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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

March 5, 1997

NOTE TO SYLVIA MATTHEWS

From: Nancy-Ann Min *NEU*

RE: Your Meeting with National Organizations Responding to AIDS (NORA)

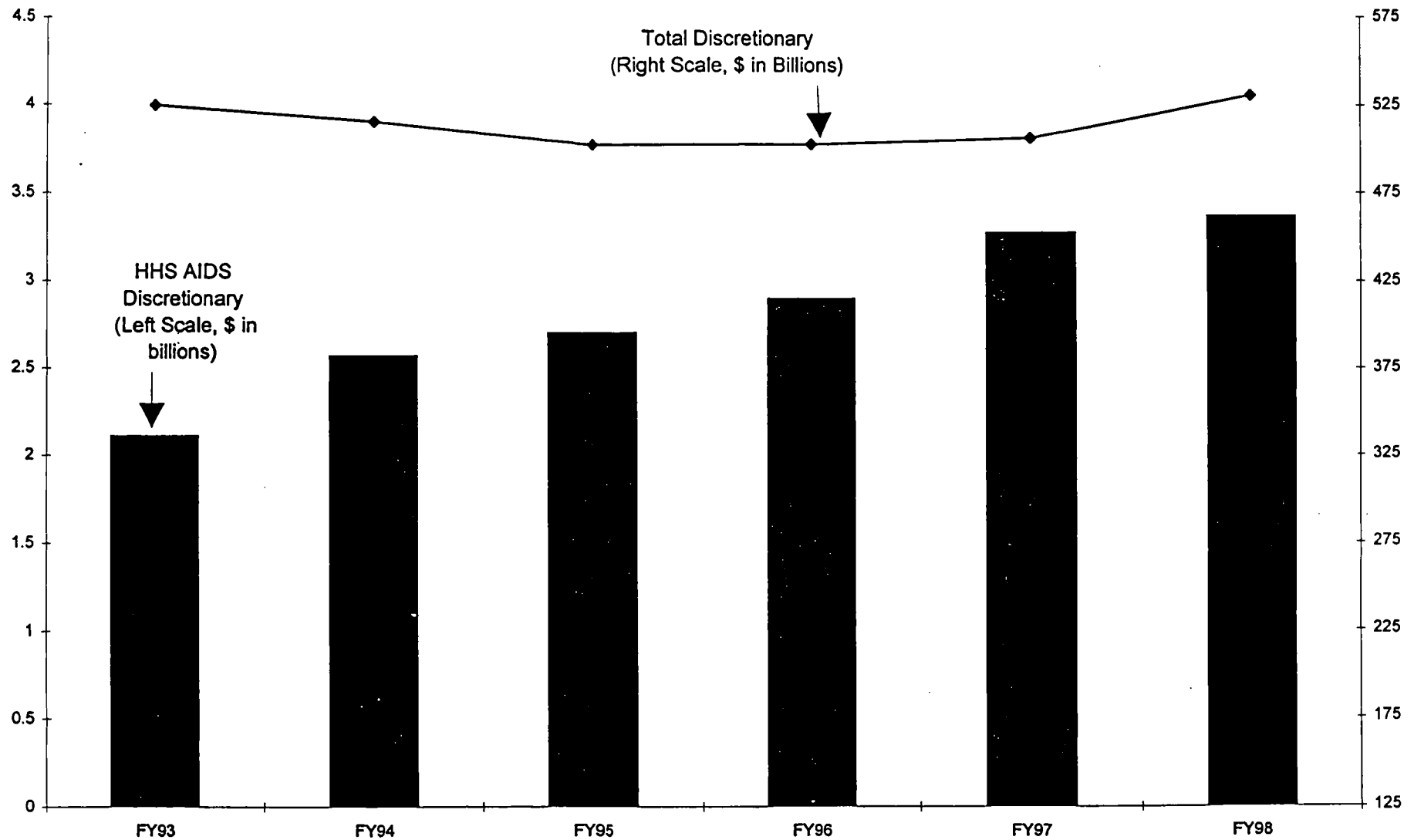
cc: Richard Socarides

Attached is some information that may be useful background for your meeting with NORA. The first five charts show increases in spending during the Clinton Administration. I have already shared these charts with members of NORA when I met with them right after the release of the budget, and, as you can see, not all programs receive increases.

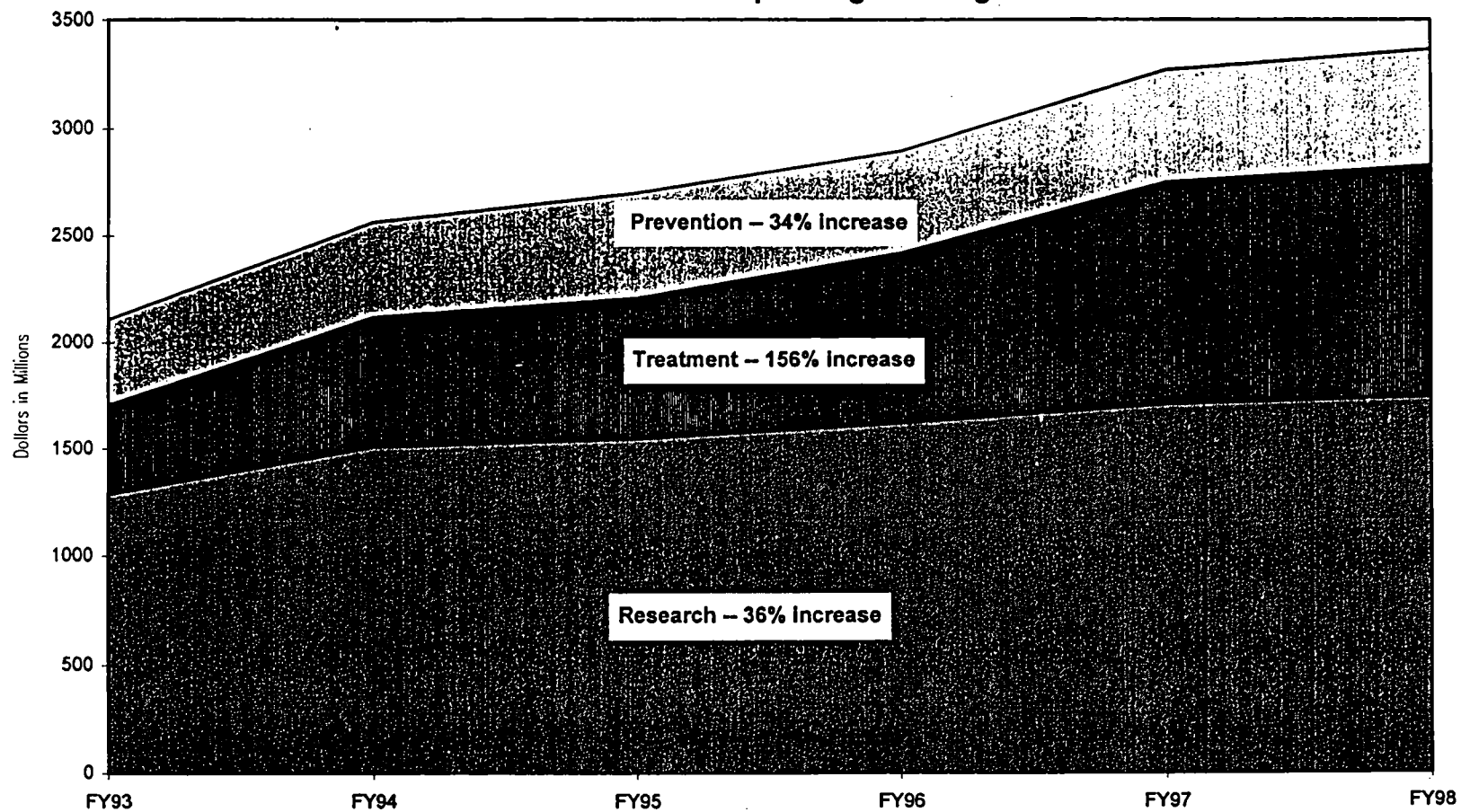
I have also attached other charts which give more detail on increases as well as cuts that have been enacted in AIDS programs. However, I am not sure that this level of detail is necessary for your meeting.

