



F i s c a l Y e a r 2 0 0 6

HIV/AIDS APPROPRIATIONS RECOMMENDATIONS

RECOGNIZING THE CHALLENGES AND LOOKING TO THE FUTURE

NORA

The National Organizations Responding to AIDS (NORA) coalition is comprised of over 150 health, labor, religious, professional, and advocacy groups representing a broad consensus on HIV- and AIDS-related policy, legislation, and funding. As it has each year since 1987, NORA offers an alternative to the president's budget, outlining the federal spending levels needed to assure an appropriate federal response to HIV/AIDS.

The following member organizations have endorsed the FY 2006 NORA AIDS Appropriations Recommendations as of April 29, 2005:

Academy for Educational Development	Legal Action Center
Advocates for Youth	NAADAC - The Association for
AIDS Action	Addiction Professionals
AIDS Legal Referral Panel	National Alliance to End Homelessness
The American Dental Education	The NAMES Project/AIDS Memorial
Association	Quilt
American Dietetic Association	National AIDS Housing Coalition
American Psychological Association	National Association of Community
American Public Health Association	Health Centers
The Association of Reproductive Health	National Association of County and City
Professionals	Health Officials (NACCHO)
Association of Maternal and Child	National Association of Protection and
Health Programs	Advocacy Systems
Center for Women Policy Studies	National Association of Social Workers
Consortium of Social Science	National Health Law Program
Organizations (COSSA)	National Network for Youth
Drug Policy Alliance	Network of Sex Work Projects
HIV Community Coalition of	Planned Parenthood Federation of
Metropolitan Washington	America
HIV Medicine Association	Presbyterian Church (U.S.A.)
Infectious Diseases Society of America	Washington Office
International AIDS Vaccine Initiative	Treatment Action Group
(IAVI)	

Contents of the NORA Appropriations Request

Following are overviews of the federal programs that comprise the U.S. response to AIDS. Some of the programs focus solely on HIV/AIDS services. Other programs have larger missions, but serve a significant number of people living with or at risk for HIV/AIDS, sometimes through targeted services or initiatives. Along with a narrative explaining how each program works is the NORA recommendation for the program's 2006 funding level. In some places, these requests are not high enough to provide the level of resources the agency or program requires to respond adequately to the identified level of unmet need; rather, they represent a level of increase advocates believe Congress can and must allocate in the coming fiscal year. In many of these cases, NORA makes recommendations on Need. The FY 2006 Need numbers express NORA's estimates of funding adequate to identify the full scope of individuals not in care and ensure that they receive necessary long term health care and medical support services.

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NORA Fiscal Year 2006 Appropriations Requests for Federal HIV/AIDS Programs

PROGRAM	FY 2006 NEED	FY 2005 APPROPRIATION	PRESIDENT'S FY 2006 REQUEST	CHANGE FROM FY 2005	FY 2006 NORA RECOMMENDATIONS	CHANGE FROM FY 2005
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)						
Minority HIV/ AIDS Initiative* (To be added across multiple HHS programs and included in FY 2002 program totals as indicated)	\$855 million	\$399 million ¹	\$399 million	+ \$0	\$610 million	+ \$211 million
ACF: Runaway and Homeless Youth Act Programs		\$104 million	\$114 million	+ \$10 million	\$140 million	+ \$36 million
Agency for Healthcare Research and Quality		\$319 million	\$319 million	+ \$0	\$440 million	+ \$121 million
CDC: Total - HIV, STD, TB line	\$2.33 billion	\$961.2 million	\$957.3 million	- \$4 million	\$2.33 billion	+ \$1.27 billion
CDC: HIV Prevention and Surveillance		\$662.6 million	\$657.6 million	- \$4 million	\$1.5 billion	+ \$813.4 million
CDC: STD Prevention		\$159.7 million	\$159.7 million	+ \$0	\$351 million	+ \$191.3 million
CDC: TB Prevention		\$138.9 million	\$138.9 million	+ \$0	\$287.3 million	+ \$148.4 million
CDC: Viral Hepatitis (Infectious Disease Control line)		\$17.36 million	\$17.36 million	+ \$0	\$100.24 million	+ \$82.88 million
CDC: DASH (Chronic Disease Prevention and Health Promotion line)		\$56.75 million	\$56.76 million	+ \$0.1 million	\$88.25 million	+ \$31.49 million
FDA		\$1.45 billion	\$1.5 billion	+ \$50 million	\$1.57 billion	+ \$116 million
HRSA: Ryan White CARE Act Total	\$3.2 billion	\$2.048 billion	\$2.058 billion	+ \$10 million	\$2.56 billion	+ \$513 million
Title I		\$610 million	\$610 million	+ \$0	\$725 million	+ \$115 million
Title II: Care		\$334 million	\$334 million	+ \$0	\$384 million	+ \$50 million
Title II: ADAP	\$1.5 billion (non-add)	\$787 million	\$797 million	+ \$10 million	\$1.09 billion	+ \$303 million
Title III		\$196 million	\$196 million	+ \$0	\$236.6 million	+ \$41 million
Title IV		\$72.53 million	\$72.53 million	+ \$0	\$113.25 million	+ \$40.72 million
Part F: AETCs		\$35 million	\$35 million	+ \$0	\$45 million	+ \$10 million
Part F: Dental Reimbursement		\$13.3 million	\$13.3 million	+ \$0	\$19 million	+ \$5.7 million
HRSA: Consolidated Health Centers		\$1.733 billion	\$2.038 billion	+ \$304.2 million	\$2.038 billion	+ \$304.2 million

¹ NOTE: All FY 2004 amounts include the .80 percent rescission

PROGRAM	FY 2006 NEED	FY 2005 APPROPRIATION	PRESIDENT'S FY 2006 REQUEST	CHANGE FROM FY 2005	FY 2006 NORA RECOMMENDATIONS	CHANGE FROM FY 2005
HRSA: Title V		\$724 million	\$724 million	+ \$0	\$755 million	+ \$31 million
HRSA: Title X		\$286 million	\$286 million	+ \$0	\$350 million	+ \$66 million
Indian Health Service: HIV/AIDS Program		\$2.68 million	\$2.79 million	+ \$0.1 million	\$10 million	+\$7.32 million
NIH Office of AIDS Research	\$3.327 billion	\$2.92 billion	\$2.93 billion	+ \$12 million	\$3.1 billion	+ \$200 million
Office of the Secretary: Office of HIV/AIDS Policy	\$5 million	\$0	\$0	+ \$0	\$2 million	+ \$2 million
SAMHSA: Center for Substance Abuse Treatment Block Grant 2		\$1.78 billion	\$1.78 billion	+ \$0	\$1.85 billion	+ \$71 million
SAMHSA: Center for Substance Abuse Treatment--other		\$422.4 million	\$447.1 million	+ \$24.7 million	\$472 million	\$50 million
SAMHSA: Center for Substance Abuse Prevention³		\$198.7 million	\$184.3 million	- \$14.4 million	\$210 million	+ \$11 million
SAMHSA: Mental Health Block Grant⁴		\$432.8 million	\$432.8 million	+ \$0 million	\$471.5 million	+ \$38.9 million
SAMHSA: Center for Mental Health Services --other⁴		\$176.7 million	\$144.1 million	- \$32.6 million	\$191.8 million	+ \$15.1 million
SAMHSA: GBHI		\$40.1 million	\$34.4 million	- \$5.7 million	\$42.5 million	+ \$1.7 million
SAMHSA: PATH		\$54.8 million	\$54.8 million	+ \$0	\$59.8 million	+ \$5 million
DEPARTMENT OF EDUCATION (DOE)						
Protection and Advocacy for Human Rights		\$16.6 million	\$16.6 million	+ \$0	\$22 million	+ \$5.4 million
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)						
HOPWA	\$2.8 billion	\$282 million	\$268 million	- \$14 million	\$385 million	+ \$103 million
McKinney-Vento Homelessness Assistance Grant Program		\$1.241 billion	\$1.44 billion	+ \$199 million	\$ 1.572 billion	+ \$331 million
GLOBAL HIV/AIDS PROGRAMS						
<i>President's Emergency Plan for AIDS Relief (PEPFAR)</i>						
HIV/AIDS Programs	\$6.7 billion	\$2.9 billion	\$3.16 billion	+ \$265 million	\$4.61 billion	+ \$1.7 billion
<i>Global Fund to Fight AIDS, Tuberculosis and Malaria (non-add)</i>						
Global Fund	\$1.5 billion	\$435 million	\$300 million	- \$135 million	\$1.5 billion	+ \$1.06 billion

² The numbers in this chart reflect the entire budget of SAMHSA for Substance Abuse Treatment; HIV/AIDS programs are included in this total.

³ The numbers in this chart reflect the entire budget of SAMHSA for Substance Abuse Prevention; HIV/AIDS programs are included in this total.

⁴ The numbers in this chart reflect the entire budget of SAMHSA for Mental Health Services; HIV/AIDS programs are included in this total.

