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NASTAD

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

FACSIMILE TRANSMISSION 456-2438

to Sandra Thurman & Todd Summers

from B.J. Harris

date 12/30/98

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NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

December 23, 1998

Daniel N. Mendelson
Associate Director for Health and Personnel
Executive Office of the President
Old Executive Office Building, Room 238
725 17th Street, NW
Washington, DC 20503

Dear Mr. Mendelson:

In anticipation of the Administration's FY 2000 budget request to Congress, the National Alliance of State and Territorial AIDS Directors (NASTAD) would like to inform you of critical funding needs for federal HIV/AIDS programs as identified by the nation's HIV/AIDS program managers.

Centers for Disease Control and Prevention:
State HIV and STD Prevention & Surveillance Programs

HIV Prevention Programs

NASTAD requests $350 million in FY 2000 for CDC HIV prevention cooperative agreements with state and local health departments. This represents an increase of $100 million above the FY 1999 funding level. (Note: Of CDC's overall HIV prevention budget of $657 million in FY 99, $250 million was available for state and local health department HIV prevention programs.)

HIV prevention programs funded through state and local health departments are the cornerstone of our nation's HIV prevention effort. However, despite increasing evidence that these resources are being targeted appropriately based on sound science, epidemiology, intervention research, and community planning processes, these cooperative agreements remain woefully underfunded. At the same time, state and local health departments are being asked to implement new national guidelines for important interventions including partner counseling and referral services, counseling and testing, and prevention case management without sufficient new resources to accomplish our shared goals. It is imperative that new national prevention priorities be accompanied by new federal resources for their implementation at the state and local level.

NASTAD's request for an increase of $100 million for state and local health department cooperative agreements is based on the following identified needs:

- $37 million for approved but not funded proposals submitted to CDC in FY 98 for African American and Latino community based agencies, for HIV prevention for HIV infected individuals, for unmet needs identified through the community planning process, and for evaluation. State and local health departments

requested $52 million in supplemental funds for these activities in FY 98 yet only $15.5 million was available. High priority should be given to funding these additional initiatives.

- $30 million to implement the new CDC Partner Counseling and Referral Services guidelines scheduled to be issued by CDC in January 1999. States are interested in improving their partner notification programs including strengthening the counseling components and assuring that spouses and other partners are notified of possible exposure to HIV. Unfortunately, states are unable to implement these new best practice guidelines without additional resources.

- $15 million for targeted prevention in the African American community to eliminate the current identified gap in funding through the state and local cooperative agreements. State and local health departments, working with their community planning groups, have made great strides in demonstrating that resources are following the epidemic in their jurisdictions. However, based on a preliminary analysis of jurisdictions' budget tables, it is estimated that an additional $15 million is needed nationally to close the gap for the African American community. (It appears that funding directed to other ethnic and minority populations does reflect the HIV/AIDS epidemic in those populations.)

- $10 million for enhanced perinatal HIV prevention activities. State and local health departments are committed to further reductions in perinatal HIV transmission and need additional assistance from the federal government to achieve greater results. These resources will focus on increased outreach to women encouraging them to seek prenatal care and encouraging health care providers to routinely offer counseling and testing and opportunities for treatment in the prenatal setting.

- $8 million to address the shortfall in funding available to fund the cooperative agreements at the base level each year. $258 million is needed to continue funding health department HIV prevention cooperative agreements. According to CDC, only $250 million of their annual appropriation is available for this purpose. Therefore, CDC relies on unobligated balances to make up the $8 million difference. This is increasingly burdensome on states as fewer and fewer dollars remain unobligated. A one-time allocation of $8 million is needed to close this gap and end the reliance on unobligated funds to continue base-line programs.

These estimates of high priority funding needs should not be interpreted as proposed earmarks, but rather as indications of the magnitude of need and justification for NASTAD's proposed increase of $100 million in resources for state and local health department HIV prevention cooperative agreements in FY 2000.

HIV Surveillance Programs

NASTAD requests an increase of $45 million for CDC's HIV surveillance and epidemiology programs in FY 2000. With widespread use of multi-drug therapy and the resulting significant

declines in AIDS deaths, the need for states to conduct HIV case surveillance in addition to AIDS case surveillance has reached a critical juncture. Recognizing this need, CDC recently released draft guidelines calling on all states to track the course of the HIV epidemic as an extension of their AIDS surveillance programs. While NASTAD recognizes the need to conduct HIV surveillance, it will be impossible for jurisdictions to enhance and/or implement HIV surveillance systems to meet suggested CDC criteria without additional resources. Very conservative estimates are that $35 million in additional resources are needed to enable jurisdictions already conducting HIV surveillance to improve their systems and to assist jurisdictions that will be implementing new systems. As mentioned in the context of HIV prevention, it is critical that important new national initiatives be accompanied by an investment of new federal resources.

The remaining $10 million of the requested increase is needed to strengthen other related and ongoing surveillance and epi programs and activities. As in the past, NASTAD supports increased funding to continue population-based serosurveys in hospitals, drug treatment facilities, and STD and adolescent health settings, to support perinatal surveillance and evaluation activities, to conduct behavioral surveillance, and to improve understanding and impact of co-morbidity associated with mental illness and substance abuse.