I hope this information is helpful. Please let me know if you have further questions.

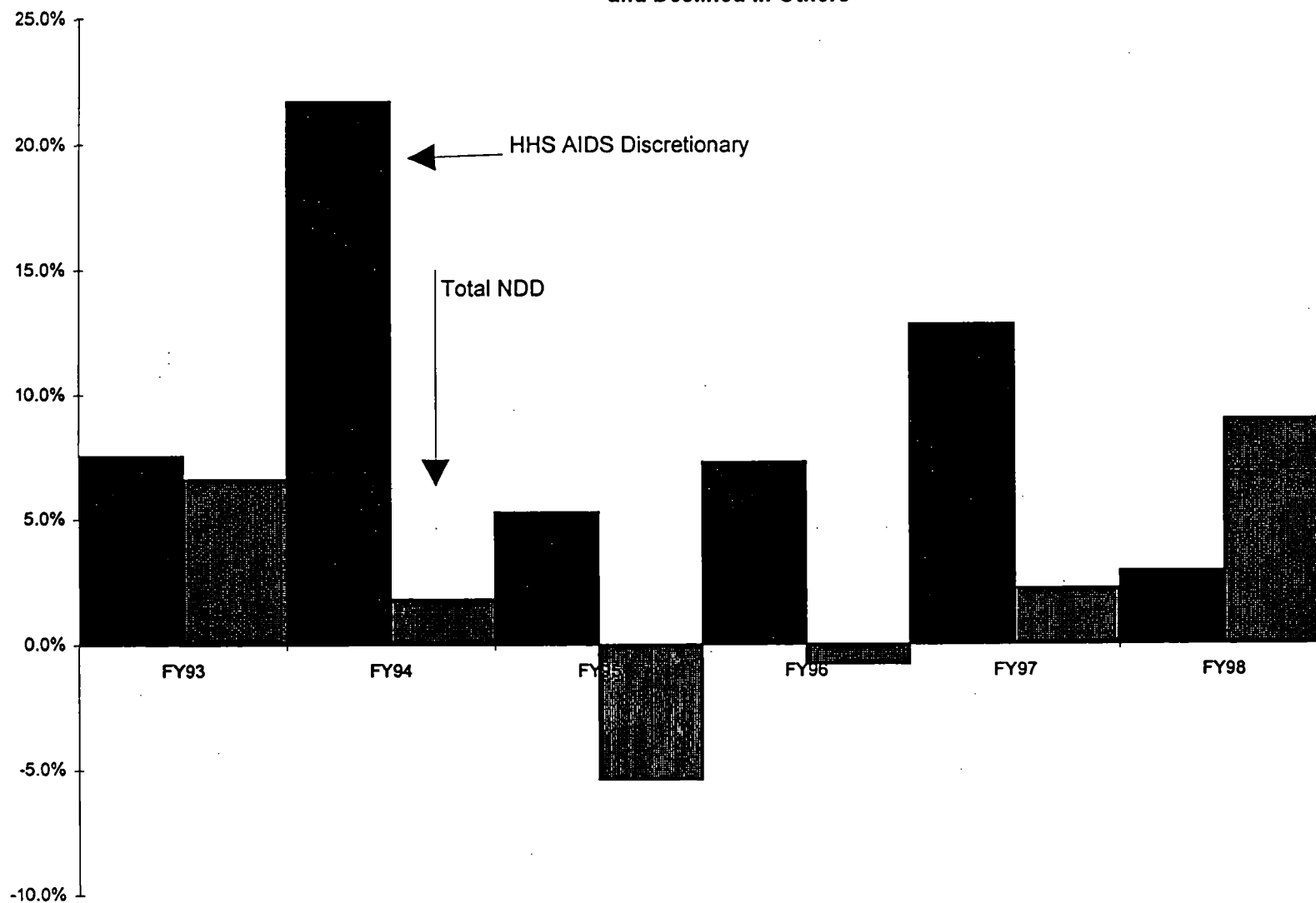
HHS Discretionary AIDS Spending Increases by 60% (from \$2.1 Billion to \$3.4 Billion) over FY 1993-98. Total Discretionary Funding Increases by 1% from \$524.5 Billion to \$530.5 Billion Over the Same Period.



**Overall Discretionary AIDS Funding at HHS Grew 60% (to \$3.4 billion) between 1993 and 1998,
with AIDS Treatment Spending Growing the Fastest**



**Comparing Annual Growth Rates in Discretionary Spending:
HHS AIDS Funding Has Grown Every Year, While Non-Defense Discretionary (NDD) Has Grown in Some Years
and Declined in Others**



FY 1998 Budget Funding for Selected HIV/AIDS Activities (BA - \$ in Millions)					
	FY 1993	FY 1997	FY 1998	% +/- FY 1998	% +/- FY 1998
	<u>Act.</u>	<u>Enacted</u>	<u>Budget</u>	<u>vs. FY 1997</u>	<u>vs. FY 1993</u>
Ryan White	386	996	1,036	4%	168%
NIH AIDS Research	1074	1,501	1,541	3%	43%
CDC HIV Prevention	498	617	634	3%	27%
HUD HOPWA	100	196	204	4%	104%

FY 1998 BUDGET DISTRIBUTION OF RYAN WHITE FUNDS (BA -- \$ in Millions)						
Title	FY 1993	FY 1996	FY 1997	FY 1998	% Increase FY98 over FY97	% Increase FY98 over FY93
	Enacted*	Enacted	Enacted	Total FY98 Budget		
I (Cities)	184.757	391.700	449.943	454.943	+1.11%	+146.2%
II (States)						
Regular Grant	115.288	208.847	249.954	264.954	+6.00%	+129.8%
ADAP Set-Aside	0.000	52.000	167.000	167.000	+0.00%	NA
Total Title II	115.000	260.847	416.954	431.954	+3.60%	+275.6%
IIIb (Clinics')	47.968	56.918	69.568	84.568	+21.56%	+76.3%
IV (Pediatric)	20.897	29.000	36.000	40.000	+11.11%	+91.4%
V (Dental)	0.000	6.937	7.500	7.500	+0.00%	NA
VI (AIDS ETCs)	16.975	12.000	16.287	17.287	+6.14%	+1.8%
TOTAL	385.597	757.402	996.252	1036.252	+4.02%	+168.7%
*Displayed comparably to current law. In FY 1993, Titles IV,V and VI were not authorized or funded under the Ryan White CARE Act.						