Recognizing the Challenges and Looking to the Future

The year 2005 brought with it a new Congress and a new Administration, yet for people living with, and at risk for, HIV and the organizations and agencies that serve them, things have remained much the same. For the fourth year in a row federal funding for the domestic HIV/AIDS portfolio remains level, and for the past two years funding has been reduced through funding rescissions. For the fifth consecutive year, the Centers for Disease Control and Prevention (CDC) maintains that there are 850,000-950,000 people living with HIV in the United States, despite a minimum of 40,000 new infections each year.ⁱ And once again we find ourselves challenged to make a noticeable difference in the course of the HIV epidemic.

Since 2000, the CDC has estimated that there were 850,000-950,000 people living with HIV in the United States. Since that time, the CDC has reported that there are approximately 40,000 new HIV infections, and 15,000 deaths from AIDS related causes, in the U.S. each year.ⁱⁱ (This is a minimum number; recent data suggests that we may be actually seeing 43,000-44,000 additional new infections each year.) Thus, by simply doing the math it would seem that today, in 2005, there are roughly 125,000 more people living with HIV in this country than there were just five years ago – for a total of 975,000 – 1,075,000 HIV positive Americans. In other words, **one million people**.ⁱⁱⁱ

24 years after the start of the HIV epidemic one million people are living in the United States with HIV – and that number continues to grow each and every day. Despite all the progress that has been made, from the development of new treatments and therapies to increased availability of testing and counseling services, the epidemic here at home is still far from over.

The U.S. domestic response has historically been a patchwork of services, ranging from the work of community-based organizations to that of agencies of the federal government, each of which continues to play a critical role in addressing the epidemic. Since the beginning the thread that has bound all of these pieces together has been the financial support of Congress and the White House. Unfortunately, recent fiscal constraints have caused that thread to fray – to the point where some of the pieces are threatening to come undone. It is increasingly clear that unless we reengage ourselves in the real work of responding to this epidemic we will no longer be able to maintain the public health systems that have until now been the true successes in addressing HIV in the U.S.

Of special note, of the one million people who are currently living with HIV in the United States, CDC and the Health Resources and Services Administration (HRSA) estimate that roughly one half are accessing regular medical care.^{iv} On one level that is a very important accomplishment. 500,000 people are receiving the live-saving treatment and medical support that they need because our government made an investment and a commitment to help through the establishment of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and through the commitment of additional resources to existing programs. However, the fact remains that the other half – another 500,000 – are not in care, either because they are unaware of their HIV status or because of financial and/or other barriers that are keeping them from getting the care and treatment that they need. This grim statistic has remained unchanged for the past five years. The challenge before us now is to find a way to tip the balance.

If we are going to provide care and support services for those 500,000 Americans currently not in care we must first face up to the reality of the challenge that lies before us. Most of the programs within the domestic federal HIV portfolio have been level-funded and/or cut for the past four fiscal years. Many are now facing their lowest funding levels in recent memory – despite the fact that they are seeing an increasing demand for services. We are now finding ourselves straining to meet the needs of the 500,000 we already serve, all the while aware of the need to reach an additional 500,000 whose needs we have not even begun to assess or address. Despite all of our best efforts we are still not reaching the people who need us most. Without access to testing and counseling, and subsequently care and treatment, these people remain unaware of the realities of their HIV infection, and thus unable to maintain their own health and prevent further transmission of the virus. This is simply unacceptable.

Both CDC and HRSA have recently identified the half a million HIV positive people not in care as a top priority for their HIV programs. Beginning with the 2000 reauthorization of the Ryan White CARE Act, HRSA has focused attention on what it has termed “unmet need,” individuals who are HIV positive and aware of their status, but not in care. CARE Act grantees have received instructions from HRSA to prioritize this population in the delivery of services in an attempt to successfully connect these individuals to care. However, no additional resources have been allocated to grantees for this task, and many report that they are already overburdened by their current client load. For example, in the Washington, D.C. metro area newly diagnosed HIV positive clients are being placed on three month long waiting lists for doctor’s appointments.

In 2003, CDC launched Advancing HIV Prevention (AHP), a new initiative “aimed at reducing barriers to early diagnosis of HIV infection and, if positive, increasing access to quality medical care, treatment, and ongoing prevention services.”^v One of the primary goals of this national initiative is to increase access to HIV counseling, testing, and **referral** to care. Since the first funds were awarded in 2003, AHP has shown success in linking people to testing through the use of new rapid test technologies; however, it remains to be seen whether or not the CDC can successfully link these people to care – and whether or not HRSA’s already overburdened care system can maintain them in services.

Last year NORA chose to focus on building upon our past successes. This year we must look to what we still have left to do. The AHP and unmet need initiatives are working, but we can not expect them to be the definitive solution. The HIV epidemic in this country continues to evolve, and we continue to face unanticipated policy and program challenges. In the past year alone we have seen the initial phases of implementation of the Medicare Modernization Act, the expansion of rapid testing technologies, and emerging concerns about the Food and Drug Administrations (FDA) drug approval process. At the same time the Department of Health and Human Services has committed itself to the goal of reducing by half annual HIV infections in this country by 2010, after realizing that the 2005 goal was out of reach. The federal government must commit to fund, manage, and monitor the domestic response, or else we will find ourselves falling even farther behind in our response to the epidemic.

The challenge before us today is significant, but it is not insurmountable. If we commit to funding that truly meets the needs of people living with, and at risk for, HIV infection then we can change the course of the epidemic.

We know how to provide care.

We know what it takes to link people to medical treatment.

We know how to support communities living with HIV.

Now is the time to turn knowledge into action.

Department of Health and Human Services (HHS)

Minority HIV/AIDS Initiative (MHAI)

CURRENT NEED:	\$855,000,000
FY 2006 NORA Recommendation	\$610,000,000
FY 2006 President’s Budget	\$398,900,000
FY 2005 Appropriation	\$398,900,000

Appropriations Bill: Labor/Health and Human Services/Education.

(MHAI funds are included within specific program line items in the HHS budget and do not appear separately in the budget documents.)

NOTE: The total NORA request for the MHAI is in addition to the NORA requests for increases to the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and programs within the Office of the Secretary of Health and Human Services.

ABOUT THE PROGRAM:

While ethnic and racial minority groups make up just over 25 percent of the U.S. population, they represent 68 percent of new AIDS cases, 62 percent of the estimated number of persons living with AIDS, and 74 percent of the estimated new HIV infections annually.^{vi,vii} On average, African Americans and Latinos on Medicaid initiate antiretroviral treatment later after their HIV diagnosis than do their white counterparts and African Americans are more likely to discontinue treatment.^{viii} Congress established the MHAI in FY 1999 as the result of the advocacy of the Congressional Black Caucus to address the growing proportion of HIV/AIDS in the African American and Latino communities. The initiative was expanded the following year to address the growing impact of the epidemic on all ethnic and racial minorities in the U.S. Disparities in HIV and AIDS health outcomes among ethnic and racial minorities continue to persist.

HHS distributes MHAI funds through its existing HIV/AIDS programs and initiatives to community-based organizations, faith-based organizations, research institutions, minority serving colleges and universities, health care centers, state and local health departments, and correctional institutions. The MHAI expands and strengthens the capacity of Minority Community Based Organizations (MCBOs) to deliver high-quality HIV health care and supportive services, and to enhance and better target HIV prevention programs to historically underserved groups. The MHAI addresses HIV related health disparities faced by racial and ethnic minorities by providing targeted funding.

REQUESTED INCREASE:

NORA requests an additional \$411 million for a total appropriation of \$610 million for the Minority HIV/AIDS Initiative to:

- sustain current efforts and expand programs to address growing unmet service, infrastructure, and capacity needs in minority communities; and
- continue towards the goal of eliminating HIV-related health disparities in ethnic and racial minority communities.

Administration for Children and Families (ACF)

FAMILY AND YOUTH SERVICES BUREAU (FYSB)

RUNAWAY AND HOMELESS YOUTH ACT (RHYA) PROGRAMS

FY 2006 NORA Recommendation	\$140,000,000
FY 2006 President's Budget	\$114,000,000
FY 2005 Appropriation	\$104,000,000

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

While it is difficult to estimate the number of youth who experience homelessness, evidence suggests that the size of the homeless youth population is substantial and widespread. The U.S. Department of Justice estimated that in 1999 nearly 1.7 million youth had a runaway/throwaway episode. One out of every seven children will run away before the age of 18. Runaway and homeless youth are at significant risk for HIV infections because of the prevalence of drug and alcohol use, sexual assault, and violence in street life. For some young people, exchanging sex for food, clothing, shelter, or protection is their only chance for survival.

Throughout the nation, runaway and homeless youth programs have seen a dramatic increase in the demand for services over the last few years. The U.S. Department of Health and Human Services reported that in 2003, 40 percent of the youth seeking services from Transitional Living Programs were turned away. In addition, 4,200 youth were turned away from Basic Center Programs, which provide emergency shelter and family reunification and preservation services to homeless children and youth between the ages of 12-18.

All RHYA programs are responsible for assisting the young people they serve in accessing health services, including HIV/AIDS services. RHYA programs provide health promotion, pregnancy prevention, academic achievement, and employment skill-building and job search assistance for youth in high risk situations. The Street Outreach Program ensures rapid engagement with young people living on the street in an effort to prevent physical and sexual abuse and assault, commercial sexual exploitation, disease, and long-term homelessness.