State STD Prevention and Surveillance Programs

NASTAD requests an overall funding level of $198 million for STD prevention, treatment and surveillance for FY 2000. This represents an increase of $84 million over FY 99.

STD prevention, treatment and partner referral are among the nation's most effective strategies for controlling not only STD but also HIV. STD treatment and prevention are successful in controlling and limiting transmission in many jurisdictions. However, a recent report by the American Social Health Association and Kaiser Family Foundation estimates 15 million individuals—many of them youth—contract STDs each year. Over 45 million Americans, almost 25 percent of the U.S. population, are infected with genital herpes, an incurable viral STD and at least 20 million Americans are infected with human papilloma virus, which is a major cause of cervical cancer.

According to the CDC, chlamydia has become the most common sexually transmitted disease in the U.S. and three-fourths of infected people may be asymptomatic. Therefore, screening for chlamydia and other STDs continues to be a vital tool in STD control. Also, the latest CDC data identified 20 major metropolitan areas where syphilis and gonorrhea infections are still raging at epidemic proportions. This is troubling because these infections along with many other STDs make it much easier for individuals to acquire HIV. States and their federal agency partners have identified the nation's areas of need and our federal response must continue to keep pace with the increased need to manage and reduce STD outbreaks around our nation.

Additionally, with over 20 diseases now recognized as sexually transmitted and over 15 million new STD infection annually, state and local health departments with their current capacity are struggling to maintain and provide adequate prevention services including testing, treatment,

partner referral and surveillance. Therefore, a significant portion of any increased funding should be dedicated to supplementing state and local resources insuring capacity to deliver all critical STD prevention and control activities.

Health Resources and Services Administration:
Ryan White CARE Act State Title II Programs

State Title II Programs

NASTAD's preliminary assessment indicates that $866 million is needed in FY 2000 for state Ryan White CARE Act Title II grants. This represents an increase of $128 million over FY 1999 funding.

Ryan White Title II programs represent the foundation of our country's continuum of care delivery system for uninsured and underinsured people living with HIV/AIDS. This is the only federal funding stream that provides support for comprehensive, flexibly configured care and essential services for low income people living with HIV/AIDS in every state and region of the country. But there are signs that this foundation is weakening, in many states, due to inattention and neglect.

The growth and focused attention on state AIDS Drug Assistance Programs (ADAPs), and the high demand and costs associated with combination antiretroviral therapy, has placed an increasing strain on the availability of state Title II core services. Core Title II programs provide a wide array of essential services such as early intervention, which includes diagnostic and viral load monitoring, HIV care and treatment for vulnerable at risk populations such as substance abusers with HIV disease, and primary care networks that improve the overall HIV/AIDS care systems in states. Yet these programs have not experienced adequate growth in financial support in recent years to match the pace of treatment and service demand. As a result, states report increasing difficulty in providing the level of support necessary to attract and maintain low income individuals with HIV/AIDS in primary medical care services through Title II core funding.

Due largely to the federal/state partnership to supply comprehensive care services—including greater access to new multi-drug therapies—the nation realized an additional forty-seven percent (47%) decline in AIDS mortality in the last year. While federal and state investments in state Title II programs are reaping extraordinary benefits, some communities have not proportionately experienced the same positive outcomes. This is especially true in minority communities. State programs stand ready to ameliorate these health outcome disparities so that this good news can be fully realized in all populations.

In recognition of the need to ameliorate health disparities, state Title II core grants must expand outreach in minority communities to inform these communities about state HIV disease care programs and services. This will entail maintaining support for existing HIV care consortia and expanding grants to racial and ethnic community-based service organizations that provide direct linkage to HIV/AIDS care programs and state-wide services such as ADAP and health insurance.

The specific initiatives that states have identified through needs assessments and planning as requiring expansion in Ryan White Title II programs in FY 2000 include:

- $30 million to increase outreach to and participation of African Americans and other disproportionately impacted minority communities in state Title II primary care networks;
- $15 million in enhanced public health early intervention programs, to increase the rapid transition of individuals from diagnosis in counseling and testing programs to primary care services;
- $10 million to expand state-based health insurance purchasing and continuity programs;
- $63 million for state ADAPs – which reflects a preliminary assessment of need based on recent survey information that indicates an average yearly national growth in ADAP clients of 7,000 individuals and the average cost of antiretroviral therapy in state ADAPs of $9,000 per client per year.
- $5 million to establish improved linkages to HIV care and treatment for substance abusers with HIV disease;
- $5 million to improve client-level data access, outcome evaluations, and state quality of care assessments and assurance.

These recommended funded initiatives do not represent program earmarks, but rather identified program needs that require $128 million in increased resources for Ryan White Title II programs in FY 2000.

Thank you for the Administration's support for state HIV/AIDS programs. We look forward to discussing these priority areas with you and your staff in the near future.

Sincerely,

Casey S. Blass
Chair

Julie M. Scofield
Executive Director