FEDERAL HIV FUNDING BY AGENCY
(Obligations in \$ millions)

	FY93	FY96	FY97	FY98	\$ FY98 Budget	% FY98 Budget	\$ FY98 Budget	% FY98 Budget
	<u>Actual</u>	<u>Actual</u>	<u>Enacted</u>	<u>Budget</u>	<u>+/- FY97</u>	<u>+/- FY97</u>	<u>+/- FY93</u>	<u>+/- FY93</u>
Health and Human Services								
HHS Discretionary	2,108	2,898	3,270	3,365	+95	+3%	+1,257	+60%
Medicaid (Federal Share)	1,000	1,600	1,800	1,900	+100	+6%	+900	+90%
Medicare	600	1,100	1,300	1,400	+100	+8%	+800	+133%
Social Security	670	976	1,070	1,163	+93	+9%	+493	+74%
Veterans	299	331	350	358	+8	+2%	+59	+20%
Defense	155	98	98	100	2	+2%	-55	-35%
HUD (HOPWA)**	100	171	196	204	+8	+4%	+104	+104%
OPM-FEHB	175	226	241	253	+12	+5%	+78	+45%
Other***	124	122	126	127	+1	+1%	+3	+2.4%
Total HIV Funding	5,231	7,522	8,451	8,870	+419	+5%	+3,639	+70%

Federal HIV Funding Breakdown By Category

Category	FY 1996 Actual		FY 1997 Enacted		FY 1998 Budget		\$ +/- FY 1998	% +/- FY 1998
	<u>BA</u>	<u>% of Total</u>	<u>BA</u>	<u>% of Total</u>	<u>BA</u>	<u>% of Total</u>	<u>vs. FY 1997</u>	<u>vs. FY 1997</u>
(Research)	1,653	22%	1,738	21%	1,774	20%	+36	+2%
(Prevention)	635	8%	678	8%	697	8%	+19	+3%
(Medical Care)	4,087	54%	4,769	56%	5,032	57%	+263	+6%
(Income Maintenance)	1,147	15%	1,266	15%	1,367	15%	+101	+8%

*HCFA has developed a new method for estimating AIDS costs to Medicaid and Medicare. They have only done estimates of these new methods for 1994-2002.

**The FY97 Enacted level for HOPWA assumes that \$25 million of Section 8 Rental Assistance is recaptured and transferred to HOPWA as provided in section 214(b) (2) of the VA/HUD/Independent Agencies Appropriation Act of 1997.

***Includes USAID, Bureau of Prisons, State, and Labor.

Discretionary HHS HIV/AIDS Funding in The FY 1998 Budget (Dollars in Millions)								
	<u>FY93</u> <u>Actual</u> 73	<u>FY96</u> <u>Actual</u> 73	<u>FY97</u> <u>Enacted</u> 73	<u>FY98</u> <u>Budget</u> 73	<u>FY98 \$ +/-</u> <u>FY97 Enacted</u> 0	<u>FY98 % +/-</u> <u>FY97 Enacted</u> 0%	<u>FY98 \$ +/-</u> <u>FY93 Enacted</u> 0	<u>FY98 % +/-</u> <u>FY93 Enacted</u> 0%
FDA								
HRSA								
Ryan White	386	757	996	1,036	+40	+4%	+650	+168%
Other HRSA	4	5	5	5	0	0%	+1	+25%
TOTAL HRSA	390	762	1,001	1,041	+40	+4%	+651	+167%
IHS	3	3	4	4	+0.1	+4%	+0	+14%
CDC	498	584	617	634	+17	+3%	+136	+27%
NIH	1,071	1,411	1,501	1,541	+40	+3%	+469	+44%
SAMHSA	55	54	66	67	+2	+2%	+12	+23%
AHCPR	10	6	4	1	-3	-73%	-8	-88%
OS								
National AIDS Program Office	2.9	0.5	0.6	0.6	0.0	+3%	-2	-80%
Office of Minority Health	2.4	2.3	2.3	2.3	0.0	+0%	-0	-5%
Office of Civil Rights	2.6	1.0	1.0	1.0	0.1	+5%	-2	-60%
Total OS	7.9	3.8	3.8	3.9	0.1	+2%	-4	-51%
Total HHS Discretionary	2,108	2,898	3,270	3,365	+95	+3%	1,257	+60%

**HIV/AIDS Funding
Government Wide Crosscut
(Obligations in \$ millions)**

AGENCY	Obs	FY85 Act.	FY86 Act.	FY87 Act.	FY88 Act.	FY89 Act.	FY90 Act.	FY91 Act.	FY92 Act.	FY93 Act.	FY94 Act.	FY95 Act.	FY96 Act.	FY97 Enacted	FY98 Budget
HHS Discretionary	Obs	109	234	502	962	1301	1590	1888	1960	2108	2567	2701	2898	3270	3365
Research	Obs	—	—	—	—	940	1116	1230	1259	1285	1508	1545	1619	1707	1743
Prevention	Obs	—	—	—	—	306	366	400	378	398	445	492	476	516	534
Treatment	Obs	—	—	—	—	55	108	258	323	425	613	664	803	1047	1088
Medicaid (Fed. Share)*	Obs	70	130	200	330	490	670	870	1080	1000	1200	1400	1600	1800	1900
Medicare	Obs	5	5	15	30	55	110	180	280	600	800	1000	1100	1300	1400
Social Security	Obs	17	29	60	99	158	234	354	512	670	804	902	976	1070	1163
DI	Obs	12	24	45	79	123	179	259	362	470	564	637	696	760	843
SSI	Obs	5	5	15	20	35	55	95	150	200	240	265	280	310	320
Veterans	Obs	8	20	51	78	136	220	258	279	299	312	317	331	350	358
Research	Obs	—	—	2	3	5	6	7	7	7	6	5	6	6	6
Prevention	Obs	—	—	1	1	28	29	29	30	31	31	31	31	31	31
Medical Care	Obs	8	20	48	74	103	185	222	242	261	275	281	294	313	321
Income Maintenance	Obs	—	—	—	—	—	—	—	—	—	—	—	—	—	—

AGENCY	Obs	FY85 Act.	FY86 Act.	FY87 Act.	FY88 Act.	FY89 Act.	FY90 Act.	FY91 Act.	FY92 Act.	FY93 Act.	FY94 Act.	FY95 Act.	FY96 Act.	FY97 Enacted*	FY98 Budget
Department of Defense	Obs	0	75	70	44	86	124	127	125	155	127	110	98	98	100
Research	Obs	-	34	18	9	27	33	44	40	66	45	38	28	25	25
Prevention	Obs	-	18	25	26	26	28	19	22	27	22	12	11	11	12
Medical Care	Obs	-	23	27	9	33	63	64	63	62	60	60	59	62	63
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AID	Obs	0	0	0	30	40	71	78	94	117	115	120	115	117	117
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	30	40	71	78	94	117	115	120	115	117	117
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bureau of Prisons	Obs	0	0	1	1	2	4	5	5	5	6	6	6	7	8
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	-	1	1	1	1	1	1	1	1	1
Medical Care	Obs	-	-	1	1	2	4	4	4	4	5	5	5	6	7
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State Department	Obs	0	0	0	0	1	1	1	1	1	1	1	0	0	0
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	1	1	1	1	1	1	1	0	0	0
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-