REQUESTED INCREASE

NORA requests an additional \$36 million for a total appropriation of \$140 million for the RHYA programs to enable more communities to develop street outreach, emergency shelter, and transitional living services to help more young people in runaway or homeless situations. The President's request for \$10 million for Maternity Group Homes should be allocated to the Runaway and Homeless Youth Act program's consolidated account, where it is now authorized.

Agency for Healthcare Research and Quality (AHRQ)

FY 2006 NORA Recommendation	\$440,000,000
FY 2006 President's Budget	\$318,695,000
FY 2005 Appropriation	\$318,695,000

ABOUT THE PROGRAM:

AHRQ supports research on improving the quality of health care, reducing costs, enhancing patient safety, and broadening access to and use of essential services. AHRQ's goal in studying HIV is to learn more about access to health care for people living with the disease as well as the benefits and risks of new treatments. AHRQ's mission in examining what works and what does not work in health care includes not only translating research findings into better patient care but also providing public policymakers and other health care leaders with information needed in making critical health care decisions. By disseminating the results of its research on HIV, AHRQ aims to assure that health care needs of the diverse populations with HIV are effectively met.

Nearly 80 percent of AHRQ's budget is awarded as grants and contracts to researchers at universities and other research institutions across the country.

AHRQ's HIV-related research has provided important information to help health care providers design and implement programs that improve the quality and effectiveness of HIV care. AHRQ's HIV Cost and Services Utilization Study (HCSUS) was the first major research effort to collect information on a nationally representative sample of HIV patients and examined many aspects of care and quality of life for HIV patients. These include access and costs of care, use of services, unmet needs for medical and nonmedical services, social support, satisfaction with medical care, and knowledge of HIV therapies.

REQUESTED INCREASE:

NORA requests a \$121.3 million increase for AHRQ for total funding of \$440 million.

Centers for Disease Control and Prevention (CDC)

NATIONAL CENTER FOR HIV, STD, AND TB PREVENTION (NCHSTP)

CURRENT NEED	\$2,330,000,000
FY 2006 NORA Recommendation	\$2,330,000,000
FY 2006 President's Budget	\$956,283,000
FY 2005 Appropriation	\$960,711,000

Appropriations Bill: Labor/Health and Human Services/Education

The National Center for HIV, STD, and TB Prevention (NCHSTP) is responsible for public health surveillance, prevention research, and programs to prevent and control HIV/AIDS, other STDs, and TB. Center staff works in collaboration with governmental and nongovernmental partners at community, state, national, and international levels, applying well-integrated multidisciplinary programs of research, surveillance, technical assistance, and evaluation. The NCHSTP has four divisions, one each for HIV/AIDS, STDs, TB, and global AIDS.

In the absence of a vaccine, education and information are key to prevention. HIV/AIDS, STDs, and TB are among the most prevalent, preventable, and costly infectious diseases in the U.S. Although these diseases can affect anyone, they often hit hardest those populations least able to respond—the poor, minorities, youth, immigrants, and the incarcerated.

DIVISION OF HIV/AIDS PREVENTION (DHAP)

FY 2006 NORA Recommendation	\$1,500,000,000
FY 2006 President's Budget	\$657,694,000
FY 2005 Appropriation	\$662,267,000

(Funding for DHAP is included in the CDC line item for "HIV/AIDS, STD and TB prevention.")

ABOUT THE PROGRAM:

CDC's HIV/AIDS prevention programs are working in every state and territory to prevent new infections, link infected people to medical care, and translate scientific research findings into practical prevention programs available to all those at risk. Overwhelming evidence proves that these HIV prevention efforts have saved countless lives.

Funding at DHAP supports prevention and surveillance cooperative agreements with state and local health departments, directly-funded community/national/regional organizations, and research, surveillance, analysis, technical assistance, and program support. Among the activities funded through DHAP are:

- HIV/AIDS Community Planning;
- Counseling, Testing, Partner Counseling, and Referral Services;
- Health Education/Risk Reduction;
- Capacity Building;

- Prevention Research and Program Evaluation; and
- Epidemiology and Surveillance.

CDC funds HIV prevention programs through agreements with: 65 state, territorial, and local health departments and 141 community-based organizations. The agency also funds national and regional minority organizations through the Minority HIV/AIDS Initiative.

REQUESTED INCREASE

NORA requests an additional \$813.4 million for a total appropriation of \$1.5 billion for the Division of HIV Prevention to help states and communities:

- strengthen programs to target prevention interventions to HIV infected persons to support the adoption of behavior change to avoid further transmission;
- provide prevention services in medical and clinical settings;
- provide treatment adherence and partner disclosure services in traditional HIV prevention settings;
- expand faith-based initiatives;
- reach partners of people living with HIV and refer them into care;
- provide capacity building and technical assistance, especially for administrative management, to community-based organizations; and
- target outreach and HIV counseling and testing efforts that focus on populations at high-risk of infection including highly-impacted racial and ethnic minority communities, young men of color who have sex with men, substance users, women, and youth in high risk situations.

DIVISION OF STD PREVENTION (DSTD)

FY 2006 NORA Recommendation	\$351,009,000
FY 2006 President’s Budget	\$159,709,000
FY 2005 Appropriation	\$159,633,000

(Funding for DSTD is in the CDC line item for “HIV/AIDS, STD and TB prevention.”)

ABOUT THE PROGRAM

STDs remain at epidemic levels in the U.S. and the U.S. continues to record the highest STD rates in the industrialized world.^{ix} Currently, 65 million people in the U.S. have an incurable STD.^x STDs cause substantial morbidity and mortality and contribute to the spread of HIV. STDs often intersect with HIV, magnifying the effects of both. Because STDs pose serious health risks themselves, they may increase the likelihood of HIV infection, and pose a particular threat to people with HIV/AIDS. Working with DSTD, states have worked on integration or collaboration of HIV and STD programs to strengthen efforts in both areas. Greater integration and coordination between these programs results in testing for HIV in STD-funded sites, testing for STDs in HIV-funded sites, and referring infected persons into care once identified, maximizing opportunities to reach those impacted by HIV.

The DSTD conducts surveillance; epidemiologic, behavioral, and operations research; and program evaluation related to STDs, including syphilis, gonorrhea, chlamydia, human papillomavirus (HPV), genital herpes, and hepatitis B. DSTD also assists states and selected localities in reaching those at risk for infection with STDs; works to prevent infertility and pelvic inflammatory disease and its complications; and

collaborates with other agencies and groups, particularly community-based organizations, to enhance STD prevention awareness. In FY 2002, CDC funded 65 state, territorial, and local health departments to treat and reduce the spread of STDs and 35 syphilis elimination programs.

REQUESTED INCREASE

NORA requests an additional \$191.3 million for a total appropriation of \$351 million for the Division of STD Prevention to expand:

- infertility prevention,
- syphilis elimination,
- STD treatment to enhance HIV prevention,
- efforts to build a response to non-HIV viral STDs
- STD prevention for adolescents, and
- surveillance, training, and partner services.

DIVISION OF TB ELIMINATION (DTBE)

FY 2006 NORA Recommendation	\$287,211,000
FY 2006 President's Budget	\$138,811,000
FY 2005 Appropriation	\$138,811,000

(Funding for DTBE is in the CDC line item for "HIV/AIDS, STD and TB prevention.")

ABOUT THE PROGRAM

CDC has set a goal to eliminate TB in the U.S. Central to this effort are strategies to: strengthen domestic TB control programs to ensure prompt identification of persons with TB and offer appropriate treatment; provide examination and preventive therapy to individuals who have latent TB infection and are at high-risk of developing active/infectious TB disease; support development of improved tools for TB prevention, such as new diagnostics and improved drugs; and work in partnership with the seven countries that contribute most to TB morbidity in the U.S. DTBE funds 68 cooperative agreements with state and local health departments for TB prevention and control and also funds 15 programs for targeted testing and seven sentinel surveillance sites to describe the geographic distribution of TB types.

TB is particularly dangerous for people with HIV; TB is the leading cause of death among people with HIV worldwide.^{xi} Efforts to eliminate TB are essential to reducing the global toll of HIV.

The risk of developing TB disease is much greater for people with HIV/AIDS. Because HIV infection so severely weakens the immune system, people infected with both HIV and TB have a 100 times greater likelihood of developing active TB disease and becoming infectious compared to those not infected with HIV.^{xii} CDC estimates that 10 percent of all TB cases and nearly 20 percent of cases among people ages 25 to 44 occur in people living with HIV.^{xiii} This high level of risk underscores the critical need for targeted TB screening and preventive treatment programs for people living with HIV and those at greatest risk for HIV infection.

REQUESTED INCREASE

NORA requests an additional \$148.4 million for a total appropriation of \$287.3 million for the Division of TB Prevention to expand:

- core TB elimination activities;

- targeted TB screening and latent TB infection treatment;
- use of modern TB detection tools;
- efforts to reduce health disparities along the U.S.-Mexico border;
- research on new diagnostic techniques, clinical practice and therapeutic techniques;
- HIV screening and referral of patients at TB centers and TB testing and referral of patients at HIV centers; TB screening in foreign-born individuals;
- TB screening and treatment in correctional facilities; and
- efforts in reducing domestic and international multi drug-resistant TB.

