



AIDS Watch 2009 Policy Priorities

With the election of Barack Obama as President and a more supportive Congress, we have a unique opportunity to inject new ideas, new energy and new resources into efforts to combat HIV/AIDS. This year, as hundreds of persons living with HIV/AIDS, AIDS service providers and other individuals impacted by HIV/AIDS come together in Washington for AIDS Watch 2009, this is our call to action for our elected leaders in Washington:

Creation of a National AIDS Strategy

Ironically, the United States requires poorer nations around the world, as a condition of receiving our international AIDS relief monies, to develop their own national strategy to combat AIDS. Yet, the United States, with over 1.1 million residents living with HIV and over 56,000 new infections a year, does not have a unified, coordinated strategy to combat HIV/AIDS. HIV organizations around the country are calling upon the U.S. to develop a national AIDS strategy to reduce new HIV infections and promote better access to care and treatment for everyone living with HIV. Right now, HIV programs and services are spread across many U.S. agencies, each with their own goals and objectives. A master plan would unite our government's response to HIV under common goals, creating synergy and optimizing efforts to address HIV here at home.

President Barack Obama promised during his campaign, and again after his election, that he would develop a national AIDS strategy for the United States. Already, Federal appropriations for Fiscal Year 2009 include funding to the White House for the development of the strategy. An additional request has been submitted for Fiscal Year 2010. It is time to thank our members of Congress for funding national AIDS strategy development and to remind them how important it will be for them to work together to support successful implementation of the strategy. A national strategy will ensure that we get the most for each dollar spent combating HIV/AIDS in the United States.

Improve Care for People Living with HIV/AIDS

Currently in the United States, many persons living with HIV/AIDS lack access to medical care due to significant financial and programmatic barriers in both publicly-funded and private health care systems. Of the 1.1 million people in the U.S. estimated to be living with HIV, about half are without regular medical care.

It is essential that **all** people have access to health care when they need it. Access to care must be a universal right, and not dependent on financial status. Federal health policy should be reformed to eliminate existing inequities in access to quality care that exist

because of differences in background and geography. Providing comprehensive coverage for people living with HIV, regardless of their ability to pay, is crucial and long overdue.

In order to improve access to care for people living with HIV, we propose the following:

1. Improve Medicaid and expand the federal role in Medicaid oversight. Medicaid should be expanded to include all low-income persons living with HIV, regardless of whether they have progressed to AIDS or not. Any Medicaid or health care reform bill must include language similar to the *Early Treatment for HIV Act*. All States should be required to have a comprehensive benefits package, including covering the cost of HIV testing and placing a cap on consumers out-of-pocket costs for prescriptions and health care. Moreover, during periods of economic downturn, the federal contribution to Medicaid should automatically increase.
2. Improve Medicare. Eliminate the two-year wait for people with disabilities to join Medicare and allow AIDS Drug Assistance Program contributions to count towards a person's out-of-pocket costs for prescription drugs in Medicare.
3. Strengthen and Preserve Ryan White Programs. Ryan White Programs have been the cornerstone of care and treatment for persons living with HIV/AIDS since 1990. It is critical that Congress authorize the extension of this program for three years before it expires on September 30, 2009, and that more funding is injected into this program to keep up with the need for services.
4. Universal Health Insurance. As Congress considers options for expanding access to health insurance, we must ensure that the voices of people living with HIV/AIDS are heard during this process. Many issues must be carefully considered by Congress, including ensuring that individuals with high health care costs will be guaranteed comprehensive coverage that covers the full cost of care. Universal health insurance must take into account the needs of both the healthiest and the sickest in society, and must have proper coverage and reimbursement for services so that everyone can get the care they deserve.

Promote Evidence-Based HIV Prevention

We are all very hopeful that today marks a new day in HIV and STD prevention strategies. The nation must return to scientific, evidence-based approaches to combating HIV, and must move away from the rhetoric and policies that have prevented us as a nation from stopping the spread of HIV. In the area of HIV prevention, we stress the following issues for AIDS Watch 2009:

1. Eliminate abstinence-only educational programs and promote evidence-based interventions. Numerous studies and reports have demonstrated that abstinence-only-until-marriage programs are often ineffective, inaccurate, misleading, lacking proper

oversight and might even be detrimental to the youth they are intended to protect.¹ In light of these findings, more and more states are rejecting federal abstinence-only funding. Curricula funded by this program employ unfounded scare tactics and perpetuate myths, i.e. claiming condoms fail to protect against HIV and HIV can be spread through sweat and tears. This program is beyond ineffective; it is harmful to our youth and detrimental to national education and prevention efforts. Abstinence-only programs have no evidential basis and must be eliminated. They must be replaced by evidence-based interventions, such as comprehensive sexual education and making condoms and other prevention methods available in schools and prisons.