AGENCY		FY85 Act.	FY86 Act.	FY87 Act.	FY88 Act.	FY89 Act.	FY90 Act.	FY91 Act.	FY92 Act.	FY93 Act.	FY94 Act.	FY95 Act.	FY96 Est.	FY97 Enacted	FY98 Budget
Labor	Obs	0	0	1	1	1	1	1	1	1	1	1	1	2	2
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	1	1	1	1	1	1	1	1	1	1	2	2
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Education	Obs	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Housing	Obs	0	0	0	1	0	0	0	48	100	156	171	171	196	204
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	48	100	156	171	171	196	204
OPM -- FEHB	Obs	0	5	8	13	22	37	61	103	175	193	212	226	241	253
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	5	8	13	22	37	61	103	175	193	212	226	241	253
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	Obs	####	498	908	1590	2292	3062	3823	4488	5231	6282	6941	7522	8451	8870

		FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93	FY94	FY95	FY96	FY97	FY98
		Act.	Act.	Act.	Act.	Act.	Act.	Act.	Act.	Act.	Act.	Enacted	Estimate	Enacted	Budget
Total															
Research	Obs					972	1155	1281	1306	1358	1559	1588	1653	1738	1774
Prevention	Obs					402	497	529	527	576	616	658	635	678	697
Medical Care	Obs					760	1177	1659	2095	2527	3146	3622	4087	4769	5032
Income Maintenance	Obs					158	234	354	560	770	960	1073	1147	1266	1367
						2292	3063	3823	4488	5231	6281	6941	7522	8451	8870

*Medicaid estimates do not reflect the effect of protease inhibitors on AIDS costs. HCFA advises that it can not make reliable estimates of the costs of these drugs at this time.

THE WHITE HOUSE

WASHINGTON

THE CLINTON ADMINISTRATION A RECORD OF FIGHTING THE AIDS EPIDEMIC

Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect all the rest of us from the virus. A cure and a vaccine: that must be our first and top priority. – President Clinton, December 6, 1995

It has been more than 15 years since the epidemic of HIV/AIDS struck our nation. In that time, more than 600,000 Americans have been diagnosed with AIDS and more than 300,000 men, women, and children have died of AIDS. President Clinton has worked hard to reinvigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources, and a closer working relationship with affected communities. Funding for AIDS research has increased by 50%, and funding for HIV prevention has increased 27%. Funding for the Ryan White CARE Act has tripled. The Food and Drug Administration has accelerated its drug approval process to record times, taken steps to increase access by women to clinical trials, and issued a new rule requiring better data collection on children. The President has preserved the Medicaid program, providing care to 50 percent of people with AIDS, including 92 percent of children with AIDS.

The Centers for Disease Control estimate that nearly one million Americans may currently be living with HIV, and up to 60,000 Americans are being infected with HIV every year. Women, communities of color, and adolescents are experiencing particularly high rates of infection. That is why President Clinton will continue to work to ensure that our nation responds aggressively and compassionately to the challenges created by HIV and AIDS. This fight will not be over until we have a cure and a vaccine to protect all Americans from this deadly epidemic.

PROVIDING NATIONAL LEADERSHIP

Creating the White House Office of National AIDS Policy. Acting as representative to the President, this office brings greater visibility and direction to the war on AIDS by coordinating and focusing federal AIDS policy and initiatives.

Appointing a National Advisory Council. The President created the Presidential Advisory Council on HIV/AIDS to provide him and his Administration with expert outside advice and clear recommendations on how the federal government should respond to the AIDS epidemic.

Providing Forums to Develop National Strategy. President Clinton convened the first White House Conference on HIV and AIDS as well as the first White House Native American AIDS Policy meeting to encourage multi-level cooperation and a continued dialogue between the various communities fighting this epidemic.

Fighting Discrimination. President Clinton supported the Kennedy-Kassebaum Health Insurance and Portability Act, which bans insurance discrimination against people with pre-existing medical conditions including HIV/AIDS; led the fight to repeal the discriminatory "Dornan Amendment," which would have discharged all HIV+ military personnel; and continues to enforce the Americans with Disabilities Act, which prohibits discrimination against people living with HIV/AIDS. Additionally, the Administration has resolved nearly 800 cases alleging employment discrimination, obtaining monetary benefits of over \$6.1 million.

Pushing for an AIDS Vaccine. On May 18, 1997, the President challenged the nation to develop an AIDS vaccine within the next ten years. He has supported that goal by dedicating an AIDS vaccine research center at the National Institutes of Health and encouraging domestic and international collaboration among governments, medical communities and service organizations.

INVESTING IN RESEARCH

Supporting the National Institutes of Health. The Administration has increased NIH AIDS research funds by 50% in five years. In 1993, President Clinton signed the NIH revitalization Act creating a permanent Office of AIDS Research at NIH and investing it with new authority to plan and carry out the AIDS research agenda. He appointed Nobel Prize winner Dr. Harold Varmus to head NIH and world renowned immunologist Dr. William Paul to head OAR.

Accelerating AIDS Drug Approval to Record Times. Since 1993, the Food and Drug Administration has approved 9 new AIDS drugs, 20 new drugs for AIDS-related conditions, and three new diagnostic tests. Included in the approvals are a class of drugs known as protease inhibitors, which, in combination with previous drugs, have shown tremendous promise in the treatment of HIV progression.

Reducing Perinatal Transmission of HIV. The President is working aggressively with states to eliminate perinatal transmission of HIV. As a result of Public Health Service guidelines recommending the use of AZT by HIV+ pregnant women, the number of infants with perinatally acquired HIV dropped 43 percent between 1992 and 1996.

Developing the Forum for Collaborative HIV Research. This new public-private group is designed to catalyze collaborations among government researchers, pharmaceutical companies, third-party payors and the community to capitalize on recent scientific advances and learn how to optimally use available treatment regimens.

INVESTING IN CARE

Supporting the Ryan White CARE Act. President Clinton in five years has tripled funding for the Ryan White CARE Act, the largest distributor of funds for medical and support services to people living with HIV and AIDS. In 1996, the Administration earmarked Ryan White funds for the AIDS Drug Assistance Program to help those without insurance obtain much needed prescription drugs; since then, ADAP funds have increased by 450%.

Providing Housing and Mental Health Assistance. Since coming to office, President Clinton has doubled funds for the Department of Housing and Urban Development's Housing Opportunities for People With AIDS program. He also awarded the first federal grants through the Substance Abuse and Mental Health Administration to develop comprehensive mental health services for persons living with HIV/AIDS as well as their families and partners.

Protecting Medicaid and Social Security coverage. The President fought to preserve Medicaid coverage for people living with AIDS. Nearly 50% of people with AIDS and 92% of children with AIDS rely on Medicaid for health coverage. He also revised eligibility rules for Social Security Disability Insurance to increase the number of HIV+ persons who qualify for benefits.

INVESTING IN PREVENTION

Supporting the Centers for Disease Control. The Administration has increased funds for HIV prevention at the CDC by 27% in five years. Under the leadership of the Clinton Administration, the CDC reorganized its AIDS prevention efforts to foster greater overall coordination and enhance efforts to reduce sexually transmitted diseases and tuberculosis. The President appointed Dr. David Satcher (recently nominated as U.S. Surgeon General) to head the CDC and Dr. Helene Gayle to head the CDC Center for HIV, STD & TB Prevention.