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

DIVISION OF ADOLESCENT AND SCHOOL HEALTH (DASH)

FY 2006 NORA Recommendation	\$88,249,000
FY 2006 President's Budget	\$56,759,000
FY 2005 Appropriation	\$56,746,000

Appropriations Bill: Labor/Health and Human Services/Education
(Funding for DASH is included within the school health line item of the National Center for Chronic Disease Prevention and Health Promotion appropriation. The school health line includes funds for HIV prevention, as well as basic school health programs that address chronic disease.

ABOUT THE PROGRAM:

People under 25 account for half of new HIV infections; the majority are infected through sexual activity.^{xiv} Fifty-three million children and youth attend nearly 117,000 schools every day in the U.S., making school health programs one of the most efficient means of shaping the nation's future health and social well-being.^{xv} DASH provides funds and technical assistance to help schools implement effective HIV prevention education. Funds are distributed to all 50 states, six territories, and 18 large-city education agencies based on formulas tied to student enrollment and on a competitive basis to eligible urban school districts.

The ability of school-based prevention programs to change behaviors is clear. Between 1991 and 1999, the percentage of high school students receiving HIV education in schools increased from 83 percent to 91 percent.^{xvi} During that same period, pregnancy rates among 15 to 17-year-old young women decreased 20 percent, sexual initiation declined among high school students and condom usage increased from 46 percent to 58 percent among sexually active students.^{xvii,xviii}

REQUESTED INCREASES

NORA requests a \$31.49 million increase for a total appropriation of \$88.25 million in DASH funding to:

- expand funding for HIV prevention for school-aged youth;
- integrate HIV prevention messages into STD and teen pregnancy prevention education;
- expand targeted education to gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth who are at high risk of HIV infection; and
- expand involvement of young people in the development and dissemination of effective prevention interventions.

NATIONAL CENTER FOR INFECTIOUS DISEASES (NCID)

DIVISION OF VIRAL HEPATITIS

FY 2006 NORA Recommendation:	\$100,240,000
FY 2006 President's Budget:	\$17,360,000
FY 2005 Appropriation:	\$17,360,000

Appropriations Bill: Labor/Health and Human Services/Education (Funding for Division of Viral Hepatitis is in the CDC line item for "Infectious Disease Control.")

ABOUT THE PROGRAM:

The Division of Viral Hepatitis provides the scientific and programmatic foundation for the prevention, control, and elimination of hepatitis virus infections in the U.S. and assists the international public health community in these activities. The National Hepatitis C Prevention Strategy integrates hepatitis prevention services such as vaccinations against HAV and HBV and counseling and testing for HCV infection into existing public health programs (such as STD and IDU treatment and HIV counseling programs) serving individuals at high risk for HIV, HCV, and HBV infection.

Prevention programs developed in response to the HIV/AIDS epidemic have identified large numbers of people at risk for HIV, hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV) infection. HIV, HCV, and/or HBV co-infection is a serious problem, particularly among injection drug users and hemophiliacs treated with clotting factor concentrates before the availability of processes to inactivate those viruses in blood products. Deaths from hepatitis C end-stage liver disease among HIV co-infected patients are expected to increase as antiretroviral therapy for HIV extends the lifespan of these patients.^{xix} In addition, the liver toxicity from some antiretroviral drugs makes management of co-infected patients more complex and requires specialists with experience in treating both infections.

REQUESTED INCREASE

NORA requests an additional \$82.88 million for a total appropriation of \$100.24 million for the Division of Viral Hepatitis to increase the ability of state and local health departments to integrate hepatitis prevention programs with HIV/AIDS prevention programs.

Food and Drug Administration (FDA)

FY 2006 NORA Recommendation	\$1,566,000,000
FY 2006 President's Budget	\$1,499,726,000
FY 2005 Appropriation	\$1,450,098,000

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

The FDA has a congressional mandate to ensure the safety and effectiveness of drugs, biologics, and medical devices used in the U.S. To date, the FDA has approved 26 drugs for treatment of HIV infection. The AIDS epidemic highlighted the FDA's role in the development, evaluation, and approval of new medical products and tested the agency's ability to respond to a public health emergency. With the increasing practice of importing drugs from Canada and other countries, as well as growing concerns over the FDA's ability to continue oversight of prescription drugs after their approval, the FDA is facing new pressures to ensure safety and effectiveness.

The FDA is continuing its efforts to identify new ways to make the drug discovery, development, and approval process more efficient and effective. The FDA's drug approval process has improved significantly in recent years largely due to the Prescription Drug User Fee Act (PDUFA), passed in 1992, and reauthorized in 1997 and 2000. Under PDUFA, companies submitting New Drug Applications (NDAs) pay a user fee to the FDA to pay for enhancements in the FDA drug approval process. While user fees are an appropriate mechanism to provide enhancements to the FDA process, the FDA's core functions are still supported through appropriated funds. The agency cannot be expected to collect additional user fees that have not been authorized through legislation.

REQUESTED INCREASE:

In recent years, increases in funding for the FDA have not kept pace with other health-related agencies, even as the number of potentially life-saving drugs needing review by the FDA has grown. Due to continuing concern over the FDA's ability to keep pace with its increased responsibilities, NORA is making an agency-wide request for FDA funds in FY 2006. NORA requests an additional \$116 million for a total appropriation of \$1.566 billion to provide the FDA with the resources it needs to meet its full congressional mandate. The FDA must have the resources it needs to continue to deliver the highest standards of drug approval and safety monitoring without shifting resources from other public health responsibilities.

Health Resources and Services Administration (HRSA)

HIV/AIDS BUREAU

RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY (CARE) ACT

CURRENT NEED	\$3,200,000,000
FY 2005 NORA Recommendation	\$2,560,000,000
FY 2005 President's Budget	\$2,083,342,088
FY 2004 Appropriation	\$2,073,342,088

Appropriations Bill: Labor/Health and Human Services/Education

The Ryan White CARE Act, is the largest discretionary investment in the care of people with HIV/AIDS in the U.S.; it funds primary health care and support services for people with HIV/AIDS who lack health insurance and the financial resources for their care. Each year, CARE Act programs reach more than 533,000 individuals living with, or at risk for, HIV infection in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories. Congress first enacted the CARE Act in 1990 and, based on the Act's strong record of delivering care to those in need, reauthorized it in 1996 and again in 2000. The CARE Act is up for reauthorization again in 2005.

It is estimated that roughly one million people are living with HIV in the U.S. today. Of those, between 180,000 and 240,000 people living with HIV are unaware of their status, and over 300,000 people with HIV who do know their status are not receiving HIV-related care.^{xx} In 2003 the CDC launched a new initiative, Advancing HIV Prevention (AHP), "aimed at reducing barriers to early diagnosis of HIV infection and, if positive, increasing access to quality medical care, treatment, and ongoing prevention services."^{xxi} Many, if not most, of those diagnosed with HIV under the new CDC initiative will turn to health care providers funded through the CARE Act for their HIV-related care.

TITLE I (PART A)

FY 2006 NORA Recommendation	\$725,020,000
FY 2006 President's Budget	\$610,102,816
FY 2005 Appropriation	\$610,102,816

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

Title I of the CARE Act provides emergency assistance to Eligible Metropolitan areas (EMAs) that have reported at least 2,000 AIDS cases during the previous five years and have a population of at least 500,000. There are 51 EMAs in 21 states, Puerto Rico, and the District of Columbia. Title I serves an estimated 200,000 people living with HIV/AIDS each year, providing nearly three million health-care-related visits (primary, medical, dental, mental health, substance abuse, and rehabilitation).

Title I-funded services are the major safety net for thousands of uninsured or underinsured persons living with HIV/AIDS. Title I funds provide a continuum of care for persons living with HIV/AIDS, offering services that include:

- outpatient and ambulatory health services, including substance abuse, mental health treatment, and nutrition counseling;
- early interventions including outreach, counseling and testing, and referral services designed to link to the HIV care system those HIV-infected individuals who do not know their HIV status and those who do but are not in care;
- outpatient and ambulatory support services, including case management, to the extent that these services facilitate, enhance, support, or sustain delivery, continuity, or benefits of health services; and
- inpatient case management services that expedite discharge and prevent unnecessary hospitalization.

Title I funding to EMAs includes formula and supplemental components, as well as MHAI funds targeted for services to minority populations.

