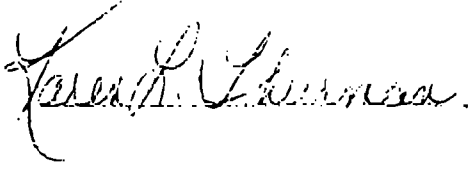


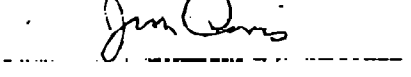












Co-signers

1. Hon. Lynn Woolsey
2. Hon. Nancy Pelosi
3. Hon. Elizabeth Furse
4. Hon. Xavier Becerra
5. Hon. Maurice Hinchey
6. Hon. Norm Dicks
7. Hon. Jim McDermott
8. Hon. Juanita Millender- McDonald
9. Hon. Lucille Roybal-Allard
10. Hon. Ted Strickland
11. Hon. Patsy Mink
12. Hon. Jane Harman
13. Hon. Karen McCarthy
14. Hon. Tom Sawyer
15. Hon. Lynn Rivers
16. Hon. Matthew Martinez
17. Hon. Lee Hamilton
18. Hon. Ellen Tauscher
19. Hon. Carrie Meek
20. Hon. Vic Snyder
21. Hon. Karen Thurman
22. Hon. Jim Davis

SAN FRANCISCO AIDS FOUNDATION P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

January 16, 1998

David Satcher, MD, MPH
Director
Centers for Disease Control and Prevention
Atlanta, GA 30333

Sent Via Facsimile

Dear Dr. Satcher:

On behalf of the San Francisco AIDS Foundation, I am writing to express our deep concern with the Centers for Disease Control and Prevention's (CDC) plan to cut the Fiscal Year 1998 HIV prevention cooperative agreement awards by 2.25 percent. This cut in program funding would be especially disheartening on the heels of successful advocacy of the AIDS community and Congresswoman Nancy Pelosi (D-SF) to increase the Fiscal Year 1998 CDC HIV prevention appropriation by $17.5 million.

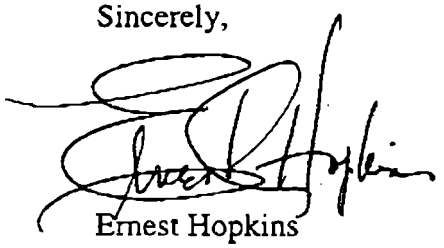
We believe that the congressional intent for the $17.5 million increase to HIV prevention program funding is clear: to address the unmet need through the community planning and grant process. The Foundation therefore opposes any efforts to fund administrative expenses by tapping program funds either from the existing base or new supplemental dollars. We hope that the CDC will identify other resources to fund its administrative functions.

If the CDC moves forward with the announced cut in cooperative agreement grants, we would have very serious concerns about plans to compete the supplemental HIV prevention funds simultaneously. To cut cooperative agreement base funding while at the same time forcing state and city health departments to compete for funds that would, at best, restore the new cuts would represent an ill-advised and wasteful use of local resources.

In Fiscal Year 1997 the City and County of San Francisco received $8.196 million in CDC cooperative agreement base and supplemental funds to support local HIV prevention efforts. These funds represent an important resource in our ongoing efforts to reduce the rate of HIV infection. With increasing challenges facing local efforts to keep people safe and focused on their survival, HIV prevention resources are more critical than ever.

The Foundation thanks you for your review and consideration of our concerns. We are hopeful that your decision will reaffirm and strengthen the partnerships that have been forged between the CDC and local communities through the community prevention planning process.

Sincerely,



Ernest Hopkins
Director of Federal Affairs

cc:
Congresswoman Nancy Pelosi
Sandra Thurman
Josh Gottbaum
Helene Gayle, MD
David Holtgrave, Phd
Mitchell Katz, MD