Reaching Out to Local Communities. President Clinton launched a nationwide HIV prevention community planning process to give local communities more authority over the shape and direction of AIDS prevention efforts. He also launched the Prevention Marketing Initiative, focusing on the risk to young adults with frank public service announcements recommending both sexual abstinence and the consistent use of latex condoms.

Keeping Water Clean. The President issued combined CDC and Environmental Protection Agency guidelines recommending steps to purify drinking water in vulnerable populations against *Cryptosporidium*, which can be fatal to those with compromised immune systems.

Increasing Access to HIV Prevention Services for Youth. In a directive issued on World AIDS Day 1997, President Clinton instructed each Federal agency to identify all programs under its control that offer opportunities to youth for preventing HIV infection and develop within 180 days a plan through which those programs can increase preventative education as well as support services for those already infected.

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- Appointing the Presidential Advisory Council on HIV/AIDS to provide thorough recommendations to the President regarding federal responses to HIV and AIDS.
- Convening the first White House Conference on HIV and AIDS.
- Convening the first White House Native American AIDS Policy meeting.
- Challenging the Nation to develop an AIDS vaccine within the next ten years and providing federal support to that end through the AIDS Vaccine Initiative.

◆ Investing in Research

- Increasing AIDS research funding through NIH by 50% in four years.
- Signing the NIH Revitalization Act of 1993, creating a permanent Office of AIDS Research at NIH and investing it with new authority to plan and carry out the AIDS research agenda.
- Appointing Nobel Prize winner Dr. Harold Varmus to head the National Institutes of Health and Dr. William Paul, world-renowned immunologist, to head the Office of AIDS Research.
- Accelerating AIDS drug approval to record times. Since 1993, the Food and Drug Administration has approved 9 new AIDS drugs, 20 new drugs for AIDS-related conditions, and three new diagnostic tests. Included in the approvals are a class of drugs known as protease inhibitors, which, in combination with previous drugs, have shown tremendous promise in the treatment of HIV progression.
- Working aggressively with states to reduce perinatal transmission of HIV. As a result of Public Health Service guidelines recommending the use of AZT by HIV+ pregnant women, the number of infants with perinatally acquired HIV dropped 43 percent between 1992 to 1996.
- Launching a four-year \$100 million effort to develop topical microbicides to enable women to protect themselves from HIV transmission.
- Facilitating the creation of the Forum for Collaborative HIV Research to identify research opportunities to improve care for people with HIV.

◆ Investing in Care

- Tripled funding for the Ryan White CARE Act.
- Increasing federal funding by 450% for the AIDS Drug Assistance Program to help those without insurance coverage obtain much needed prescription drugs.
- Providing a 96% increase to the Department of Housing and Urban Development's Housing Opportunities for People with AIDS program.
- Fighting to preserve the Medicaid guarantee of coverage for people living with AIDS. Nearly 50 percent of people with AIDS and 92 percent of children with AIDS rely on Medicaid for health coverage.
- Revising eligibility rules for Social Security Disability Insurance to increase the number of individuals living with HIV who qualify for benefits.
- Awarding the first federal grants through the Substance Abuse and Mental Health Administration to develop mental health services for persons living with HIV/AIDS and their families and partners.

◆ Investing in Prevention

- Increasing funding for AIDS prevention through the CDC by 27 percent.
- Launching the community planning partnership, which empowers local communities to make decisions about the distribution of AIDS prevention funds.
- Launching the Prevention Marketing Initiative, focusing on the risk to young adults (ages 18 to 25) with frank public service announcements recommending sexual abstinence and the correct and consistent use of latex condoms.

- Reorganizing AIDS prevention efforts at the Centers for Disease Control and Prevention to foster greater coordination with efforts to reduce sexually transmitted diseases and tuberculosis.
- Launching a nationwide CDC-sponsored HIV prevention community planning process that gives local communities more authority over the shape and direction of AIDS prevention efforts, ensuring that programs are directed at those at greatest risk in each community.
- Issuing combined CDC and EPA guidelines recommending steps to purify drinking water to purify vulnerable populations against *Cryptosporidium*, which can be fatal to those with compromised immune systems.
- Appointing Dr. David Satcher (recently nominated as U.S. Surgeon General, confirmation pending Senate approval) to head the CDC and Dr. Helene Gayle to head the CDC Center for HIV/STD/TB Prevention.

II. RESEARCH DEVELOPMENTS & OPPORTUNITIES FOR PROGRESS

◆ Therapeutics

Implications of Viral Levels

NIH-sponsored research indicates that decreasing the amount of HIV in the blood can significantly slow how quickly a person becomes ill, and can also decrease the chance of transmission from mother to child. This finding has tremendous implications for therapy. Studies indicate that combination therapy (i.e. the use of one or more anti-retroviral drugs), especially where a protease inhibitor (the newest class of anti-retroviral drugs) is used, provides the greatest benefit for the patients. However, this approach is new and we still do not know the best time to start therapy, to stop therapy, to change therapy, and how long these effects will last. More research is needed.

Discovery of New Receptors

The breakthrough discovery of new chemokine receptors (CCR5 and CXCR4 or fusin are receptors on the cell where HIV binds) has offered exciting new avenues for drug and vaccine development. Research indicates that people who have defective or missing receptors are much more resistant to becoming infected.

◆ Prevention

Vaccines

A vaccine that will decidedly control new infections both in the U.S. and abroad is desperately needed. New generations of vaccines, including DNA vaccines, are now in early development. Research efforts in the HIV vaccine arena will have important implications for developing vaccines for other diseases such as Tuberculosis. On May 18, 1997, President Clinton challenged the nation to commit itself to the goal of developing an AIDS vaccine within the next ten years. The President also announced a number of important initiatives to help fulfill this commitment, including high-level

international collaboration, a dedicated research center for AIDS vaccine research at NIH, and outreach to scientists, pharmaceutical companies, and patient advocates to maximize the involvement of both private and public sectors in the development of an AIDS vaccine.

Other Prevention Efforts

Preventing HIV infection through behavioral modification and/or a microbicide (a mechanical or chemical barrier method that blocks infection) also offers tremendous hope. Secretary Shalala has promised \$100 million over the next four years (announcement made July 1996) for microbicide research and development.

III. ROLE OF THE VICE PRESIDENT

◆ The Forum for Collaborative HIV Research

The Vice President has been intimately involved in developing the Forum for Collaborative HIV Research. This new public-private group is designed to catalyze collaborations among government researchers, pharmaceutical companies, third-party payors and the community to capitalize on recent scientific advances and learn how to optimally use available treatment regimens.

◆ Fighting Discrimination: Standing Up for the Rights of People with AIDS

- Vigorously enforced the Americans with Disabilities Act, which prohibits discrimination against people with HIV/AIDS.
- Resolving nearly 800 charges alleging employment discrimination against people with HIV and AIDS, obtaining monetary benefits of more than \$6.1 million.
- Led the fight to repeal the discriminatory “Dornan Amendment,” which would have discharged all HIV-positive military personnel.
- Supported the Kennedy-Kassebaum Health Insurance and Portability Act, which bans insurance discrimination against people with pre-existing medical conditions including HIV/AIDS.
- Using the White House “bully pulpit” to speak out against AIDS discrimination.