REQUESTED INCREASE

NORA requests an increase of \$114.9 million for a total appropriation of \$725 million for CARE Act Title I to:

- serve people living with HIV who turn to CARE Act-funded providers after learning their HIV status due to the CDC's new "Advancing HIV Prevention" initiative;
- address the increasing costs of providing primary health care services to more than 200,000 individuals already receiving primary medical care through Title I programs;
- meet the new CARE Act requirements to reach out and serve people living with HIV/AIDS who are entering care for the first time;
- address the increasing complexity and cost of delivering quality HIV medical care and diagnostic testing, including genotype and phenotype testing of HIV at \$500 per client per year;
- expand access to specialty medical care for patients in treatment who face side effects directly related to their HIV treatments such as diabetes, heart disease, neuropathy, hypertension, renal and liver failure, and certain cancers;
- provide local community-based organizations serving underserved and isolated communities of color with increased infrastructure support and expanded service capacity to meet the needs of the increasing number of people of color living with HIV/AIDS; and
- address the disparity in outcomes, access, and utilization of care and treatment by people of color living with HIV/AIDS.

TITLE II (PART B)

CURRENT ADAP NEED:	\$1,500,000,000
FY 2006 NORA Recommendation Title II Core:	\$384,300,000
ADAP:	\$1,090,280,000
FY 2006 President's Budget Title II Core:	\$334,300,000
ADAP:	\$797,280,000
FY 2005 Appropriation Title II Core:	\$334,300,000
ADAP:	\$787,280,000

ABOUT THE PROGRAM:

HRSA distributes base Title II grants and ADAP grants to all 50 states, the District of Columbia, and the eight territories using a formula based on reported living AIDS cases over the last ten years. States use core Title II dollars to coordinate care across their entire jurisdictions, including providing some funding to local *HIV consortia*, which then contract for services at the local level. States may also use core funding to pay directly for critical primary care and supportive services.

Title II-funded services include:

- HIV/AIDS-related medications;
- ambulatory/primary health care;
- cost-effective home-based health care;
- support services (transportation, case management, etc.);
- outreach to HIV-positive individuals who know their HIV status but are not receiving care services;
- outreach to communities of color to get them enrolled in ADAP;
- early intervention services (HIV counseling, testing, and referral to care);
- treatment adherence and support;
- health insurance coverage with prescription drug benefits; and
- HIV Care Consortia, which assess local needs and contract for services (Consortia services often include many of the services listed above).

REQUESTED INCREASE

NORA requests a \$50 million increase for a total appropriation of \$384 million for Title II Core programs to:

- identify and link persons of color and people residing in rural areas with HIV into care;
- enhance linkages between HIV prevention and care systems through the integration of HIV counseling, testing, and referral services into care settings;
- implement quality management programs and enhance need assessments as required by the CARE Act Amendments of 2000;
- enhance the coordination and provision of care and treatment services for those co-infected with HIV and HCV;

- enhance the coordination, continuity, and provision of care and treatment services for incarcerated populations;
- enhance access to HIV care and substance abuse treatment and mental health services for people with HIV; and
- provide basic HIV care and treatment services to the increasing number of individuals living with HIV/AIDS who are not yet enrolled in care services.

NORA requests a \$303 million increase for a total appropriation of \$1.09 billion for state ADAPs to:

- provide services to expanding caseloads;
- prevent caps on services;
- cover the increased costs of medications;
- prevent reductions in or elimination of services; and
- allow states to ensure access to offer all Public Health Service recommended drugs.

TITLE III (PART C)

FY 2006 NORA Recommendation	\$236,600,000
FY 2006 President's Budget	\$195,592,640
FY 2005 Appropriation	\$195,592,640

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

Title III provides direct grants to 360 community-based primary health clinics and public health providers in 49 states, Puerto Rico, the District of Columbia, and the U.S. Virgin Islands. It is the primary means for targeting HIV-related medical services to otherwise underserved communities of color and in rural areas. Title III serves over 150,000 people living with HIV/AIDS each year, including 35,000 new clients. Title III clinics are also central to the nation's HIV testing initiatives, providing HIV testing and counseling to more than 415,000 people each year. The program also funds planning and capacity building grants, which help organizations strengthen their capacity to deliver care to people living with HIV/AIDS. HRSA distributes Title III funds through competitive grants directly to service providers.

Title III-funded services include:

- risk-reduction counseling on prevention, antibody testing, medical evaluation, and clinical care;
- antiretroviral therapies, protection against opportunistic infections, and ongoing medical, oral health, nutritional, psychosocial, and other care services;
- case management to ensure access to services and continuity of care for HIV-infected clients; and
- medical care for other health problems that occur frequently with HIV infection, including tuberculosis, substance abuse, and malnutrition.

REQUESTED INCREASE

NORA requests an increase of \$39.4 million for a total appropriation of \$236 million for Title III to:

- serve people living with HIV who turn to CARE Act-funded providers after learning their HIV status under the CDC's new "Advancing HIV Prevention" initiative;
- address the increasing costs of providing primary health care services to more than 150,000 individuals;
- provide continued outreach to people of color, women, youth and other underserved communities who have historically lacked access to the health care system and who are not currently receiving HIV care and treatment for their disease;
- offer HIV prevention counseling and provide HIV testing to almost one-half million individuals in communities at highest risk for HIV, thereby helping those who are living with HIV to access treatment early and stay healthier longer;
- provide early intervention medical care service grants to those community-based organizations that were given planning grants in 2001 in an effort to stabilize infrastructures, expand service delivery capacity, and increase the quality of care to underserved communities of color;
- expand access to both on-site and referral specialty medical care for patients in care who face side effects directly related to their HIV treatments, including diabetes, heart disease, neuropathy, hypertension, renal and liver failure, and certain cancers; and
- address the increasing costs of providing social support services such as case management necessitated by the need to assist with adherence, housing shortages and persistent disability.

TITLE IV (PART D)

FY 2006 NORA Recommendation	\$113,250,000
FY 2006 President's Budget	\$72,530,000
FY 2005 Appropriation	\$72,530,000

ABOUT THE PROGRAM:

Title IV funds family-centered, comprehensive, culturally appropriate medical and social support services and access to research for children, youth, women, and families affected by HIV/AIDS. Funded programs are located in 35 states, the District of Columbia, and Puerto Rico. Title IV funded outreach programs locate pregnant women and offer prenatal care and HIV testing. Early testing and linkage to family-centered health care is critical to prevent transmission of HIV from mother to child. Title IV funding increases have not kept pace with the growth in the populations served by Title IV-funded programs. Title IV programs serve an essential coordinating function for other funds, including other CARE Act titles, Medicaid and other federal, state, and local dollars—leveraging these funds to create coordinated, family-centered, comprehensive systems of care.

HRSA administers Title IV funds through a competitive grant application process and directly funds approved programs in three-year cycles. In FY 2004, Title IV funded 91 grantees, including 17 grants focused on care and treatment service systems for adolescents. Grantees include community and faith-based organizations, medical schools, children's hospitals, and state and county health departments.

REQUESTED INCREASE

NORA requests a \$40.72 million increase for a total appropriation of \$113.25 million for Title IV services to:

- expand services at existing programs to underserved populations;
- fund new programs in areas with the greatest unmet need; and
- expand the adolescent initiative to recruit, serve, and retain more youth (ages 15-24) with HIV.

PART F: AIDS EDUCATION AND TRAINING CENTERS (AETCS)

FY 2006 NORA recommendation	\$45,000,000
FY 2006 President's Budget	\$35,032,350
FY 2005 appropriation	\$35,032,350

ABOUT THE PROGRAM:

Within the CARE Act, AETCs are responsible for building and maintaining a well-educated health professional work-force in the national effort to improve access to quality HIV treatment, care and prevention, reduce disparities, and enhance clinical capacity. While the AETC program has trained more than 1,000,000 HIV/AIDS providers, advances in HIV and AIDS prevention and treatment continues to increase in scope and complexity. AETC education and training efforts include professionals serving individuals in the most need for HIV care and prevention living in inner city, suburban, and rural settings.

Providers trained by the AETCs are more competent with regard to HIV issues and more willing to treat persons living with HIV than other care providers. The program consists of 11 university-based and, four national centers, and a nationwide network of over 70 local training sites at universities and associated organizations serving all 50 states, Puerto Rico, the District of Columbia, and the U.S. territories.

The AETCs offer specialized clinical education and consultation covering up-to-date information on the transmission, treatment, and prevention of HIV/AIDS to front-line healthcare providers including physicians, nurses, physician assistants, dentists and pharmacists. The AETCS provide education in a variety of formats including skills building workshops, hands-on preceptorships and mini-residencies, on-site training, and technical assistance. Clinical faculty also provides timely clinical consultation in person, or via the telephone or internet. Based in leading academic centers across the country, the AETCs use nationally recognized faculty and HIV researchers in the development, implementation, and evaluation of the education and training offered.

REQUESTED INCREASE

NORA requests an increase of \$10 million for a total appropriation of \$45 million for the AETCs.

PART F: DENTAL REIMBURSEMENT PROGRAM

FY 2006 NORA recommendation	\$19,000,000
FY 2006 President's Budget	\$13,300,000
FY 2005 Appropriation	\$13,300,000

ABOUT THE PROGRAM:

Many people living with HIV/AIDS who require dental services cannot afford routine dental care, even at the reduced fee schedules available at dental schools and dental education clinics in teaching hospitals. The HIV/AIDS Dental Reimbursement Program supports access to oral health care for individuals with HIV infection by reimbursing dental education programs for non-reimbursed costs incurred in providing such care. This care includes diagnostic, preventive, oral health education and health promotion, restorative, periodontal, prosthodontic, endodontic, oral surgery, and oral medicine services. By offsetting the costs of non-reimbursed HIV care in dental education institutions, the Dental Reimbursement Program addresses the dual goals of improving access to oral health care and training new generations of dental and dental hygiene students, and dental residents to manage the oral health care of persons with HIV.