2. Make comprehensive and medically accurate sexual education a priority. Pass the Responsible Education About Life (REAL) Act (HR 1551, S 611). The REAL Act would authorize federal funding (\$50 million) to provide grants to states for the purpose of conducting comprehensive sexuality education programs. Under the bill, sex education programs would be age-appropriate, medically accurate and provide information about both contraception and abstinence. Research has shown that comprehensive sex education programs are effective in risk reduction behaviors by delaying the onset of sexual intercourse, reducing the number of sexual partners and increasing condom or contraceptive use among teens.
3. Lift the ban on federal funding for syringe exchange programs. Syringe exchange programs (SEPs) provide a method for safe acquisition and disposal of used syringes for Intravenous Drug Users (IDUs). Every reputable medical and scientific body to study the issue has concluded that syringe exchange programs are essential to reducing the spread of HIV/AIDS, hepatitis C, and other infectious diseases. Moreover, numerous studies report that SEPs do not promote drug use or crime. Despite this overwhelming evidence, Congress currently forbids spending federal funds on syringe exchange programs. Members of the HIV/AIDS community ask that the ban be lifted to allow local jurisdictions to use funding for SEPs as part of their comprehensive HIV/AIDS prevention programs. Doing so would decrease the spread of HIV/AIDS and would not increase drug abuse.

Increase Appropriations for HIV Programs

Every year, Congress and the President must negotiate a budget for the federal government. We have been faced with a growing epidemic at home, yet new federal monies to combat the domestic epidemic have been lacking. We need Congress and the new President to provide much needed fiscal relief for HIV/AIDS programs.

1. Increase accessibility to care and treatment for persons living with HIV by increasing Ryan White program funding by \$577.8 million. Ryan White programs are a critical part of this nation's response to HIV/AIDS, providing care and treatment to those with the greatest need. For many people living with HIV, Ryan White funded programs are their sole lifeline to HIV care, treatment and support services.

¹ No More Money for Abstinence-Only-Until-Marriage Programs. Sexuality Information and Education Council of the United States. <www.nomoremoney.org>

2. Support new investments in HIV prevention education by increasing HIV prevention funding at the Centers for Disease Control and Prevention (CDC) by \$878 million. Last year the CDC announced that the number of new HIV infections is actually much higher than previously thought, and now stands at about 56,000 annual infections a year. This distressing fact underscores the need to redouble prevention and education efforts.
3. Expand housing accessibility by increasing Housing Opportunities for People with AIDS (HOPWA) funding by \$50 million. Access to safe and affordable housing is critical to effective HIV treatment. Housing is essential to both improving individual health outcomes and promoting public health, as improved housing status is strongly associated with lowered rates of HIV risk behaviors and increased likelihood of access and adherence to care.
4. Increase efforts to respond to the disproportionate impact of HIV among communities of color by increasing funding for the Minority AIDS Initiative (MAI) by \$200.5 million. Targeted funding is urgently needed to address the huge disparities in HIV infection among communities of color. MAI funding improves access to culturally and linguistically appropriate outreach, education, prevention, care and treatment programs and services.
5. Further efforts to effectively address AIDS at home by increasing funding for AIDS research at the National Institutes of Health by \$500 million. Since 2003, inadequate funding of the National Institutes of Health (NIH) has slowed important research efforts aimed at ending the HIV/AIDS epidemic in the United States. To reverse this trend, funding increases are needed for the Office of AIDS Research at the National Institutes of Health.
6. Increase funding at the Substance Abuse and Mental Health Services Agency (SAMHSA) by \$445 million. Despite recent advances in the diagnosis and treatment of both mental illness and addiction, these services remain out of reach to thousands of people in need. Additional funding for the SAMHSA is urgently needed to expand access to substance abuse and mental health services to persons living with or at risk for HIV infection.