IV. THE CHALLENGES AHEAD

President Clinton continues to seek to improve the national response to HIV and AIDS. The Clinton Administration is working closely with business leaders, religious leaders, community organizations, the pharmaceutical industry and members of the affected community to increase such efforts by:

- ◆ Eliminating barriers to AIDS vaccine and drug development and approval by increasing cooperation between the federal government and the pharmaceutical industry on AIDS research and drug development.

- ◆ Eliminating barriers to HIV-related services so that all individuals living with HIV/AIDS receive the medical care and treatment they need and deserve.
- ◆ Continuing to seeking additional funding for AIDS research, prevention and care.
- ◆ Challenging Congress to retain the federal guarantee of Medicaid coverage for people living with HIV and AIDS.
- ◆ Establishing a national goal to reduce the number of new HIV infections each year “until there are none.”
- ◆ Working to eliminate AIDS-related discrimination in the workplace, health care institutions, employment and housing.
- ◆ Collaborating with business leaders to increase workplace AIDS education to help reduce the stigma attached to HIV.
- ◆ Working with parents, schools, clergy and youth advocates to enhance prevention efforts and reduce the number of young adults becoming infected with HIV.
- ◆ Eliminating perinatal transmission of HIV.
- ◆ Developing a thorough yet private HIV surveillance system to expand our tracking of the epidemic as new AIDS cases decrease while HIV infection continues to increase.
- ◆ Increasing education and prevention efforts with federal and state correctional facilities.

THE WHITE HOUSE
WASHINGTON
A STATISTICAL PORTRAIT OF THE HIV/AIDS EPIDEMIC
OFFICE OF NATIONAL AIDS POLICY

THE GLOBAL PICTURE:

- UNAIDS estimates that there have been 30 million cases of HIV infection since the onset of the epidemic.
- 3 million new infections were reported in 1996, equivalent to 8500 per day
- The majority of new infections is among 15-24 year olds
- 75-85% of new infections are due to sexual intercourse (70-75% heterosexual, 5-10% male-male), 5-10% are due to the sharing of IV needles, and 3-5% result from blood transfusions
- 90% of all HIV+ persons live in developing countries, where access to medical care is worst

ACROSS THE NATION:

- Over 600,000 AIDS cases have been reported to the CDC through June, 1997
- The CDC estimates that between 650,000 and 900,000 Americans are currently living with HIV, with between 40,000 and 60,000 new infections occurring each year
- Over half of new HIV infections are due to sexual intercourse, one quarter result from injection drug use
- AIDS incidence declined for the first time in 1996 by 6%; among persons infected heterosexually, however, incidence rose by 9%, and the number of new HIV infections continues to increase
- AIDS related deaths declined by 23% in 1996, progress due largely to effective combination drug therapy
- The number of people living with AIDS rose by 11% in 1996
- AIDS is the second leading cause of death among adults ages 25-44
- AIDS is the leading cause of death among all federal & state prisoners

THE STATUS OF WOMEN:

- Women account for 42% of adults living with AIDS, 20% in the United States
- The major mode of HIV transmission to women is heterosexual intercourse
- In 1996 AIDS incidence rose 2% among U.S. women even though it declined 8% among men
- The total domestic increase in AIDS incidence among women since 1991 is 70%, leaving women the fastest growing group with AIDS in the U.S.

AMERICAN COMMUNITIES OF COLOR:

- 59 percent of all domestic AIDS cases in 1996 and over 80% of female AIDS cases were among minorities
- AIDS incidence is 3 times higher among Latinos and 6.5 times higher among blacks than whites
- Incidence is 6 times higher among Latino women and 17 times higher among black women than white women
- More than three quarters of all pediatric AIDS cases are in racial and ethnic populations

PERINATAL TRANSMISSION OF HIV:

- 2000 babies are born HIV+ in the U.S. each year, equivalent to 5 per day
- There is a 25% probability that an HIV+ woman will transmit the virus to her unborn child
- Treatment with AZT reduces the likelihood of perinatal transmission to 5%
- Perinatal transmission dropped 47% between 1992 and 1996 due to increased use of AZT

AIDS AMONG YOUTH:

- More than one million children under the age of 15 are living with HIV/AIDS around the world
- Each day worldwide 1,000 children die of AIDS as 1,000 more are infected with HIV
- If the spread of this virus is not contained, 10 to 15 million children will be orphaned by AIDS by the year 2000, and infant mortality will rise 75% due to AIDS by 2010
- In the United States, half of all new HIV infections are among persons under the age of 25
- AIDS is the sixth leading cause of death among 15-24 year old Americans

THE WHITE HOUSE

WASHINGTON

REVISED

Statement by
Patricia S. Fleming
National AIDS Policy Director
on
President Clinton's FY 1998 Budget

President Clinton's fiscal 1998 budget maintains the strong Federal commitment to fighting the epidemic of HIV and AIDS. There are increases for virtually all AIDS programs despite the enormous pressure of balancing the Federal budget.

At a time of great optimism in the global response to HIV/AIDS, the President makes important investments in research, prevention, treatment, and housing. Discretionary spending for AIDS in the Department of Health and Human Services will rise 3 percent in FY 1998. The President's budget also maintains the vital safety net for Medicaid and Medicare.

When he took office in 1993, the President identified combatting AIDS as a priority of his Administration. With these new budget proposals, total spending for AIDS programs during the President's term in office will have increased by 70 percent. These funding increases, along with other actions taken by the Administration, have helped to spur scientific advances and translate those findings into better care for people living with HIV and AIDS.

Highlights of the President's FY 1998 budget include:

- \$1.04 billion for the Ryan White CARE Act, an increase of \$40 million, or 4 percent. Included is \$167 million that is earmarked for the AIDS Drug Assistance Program. ADAP funding has increased by 221 percent in the last two years;
- \$1.54 billion for AIDS research at the National Institutes of Health, an increase of \$38 million, or 2.6 percent. Included is a substantial increase in funding for research into AIDS vaccines. AIDS research funds would be appropriated directly to the Office of AIDS Research, which would distribute those funds to the various institutes;
- \$634 million for AIDS prevention and surveillance programs at the Centers for Disease Control and Prevention, an increase of \$17.5 million, or 2.8 percent. The new funds will be targeted at intravenous drug users and their sexual partners; and
- \$204 million for the Housing Opportunities for People with AIDS (HOPWA) program at the Department of Housing and Urban Development, an increase of \$8 million, or 4.1 percent.

The President's budget also includes an important reform in disability policy that will allow people who leave the Social Security disability programs (SSI and SSDI) to return to work to retain their Medicaid or Medicare benefits. As improved treatments restore the health of people living with HIV/AIDS, it is imperative that government policies also adjust to the needs of those individuals. This reform will allow people to go back to work without leaving their health insurance behind.

The President is also asking Congress to restore welfare and Medicaid benefits for legal immigrants who are in need of assistance. These individuals work hard, pay taxes, and deserve the support of their government and their communities.

This is the final budget presented during my tenure as National AIDS Policy Director. I am proud of the increases in resources we have achieved and made available to fight the war on AIDS. Today's budget will advance our united effort to put an end to the epidemic.