Institutions eligible for reimbursement are dental schools, post-doctoral dental education programs such as hospital-based residencies, and dental hygiene education programs that are accredited by the Commission on Dental Accreditation and have documented non-reimbursed costs incurred in providing oral health care to HIV-positive persons.

REQUESTED INCREASE

NORA requests an increase of \$6 million for a total appropriation of \$19 million for the Dental Reimbursement Program to address the unmet oral health care needs of people with HIV/AIDS by encouraging partnerships between dental schools and communities without a dental education program. In these partnerships dental students or residents could provide treatment for HIV/AIDS patients in underserved communities under the direction of a community-based dentist who would become adjunct faculty.

Encouraging dental educational institutions to partner with community-based providers will help to address the unmet need in areas without a dental school. As a result of the extended eligibility for Dental Reimbursement funding to dental hygiene education programs additional funding is needed to ensure that all dental programs under the CARE Act are adequately funded.

SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

The Special Projects of National Significance (SPNS) program is funded through a capped percentage of other CARE Act provisions (see below), therefore NORA has no request for additional funds.

ABOUT THE PROGRAM:

The SPNS program is the research and development arm of the CARE Act; SPNS advances knowledge and skills in the delivery of HIV-related health and support services to underserved populations. SPNS grants fund innovative models of care, support the development of effective HIV care delivery systems, provide the mechanism to assess the effectiveness of particular models of care, and promote replication of effective models. In order to meet program goals, funded organizations necessarily contain a strong evaluation component and disseminate information necessary for effective replication.

SPNS projects target the delivery of services to historically underserved populations and provide grants for the development of model approaches. SPNS is funded through a percentage tap of the amounts appropriated to Title I, Title II Core, Title III, and Title IV of the CARE Act; SPNS funding is capped at \$25 million per year. HRSA distributes SPNS funds through competitive grants to individual organizations and collaborative projects. Currently, SPNS funds 72 grants to community and university clinics, community-based organizations, evaluation centers, and local and state health departments.

REQUESTED INCREASE:

NORA recognizes the vital role that the SPNS program plays in providing ongoing availability and continuity of services for underserved populations through the development and dissemination of innovative programs and models. NORA, therefore, continues to support setting aside a percentage of the CARE Act budget for SPNS to support the development and evaluation of innovative programs and services, including programs for HIV case management and the integration of HIV health and supportive services for American Indians, Alaska Natives, and Native Hawaiians.

BUREAU OF PRIMARY HEALTH CARE

CONSOLIDATED HEALTH CENTERS PROGRAM

FY 2006 NORA Recommendation	\$2,037,900,000
FY 2006 President's Budget	\$2,037,900,000
FY 2005 Appropriation	\$1,734,300,000

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

Health centers are private, not-for-profit health care providers that deliver high quality, cost-effective and comprehensive primary and preventive care to 15 million people each year, nearly 6 million of whom are uninsured. Currently, over 1,000 health centers serve more than 3,600 urban and rural communities across the country. Nearly three-quarters of health centers provide a wide array of services to persons living with HIV/AIDS in collaborations with local health care providers and facilities. These services include:

- primary medical care;
- specialty medical care including referrals;
- outpatient and residential substance abuse treatment and counseling;
- referrals to clinical trials;
- mental health counseling;
- oral health care;
- outpatient and ambulatory support services; and
- case management.

In 2002, community health centers provided 317,699 medical visits for 63,256 people living with HIV and provided 312,000 HIV antibody tests.

Federal law requires health centers to be located in federally designated Medically Underserved Areas (MUAs). The MUAs contain a total population of 53 million. In 2002, 38.9 percent of all health center patients were uninsured, 35.5 percent depended on Medicaid and the State Children's Health Insurance Program (SCHIP), and only 15.2 percent had private insurance. Health centers serve patients who face additional barriers to care, including homeless individuals, individuals in public housing, and migrant and seasonal farm workers. Those with HIV depend on health centers for risk-reduction and care and treatment services

REQUESTED INCREASE

NORA requests an additional \$304 million for a total appropriation of \$2.037 billion for the Consolidated Health Centers in order to work towards the goal of doubling the number of individuals served by health centers by 2006 and beginning the President's second health center initiative.

BUREAU OF MATERNAL AND CHILD HEALTH

TITLE V (MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT)

FY 2006 NORA Recommendation	\$755,000,000
FY 2006 President's Budget Request	\$723,900,000
FY 2005 Appropriation	\$723,900,000

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

Title V requires states to provide ongoing access to comprehensive perinatal care for women, including preventative and child care services, which, based on state discretion, can include family planning and HIV counseling and testing for pregnant women. Over 2 million women received Title V supported services in 2001, 49 percent of whom were covered by Medicaid, and 9 percent who were uninsured. Special projects target underserved urban and rural areas with efforts at the community level that promote collaboration between public and private sector professionals, leaders, and health care providers. These services are particularly important due to increases in the incidence of HIV among adolescents and hard-to-reach populations, as well as increases in rural areas. Title V is often the health safety net for those who have little or no access to health care.

The Title V Maternal and Child Health Services Block Grant Program has three components: Formula Block Grants, Special Projects of Regional and National Significance, and Community Integrated Service Systems (CISS) Grants.

REQUESTED INCREASE

NORA requests an increase of \$22 million or three percent for a total appropriation of \$755 million for Title V in order to:

- provide services for more of the 12 million children with special health care needs who do not have comprehensive insurance, adequate access to specialty care, or family support services;
- Meet current demands. The number served by the MCH block grant increased by 1 million (3%) between 2002 and 2003, growing from 27 million to 28 million.
- recruit and retain health care providers in underserved urban and rural communities to strengthen the safety net;
- establish demonstration projects that would enable states and communities to demonstrate public-private partnership projects to improve access to dental care for uninsured children as well as SCHIP and Medicaid beneficiaries; and
- develop education and screening programs at elementary and secondary schools.

SUPPLEMENTAL PROGRAMS

TITLE X (FAMILY PLANNING)*

FY 2006 NORA Recommendation	\$350,000,000
FY 2006 President's Budget	\$286,000,000
FY 2005 Appropriation	\$286,000,000

*Appropriations Bill: Labor/Health and Human Services/Education (*Although the Title X budget line is located within HRSA, the funds are administered by the Office of Family Planning within the Office of Population Affairs in the Office of Public Health and Science.)*

ABOUT THE PROGRAM:

The Title X program provides the framework for family planning service delivery throughout the U.S., while recognizing the need for local flexibility. Title X supports a nationwide network of more than 4,600 clinics providing services that prevent unintended pregnancies; reduce the number of abortions; lower rates of STDs, including HIV; and improve men's and women's health. Clinics receiving Title X funds provide a range of preventive health services, including

- contraceptive services;
- gynecological exams;
- pregnancy testing;
- screening for cervical and breast cancer;
- screening for high blood pressure, anemia, and diabetes;
- screening for STDs, including HIV;
- basic infertility services;
- health education; and
- referrals for other health and social services.

Title X-funded clinics play a critical role in addressing the prevention of HIV by providing confidential HIV prevention education and counseling, screening, and referral for treatment. Eighty-five percent of family planning agencies test for HIV, while 35 percent provide treatment services.^{xxii} Title X-funded clinics are more likely than other providers to offer special programs for teenagers, including initiatives aimed at encouraging adolescents to postpone sexual activity and improving communication between parents and their children.^{xxiii}

REQUESTED INCREASE

NORA requests a \$64 million increase for a total appropriation of \$350 million for Title X. Additional Title X funds will:

- allow providers to better meet the increasing cost of family planning and STD-related services, reach out to new populations, and serve the growing population of U.S. residents uninsured as a result of the economic downturn and the financial squeeze on state Medicaid budgets;
- expand availability of and better integrate HIV counseling testing and referral services into the family planning system; and
- increase outreach and services to males—currently, reported male clients represent only three percent of all users of Title X family planning services.

Indian Health Service

HIV/AIDS PROGRAM

FY 2006 NORA Recommendation:	\$10,000,000
FY 2006 President's Budget:	\$2,790,000*
FY 2005 Appropriation	\$2,680,000

Appropriations Bill: Labor/Health and Human Services/Education

*The budget for the IHS AIDS Program is allocated by the IHS from their overall budget and not by Congress.

ABOUT THE PROGRAM:

IHS operates a health service delivery system for approximately 1.6 million of the estimated 2.6 million American Indians and Alaska Natives in the U.S. Services are provided directly and through tribally contracted and operated health programs. The federal system consists of 36 hospitals, 61 health centers, 49 health stations, five residential treatment centers, and 34 urban health projects. American Indian tribes and Alaska Native corporations administer 13 hospitals, 158 health centers, 28 residential treatment centers, 76 health stations and 170 Alaska village clinics.