#

**AIDS Discretionary Spending
(in millions)**

Program	FY96	FY97	FY98 (proposed)	FY97-98
FDA	\$73	\$73	\$73	0%
HRSA	\$762	\$1001	\$1,041	+4.0%
Ryan White CARE	(\$757)	(\$996)	(\$1,036)	+4.0%
Title I	(\$392)	(\$450)	(\$455)	+1%
Title II	(\$261)	(\$417)	(\$432)	+4%
Title IIIB	(\$57)	(\$70)	(\$85)	+22%
Title IV ^a	(\$29)	(\$36)	(\$40)	+11%
Other RWCA	(\$19)	(\$24)	(\$25)	+4%
Other HRSA	(\$25)	(\$5)	(\$5)	0%
IHS	\$3	\$4	\$4	+4%
CDC	\$583	\$617	\$634	+3%
NIH	\$1,411	\$1,501	\$1,540	+3%
SAMHSA	\$54	\$66	\$67	+2%
AHCPR	\$6	\$4	\$1	-73%
OHAP	\$0.5	\$0.5	\$0.6	+3%
Total, HHS (discretionary)	\$2,898	\$3,270	\$3,365	+3%
HOPWA	\$171	\$196	\$204	+4%

^aThe HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at \$22 million.

^bThis includes an earmark of \$167 million for the AIDS Drug Assistance Program

AIDS Spending
Other Departments & Agencies
(in millions)

Department/Agency	FY96	FY97	FY98
AID	\$111	\$117	\$117
Defense	\$103	\$98	\$100
HUD/HOPWA	\$171	\$196	\$204
Justice/Prisons	\$6	\$7	\$8
Labor	\$1	\$2	\$2
OPM	\$226	\$241	\$253
Veterans	\$337	\$350	\$358

Entitlement Spending
(in millions)

Program	FY96	FY97	FY98
Medicaid (Federal Share)	\$1,600	\$1,800	\$1,900
Medicare	\$1,100	\$1,300	\$1,400
Social Security (SSI)	\$280	\$310	\$320
Social Security (DI)	\$696	\$760	\$843

President Clinton's HIV/AIDS Accomplishments

“Our common goal must ultimately be a cure, a cure for all those who are living with HIV, and a vaccine to protect all the rest of us from the virus. A cure and a vaccine, that must be our first and top priority.” *President Clinton to the White House Conference of HIV and AIDS, December 6, 1995*

It has been more than 15 years since the epidemic of HIV/AIDS struck our nation. In that time, more than 500,000 Americans have been diagnosed with AIDS and more than 300,000 men, women, and children have died of AIDS. President Clinton has worked hard to reinvigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources, and a closer working relationship with affected communities. Funding for AIDS research, prevention, and care has increased by 43 percent at a time when all government spending has been virtually frozen. Funding for the Ryan White CARE Act has more than doubled and the Food and Drug Administration has accelerated its drug approval process to record times. The President has preserved the Medicaid program, which provides care to 50 percent of people with AIDS, including 92 percent of children with AIDS.

Much more needs to be done. Today, an estimated 650,000 to 900,000 Americans are living with HIV and an average of 40,000 Americans become infected with HIV every year. Women, communities of color, and adolescents are experiencing particularly high rates of infection. That is why President Clinton will continue to work to ensure that our nation responds aggressively and compassionately to the challenges created by HIV and AIDS. This fight will not be over until we have a cure and a vaccine to protect all Americans from this deadly epidemic.

A RECORD OF ACCOMPLISHMENT

◆ Providing National Leadership

- Increasing overall AIDS funding by 56% in four years
- Creating the Office of National AIDS policy at the White House to provide greater direction and coordination for AIDS policy.
- Appointing the Presidential Advisory Council on HIV and AIDS.
- Convening the first-ever White House Conference on HIV and AIDS.

◆ Investing in Research

- Increasing AIDS research funding by 40.2% in four years.
- Signing the NIH Revitalization Act of 1993, creating a permanent Office of AIDS Research at NIH and vesting it with new authority to plan and carry out the AIDS research agenda.
- Appointing Nobel Prize winner Dr. Harold Varmus to head the National Institutes of Health and Dr. William Paul, world-renowned immunologist, to head the Office of AIDS Research.
- Accelerating AIDS drug approval to record times. Since 1993, the Food and Drug

- Administration has approved 12 new AIDS drugs and two new diagnostic tests.
- Working aggressively with the states to reduce transmission of HIV from mother to child.
- Launching a four-year \$100 million effort to develop topical microbicides to allow women to protect themselves from HIV.
- Facilitating creation of the Forum for Collaborative HIV Research to identify research opportunities to improve care for people with HIV.

◆ **Investing in Care**

- Increasing funding for the Ryan White CARE Act 186.3% in four years.
- Tripling Federal funding for the AIDS Drug Assistance Program to help those without insurance coverage for prescription drugs.
- Increasing funding for Housing Opportunities for People with AIDS 96 percent.
- Fighting to preserve the Medicaid guarantee of coverage for people living with AIDS. Nearly 50 percent of people with AIDS and 92 percent of children with AIDS rely on Medicaid for health coverage.
- Revising eligibility rules for Social Security Disability Insurance to make it easier for people living with HIV to qualify for benefits.

◆ **Investing in Prevention**

- Increasing funding for AIDS prevention by 24 percent.
- Launching the community planning partnership, which empowers local communities to make decisions about the distribution of AIDS prevention funding.
- Launching the Prevention Marketing Initiative, focusing on the risk to young adults (18 to 25) with frank public service announcements recommending sexual abstinence and the correct and consistent use of latex condoms.
- Reorganizing AIDS prevention efforts at the Centers for Disease Control and Prevention to foster greater coordination with efforts to reduce sexually transmitted diseases and tuberculosis.
- Appointing Dr. David Satcher to head the CDC and Dr. Helene Gayle to head the CDC Center for HIV/STD/TB Prevention.

II. The Federal Response

Your Administration has been credited with making tremendous progress in the fight against AIDS. Progress since you took office includes:

- ◆ A 40 percent increase in NIH-supported AIDS research.
- ◆ A 158 percent increase in Ryan White AIDS Treatment grants.
- ◆ A 24 percent increase in CDC HIV prevention activities.
- ◆ A 96 percent increase for HUD's Housing Opportunities for People with AIDS program.

- ◆ Strengthening the Office of AIDS Research at the National Institutes of Health.
- ◆ As a result of Public Health Service guidelines recommending the use of AZT by HIV-positive pregnant women and their newborns, a 17 percent drop in the number of infants with perinatally-acquired HIV infection (from 1994 to 1995).
- ◆ Responding rapidly to FDA approval of a new class of AIDS therapies called protease inhibitors with increases in funding for State AIDS Drugs Assistance Programs.
- ◆ Easing of Social Security disability rules to speed approval of eligibility.
- ◆ Creating the Office of National AIDS Policy at the White House and the Presidential Advisory Council on HIV/AIDS.

III. Research Developments & Opportunities for Progress

A. THERAPEUTICS

Implications of Viral Levels

NIH-sponsored research indicates that decreasing the amount of HIV in the blood can significantly slow how quickly a person becomes ill, and can also decrease the chance of transmission from mother to child. This finding has tremendous implications for therapy. Studies indicate that combination therapy (i.e., use of one or more anti-retroviral drugs), especially where a protease inhibitor (the newest class of anti-retroviral drugs) is used, provides the greatest benefit for the patients. However, this approach is new and we still do not know the best time to start therapy, to stop therapy, to change therapy, and how long these effects will last. More research is needed.