The IHS HIV/AIDS program supports HIV risk assessment, education and prevention programs in American Indian/Alaska Native (AI/AN) communities, and treatment for those living with HIV/AIDS. To date, however, the program has played only a minor role in funding HIV/AIDS projects for Native Americans. The IHS HIV Center for Excellence is a clinically based center for HIV care, treatment, research, and intervention located at the Phoenix Indian Medical Center and serving area tribal and IHS facilities. A portion of IHS' annual appropriation is allocated through tribal shares. All HIV/AIDS funds are allocated through tribal shares.

REQUESTED INCREASE

NORA supports a \$10 million allocation from within the IHS to support their HIV/AIDS program, including:

- improved HIV/AIDS surveillance systems in tribal communities;
- salaried HIV/AIDS coordinators at IHS facilities; and
- comprehensive HIV/AIDS care and treatment at IHS facilities.

National Institutes of Health (NIH)

AIDS Research coordinated through the OFFICE OF AIDS RESEARCH (OAR)

CURRENT NEED:

FY 2006 NORA Recommendation:	\$ 3,100,000,000
FY 2006 President's Budget:	\$ 2,932,992,000
FY 2005 Appropriation:	\$ 2,920,551,000

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

Each NIH institute and center supports HIV/AIDS-related research activities consistent with its individual mission. HHS established the Office of AIDS Research (OAR) in 1988 to coordinate the AIDS research effort across NIH and serve as a focal point for AIDS policy and budget development. The NIH Revitalization Act of 1993 gave the OAR broad new authority. The OAR's legislative mandate is to "plan, coordinate and evaluate research and other activities conducted or supported by" NIH. OAR is responsible for the annual comprehensive planning and budgeting process for all NIH AIDS research and for preparation of a presidential bypass budget. The act also requires OAR to periodically evaluate the AIDS activities of each of the institutes and centers.

NIH AIDS research is divided into 12 areas of emphasis: Natural History and Epidemiology, Etiology and Pathogenesis, Therapeutics, Vaccines, Behavioral and Social Science, Microbicides, HIV Prevention Research, Racial and Ethnic Minorities, Women and Girls and HIV/AIDS, International Research, Training and Infrastructure, and Information Dissemination. NIH AIDS funds are distributed across 24 institutes and centers within the NIH. Those funds are then used for both extramural and intramural research.

REQUESTED INCREASE

NORA supports a budget of \$ 3.1 billion for AIDS research at the NIH coordinated through the Office of AIDS Research. Increased investments in AIDS research are justified because:

- effective interventions that reduce HIV transmission have a multiplier effect on disease incidence, compared to non-transmissible diseases;
- significant interventions within reach scientifically include vaccines, drugs, microbicides, blood tests, perinatal transmission prevention, needle exchange, and behavioral interventions;
- new products, once developed, provide long-term benefits;
- transmission of HIV in the U.S. is not decreasing and may be increasing in certain high-risk populations. Globally, HIV is infecting 5 million people per year. Three million people around the world died last year. These numbers will only go up until we have better prevention, better treatments or a cure, and a safe, effective, widely deployed vaccine; and
- NIH AIDS research has been a driving force in the emerging biotechnology industry.

Office of the Secretary (OS)

OFFICE OF PUBLIC HEALTH AND SCIENCE (OPHS)

OFFICE OF HIV/AIDS POLICY (OHAP)

CURRENT NEED	\$5,000,000
FY 2006 NORA Recommendation	\$2,000,000
FY 2006 President's Budget	\$0
FY 2005 Appropriation	\$0

Appropriations Bill: Labor/Health and Human Services/Education.

*Currently, there is no appropriation for this office, they receive their funds from the office of public health and science.

ABOUT THE PROGRAM:

The Department of Health and Human Services is responsible for over \$5.5 billion of HIV/AIDS-specific funding, as well as substantial other funds for HIV/AIDS-related services within other HHS programs. HHS requires a strong, well-resourced central HIV/AIDS office to develop policies and priorities and serve as a focal point for HIV/AIDS issues within HHS.

OHAP's major functions include:

- advising senior HHS officials on HIV/AIDS budget development;
- advising HHS health agencies on HIV/AIDS priorities for prevention, research, care and treatment services, training, information, and structural organization;
- promoting coordination and collaboration among HHS health agencies on HIV/AIDS activities to improve program efficiency and progress in the areas of research, surveillance and prevention, and care and treatment; and
- liaising with other Federal departments and agencies to inform and advise on appropriate measures for addressing HIV/AIDS issues.

REQUESTED INCREASE

NORA requests \$2 million be directly budgeted to OHAP so that the office can:

- evaluate HHS agencies activities as it impacts the HIV/AIDS epidemic;
- educate local communities about how HHS operates and appropriate funding opportunities for their programs;
- conduct site visits of community initiatives and programs;
- enter into more dialogue at the local, regional, and national levels about community needs, service gaps, and model services;
- expand recruitment of local experts to participate in grant reviews;
- provide training and support on grant writing;
- expand opportunities to conduct education about HIV/AIDS and coordinate HIV/AIDS initiatives within HHS; and
- participate in national, regional, and local conferences.

Substance Abuse and Mental Health Services Administration (SAMHSA)

CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT

FY 2006 NORA Recommendation	\$1,847,000,000
FY 2006 President's Budget	\$1,776,000,000
FY 2005 Appropriation	\$1,776,000,000

ABOUT THE PROGRAM:

One of CSAT's critical functions is to administer the Substance Abuse Prevention and Treatment Block Grant (CSAT) program, which is the cornerstone of the nation's drug treatment and prevention system. Managed by State Substance Abuse Agencies, also known as Single State Authorities (SSAs), the program supports treatment services for individuals whose health insurance does not cover alcohol and drug services or who have no insurance and are unable to pay for those services themselves. Overall, public funding—federal, state, and local—accounts for 76 percent of annual spending for alcohol and drug treatment.^{xxiv} The SAPT Block Grant is the foundation of this support, representing about 40 percent of State expenditures for substance abuse services managed by Single State Authorities. The SAPT Block Grant program provides funding to over 10,500 community-based organizations and serves 2 million people. By statute, 20 percent of the Block Grant is set aside for prevention. These prevention services help large numbers of people avoid alcohol and drug problems and the increased risk for HIV/AIDS. States and SAMHSA are working together to report a consistent set of core performance and outcome measures on SAPT Block Grant funds.

CSAT's PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE

FY 2006 NORA Recommendation:	\$472,000,000
FY 2006 President's Budget:	\$447,100,000
FY 2005 Appropriation	\$422,400,000

ABOUT THE PROGRAM

CSAT also plays a crucial leadership role in steering resources to underserved populations and meeting emerging needs. The two major program categories in its Programs of Regional and National Significance portfolio include the Targeted Capacity Expansion (TCE) program and Best Practices program. For example, SAMHSA is proposing \$60.8 million for the TCE program's Minority HIV/AIDS initiative in order to expand capacity for programs that provide outreach and substance abuse treatment for African American, Latino/Hispanic, and other racial and ethnic minority populations which have been disproportionately affected by substance abuse and HIV/AIDS. Another program, the drug treatment voucher initiative, called Access to Recovery (ATR), provides funding to states to support innovative voucher programs to expand access to drug and alcohol treatment services, increase consumer choice among providers, and measure service effectiveness. The program represents a third funding stream and serves as an adjunct to the existing treatment funding mechanisms of the Block Grant and Target Community Expansion grants to ensure continued growth and service expansion.

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE

FY 2006 NORA Recommendation	\$210,000,000
FY 2006 President's Budget	\$184,300,000
FY 2005 Appropriation	\$198,700,000

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

CSAP provides grants to states, local governments, and service providers to fund programs that expand the reach of prevention services and to implement new evidence-based service models. Targeted Capacity Expansion (TCE) programs at CSAP address current and anticipated gaps in the availability of drug and alcohol prevention services, seeking to ensure that every community has the ability to implement effective prevention. A top priority for CSAP is the Strategic Prevention Framework State Incentive Grant (SPFSIG) program. The SPFSIG program helps states develop the necessary infrastructure that is needed to better serve our communities.

The Administration is proposing to invest approximately \$39.4 million in FY 2006 for CSAP's Substance Abuse Prevention and HIV Prevention in Minority Communities Services Grants. This initiative would support 139 grants in order to increase prevention services capacity in minority communities, which are disproportionately impacted by HIV/AIDS.

REQUESTED INCREASE

NORA requests an additional \$71 million for a total appropriation of \$1.847 billion for the Substance Abuse Prevention and Treatment Block Grant. In addition, NORA requests an additional \$50 million for the Center for Substance Abuse Treatment's Programs of Regional and National Significance, for a total appropriation of 472 million, and \$11.3 million for the Center for Substance Abuse Prevention, for a total appropriation of \$210 million.