Discovery of New Receptors

The breakthrough discovery of new chemokine receptors (CCR5 and CXCR4 or fusin are receptors on the cell where HIV binds) has offered exciting new avenues for drug and vaccine development. Research indicates that people who have defective or missing receptors are much more resistant to becoming infected.

B. PREVENTION

In response to the recommendations from the Report of the NIH AIDS Research Program Evaluation Task Force, NIH is developing a comprehensive HIV prevention science agenda. Areas of focus will include:

Vaccines. We desperately need a vaccine that will control new infections both in the U.S. and abroad. New generations of vaccines, including DNA vaccines, are now in early development. Research efforts in the HIV vaccine arena will have important implications for developing

vaccines for other diseases such as Tuberculosis.

Other Prevention Efforts. Preventing HIV infection through behavioral modification and/or a microbicide (a mechanical or chemical barrier method that blocks infection) also offers tremendous hope. Secretary Shalala has promised \$100 million over the next four years for microbicide research and development.

IV. Role of the Vice President

The Vice President has been intimately involved in developing the Forum for Collaborative HIV Research. This new public-private group is designed to catalyze collaborations among government researchers, pharmaceutical companies, third-party payors, and the community to capitalize on recent scientific advances and learn how to optimally use available treatment regimens.

The Vice President also has expressed interest in continuing efforts to expedite vaccine and microbicide research.

- ◆ **Fighting Discrimination: Standing Up for the Rights of People with AIDS**
 - Vigorously enforced the Americans with Disabilities Act, which prohibits discrimination against people with HIV/AIDS.
 - Resolving nearly 800 charges alleging employment discrimination against people with HIV and AIDS obtaining monetary benefits of more than \$6.1 million.
 - Leading the fight to repeal the discriminatory “Dornan Amendment,” which would have discharged all HIV-positive military personnel.
 - Using the White House “bully pulpit” to speak out against AIDS discrimination.

Office of National AIDS Policy Accomplishment Highlights (1994-1997)

Background

On November 10, 1994, President Clinton named Patricia S. Fleming to serve as the nation’s National AIDS Policy Director. In that capacity, Ms. Fleming served as the Administration’s chief spokesman on issues related to HIV/AIDS. The President had created the Office of National AIDS Policy in 1993 to bring greater focus and direction to the Federal response to the epidemic of HIV/AIDS. Creation of such an office had been recommended by several advisory groups, including the National Commission on AIDS. Prior to her appointment, Fleming served as Special Assistant to Health and Human Services Secretary Donna E. Shalala. In that position, Fleming had helped to transform Federal efforts in response to the epidemic, including an aggressive AIDS education initiative aimed at young adults that advocated the use of latex condoms. She also was responsible for a greatly increased focus on the impact of HIV/AIDS on women and communities of color. Prior to her work at HHS, Fleming served as a key advisor to the late Representative Ted Weiss (D-NY), directing numerous investigations of the Reagan and Bush Administrations’ response to HIV/AIDS.

Accomplishments

During her tenure as National Aids Policy Director, Patricia Fleming has focused her efforts on expanding access to high-quality care for people living with HIV/AIDS; increasing the focus of AIDS prevention efforts on young people; further increasing attention paid to the needs of women living with HIV/AIDS; representing the U.S. at all international forums on HIV/AIDS; and working to improve the coordination of government efforts and public-private partnerships. Among her accomplishments:

AIDS Funding. In the two budgets enacted during Fleming's tenure, total funding for AIDS research, prevention, treatment, and housing increased by ____%. This includes a ____% increase for the Ryan White CARE Act; a ____% increase for AIDS research; a ____% increase for AIDS prevention; and a ____% increase for AIDS housing programs.

White House Conference on HIV/AIDS. Ms. Fleming directed the convening of the first-ever White House Conference on HIV/AIDS, which was held on December 5, 1995. The Conference brought nearly 300 HIV/AIDS, advocates, activists, health care professionals, and others to the White House for a full day of discussion of the central demands of the epidemic. This historic conference has helped to shape the policies adopted by the Clinton Administration in the ensuing year, including a rapid increase in funding for AIDS drug assistance and vaccine research.

National AIDS Strategy. Fleming's office developed and released the first-ever National AIDS Strategy, establishing six central goals to guide all Federal efforts and laying out nearly three dozen opportunities for progress in 1997 alone. Development of a National AIDS Strategy had been recommended by the National AIDS Commission to bring greater focus and direction to Federal AIDS policies.

Youth Report. On March 5, 1996, Fleming delivered to President Clinton a report highlighting the particular challenges facing young Americans during the AIDS epidemic. The report, which noted that "at least one American teenager is becoming infected with HIV every hour of every day," has galvanized the national response to AIDS among young people. It has resulted in nearly a dozen changes in Federal AIDS policy to increase the focus on and the participation of youth in AIDS policy development, clinical trials, prevention programs, and other areas.

"Respect Yourself, Protect Yourself" Working with the Centers for Disease Control and Prevention, Fleming helped develop an innovative public service campaign directed at young adults featuring the real-life experiences of young people infected and affected by HIV/AIDS. The campaign continued the Federal advocacy for the use of condoms by those who are sexually active and also featured, for the first time, openly gay men speaking to their peers.

Medicaid. Early in the national debate over the future of Medicaid, Fleming spoke out against the potential impact of a State-run block grant on the lives of people living with HIV/AIDS. Fleming's advocacy of the rights of those individuals helped draw national attention to the concerns of people living with AIDS. More than 50 percent of Americans living with AIDS rely on Medicaid for their health care needs. When President Clinton vetoed the proposed Medicaid block grant he cited the need of people with AIDS as one of his reasons.

AIDS Research. Working with Vice President Gore, Fleming helped to create the Forum for Collaborative HIV Research, a public-private partnership that is working to identify post-marketing clinical trials for AIDS drugs approved under the Food and Drug Administration's accelerated approval system. The Forum includes representatives of several Federal Agencies, pharmaceutical manufacturers, health care insurance companies, clinicians, researchers, and advocates for people living with HIV/AIDS.

AIDS Drug Assistance Programs. Fleming advocated for the creation of a specific "earmark" for funding for AIDS Drug Assistance Programs within the Ryan White CARE Act. Since its creation in 1995, that earmark has increased by 221 percent to \$167 million, bringing assistance to thousands of individuals who could not otherwise afford to purchase AIDS drugs.

Regional Briefings. In partnership with the Presidential Advisory Council on HIV/AIDS, the National AIDS Fund, and Funders Concerned About AIDS, Fleming conducted 13 regional briefings on AIDS policy, including 11 town hall meetings to hear directly from people living with HIV/AIDS about their needs and concerns. These briefings included visits to more than 50 community-based AIDS organizations.

International Leadership. Fleming serves on the board of the United Nations Global Program on AIDS (UNAIDS) and has represented the U.S. at the 1994 and 1996 International AIDS Conferences in Berlin and Vancouver as well as the Global AIDS Summit in Paris in 1995. Fleming has worked closely with the U.S. Agency for International Development and the Department of State to increase U.S. focus on the international demands of the epidemic.