Substance Abuse and Mental Health Services Administration (SAMHSA)

MENTAL HEALTH SERVICES BLOCK GRANT

FY 2006 NORA Recommendation	\$471,500,000
FY 2006 President's Budget	\$432,800,000
FY 2005 Appropriation	\$432,800,000

CENTER FOR MENTAL HEALTH SERVICES (CMHS)

(PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE)

FY 2006 NORA Recommendation	\$191,800,000
FY 2006 President's Budget	\$144,100,000
FY 2005 Appropriation	\$176,700,000

Appropriations Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

The Community Mental Health Services Block Grant supports comprehensive, community-based care for adults with serious mental disorders and children with serious emotional disturbances. The program is the cornerstone of the federal partnership with states to plan and deliver state-of-the-art, community-based mental health services through outreach, mental and other health care services, individualized supports, rehabilitation, employment, housing, and education.

CMHS is developing programs to provide mental health services for individuals, their families, and others who may experience severe psychological distress as a result of their diagnosis and to identify models of effective mental health services delivery for people with HIV/AIDS. CMHS trains mental health providers to identify and treat people with mental illnesses who may be at increased risk for HIV/AIDS. It also trains primary health care and support services providers to recognize, refer, and treat people with emotional trauma, depression, anxiety, severe mental disorders, and dementia associated with HIV/AIDS. One CMHS HIV-specific initiative is the Minority HIV/AIDS Initiative, which is providing direct services for mental health disorders related to HIV, including dementia, depression, and the chronic, progressive neurological disabilities that often accompany HIV disease. The initiative began offering direct services for the first time in 2002 at 21 sites serving communities of color around the country, and each site is required to provide services to at least 100 clients during the year.

REQUESTED INCREASE

NORA requests a total appropriation of \$471.5 million for the Mental Health Services Block Grants, and an additional \$15.1 million for a total appropriation of \$191.8 million for the CMHS Programs of Regional and National Significance.

Substance Abuse and Mental Health Services Administration (SAMHSA)

CENTER FOR MENTAL HEALTH SERVICES (CMHS) AND CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS (GBHI)*

FY 2006 NORA Recommendation:	\$42,500,000
FY 2006 President's Budget:	\$34,400,000
FY 2005 Appropriation:	\$40,100,000

(*GBHI funds come from both the CMHS and CSAT budgets; CSAT manages the program.)

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)**

FY 2006 NORA Recommendation	\$59,800,000
FY 2006 President's Budget:	\$54,809,000
FY 2005 Appropriation:	\$54,809,000

Appropriations Bill: Labor/Health and Human Services/Education

(**PATH has a separate line in the SAMHSA budget. CMHS manages the program.)

ABOUT THE PROGRAM:

GBHI

The GBHI program provides access to addiction and mental health services to people experiencing homelessness, who may also have HIV/AIDS. Many mainstream addiction and mental health service providers are not equipped to handle complex social and health conditions of the homeless population. As a result, people experiencing homelessness face major barriers to accessing, utilizing, and succeeding in mainstream addiction and mental health services. In addition, many service providers are not typically linked to the full range of health, housing, social, and maintenance services that homeless people with addictions and mental illnesses require for recovery and residential stability. GBHI received its first funding in FY 2001.

PATH

The PATH program makes funds available to states to assist them in providing outreach, screening and diagnosis, habilitation and rehabilitation, community mental health services, addiction treatment (for people with co-occurring addictions and mental illnesses), case management, residential supervision, and housing services for homeless people with serious mental illness. States select the services that best respond to local needs. In FY 2003, 432 PATH-funded providers from all 50 states and the territories served 77,384 people.

REQUESTED INCREASE

NORA requests an increase of \$2 million for a total appropriation of \$42.5 million for GBHI and an increase of \$5 million for a total appropriation of \$59.8 million for PATH to expand the capacity of communities nationwide to provide much-needed mental health and substance abuse addiction services to persons experiencing homelessness.

Department of Education

Office of Special Education and Rehabilitative Services (OSERS)

REHABILITATION SERVICES ADMINISTRATION (RSA)

PROTECTION & ADVOCACY FOR INDIVIDUAL RIGHTS (PAIR)

FY 2006 NORA Recommendation	\$22,000,000
FY 2006 President's Budget	\$16,600,000
FY 2005 Appropriation	\$16,600,000

Appropriation Bill: Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

The Rehabilitation Act of 1992 established the PAIR program to serve people with disabilities who were ineligible for other federal legal programs. PAIR provides legal support services for people with disabilities, including those with HIV. Among the funded services are information and referral to counseling and negotiation, representation in administrative proceedings, individual legal advocacy, and class action litigation.

PAIR funding is distributed through a formula grant program to the 57 Protection and Advocacy programs throughout the country. In FY 2004, PAIR provided legal assistance to approximately 16,012 individuals, including 205 people living with HIV/AIDS in all 50 states, the District of Columbia, Puerto Rico, the territories, and the Native American consortium.

REQUESTED INCREASE

NORA requests a \$5.4 million increase for a total appropriation of \$22 million for PAIR to:

- assure that all people living with HIV/AIDS are able to receive PAIR services;
- assure that the full range of legal services are available to people living with HIV/AIDS; and
- provide legal services to people living with HIV/AIDS where there are no established HIV/AIDS service programs.

Department of Housing and Urban Development (HUD)

OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT (OCPD)

HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)

CURRENT NEED	\$2,881,372,000*
FY 2006 NORA Recommendation	\$385,000,000*
FY 2006 President's Budget	\$268,000,000.
FY 2005 Appropriation	\$282,000,000

Appropriations Bill: Transportation, Treasury, Housing and Urban Development, the Judiciary and the District of Columbia.

ABOUT THE PROGRAM:

The only federal program dedicated to the housing needs of persons living with HIV/AIDS and their families, HOPWA provides housing assistance and related services for low-income people with HIV/AIDS and their families. HOPWA funds are used for a wide range of housing, social services, program planning, and development costs, including the acquisition, rehabilitation, or construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. HOPWA funds also may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services.

HOPWA funds are dispersed through three mechanisms:

- The HOPWA Formula Program allocates 90 percent of HOPWA funds to states and cities with populations of more than 500,000 and 1,500 cumulative AIDS cases.
- The HOPWA Competitive Program is a national competition to select model projects or programs in areas that do not receive formula funds.
- The HOPWA National Technical Assistance Funding awards are provided to strengthen the management, operation, and capacity of HOPWA grantees, project sponsors, and potential applicants of HOPWA funding.

HOPWA resources are coordinated with other federal, state, local, and private funds through a community's Consolidated Plan. Grant recipients are also encouraged to develop community-wide comprehensive strategies and to form partnerships with area non-profit organizations, including faith-based organizations, to provide housing assistance and related services for eligible people with HIV/AIDS.

REQUESTED INCREASE

NORA requests a \$103 million increase for a total appropriation of \$385 million for HOPWA to:

- reduce waiting lists for HOPWA-funded housing;
- increase the capacity of communities to develop new housing for poor individuals with HIV/AIDS and their families;
- provide housing voucher support; and

- provide a minimal level of social services to keep people in their housing and supplement care available through other sources.

**Documentation and recommendation of the National AIDS Housing Coalition January 2005.*

MCKINNEY-VENTO HOMELESS ASSISTANCE GRANTS

FY 2006 NORA Recommendation: \$1,572,000,000

FY 2006 Presidents Budget: \$1,440,000,000

FY 2005 Appropriation: \$1,241,000,000

Appropriations Bill: Transportation, Treasury, Housing and Urban Development, the Judiciary and the District of Columbia.

ABOUT THE PROGRAM:

The HUD McKinney-Vento Homeless Assistance Grants fund services for almost 230,000 homeless people in the U.S. at any given time. A survey of people living with HIV/AIDS found that 36 percent had experienced homelessness since learning their HIV status.^{xxv} The most conservative estimates are that three percent of homeless people are living with HIV, a much higher rate than the population in general. The McKinney-Vento programs provide shelter, temporary housing, and permanent housing, which are key to improving the health of homeless people with HIV/AIDS. The programs use federal money to leverage other funds to build and staff temporary and permanent housing for homeless people with disabilities and operate programs that provide employment assistance, mental health care, substance abuse treatment, case management, and other services that move people out of homelessness.

HUD grants funds to state and local governments and nonprofit organizations on a competitive basis. The criteria for awarding funds prioritize broad geographic distribution. HUD encourages each local community to undertake a planning process that brings together agencies that are applying for funding and ranks applications from that community based on locally-developed priorities.

REQUESTED INCREASE

NORA requests an increase of \$331 million for a total appropriation of \$1.572 billion for the McKinney-Vento Homeless Assistance Grants Program. Additional funds will be used for a range of needs based on locally identified priorities, but are likely to focus largely on providing permanent housing for people who have been homeless for the longest periods of time. The requested increase is sufficient to develop 15,000 additional units of supportive housing, while fully funding existing homelessness programs.

Global HIV/AIDS Programs

President's Emergency Plan for AIDS Relief (PEPFAR)

CURRENT NEED	\$6,700,000,000
GLOBAL FUND NEED	\$1,500,000,000
FY 2006 NORA Recommendation:	\$4,612,200,000
FY 2006 President's Budget:	\$3,159,880,000
FY 2005 Appropriation:	\$2,895,200,000

Appropriations Bills: Foreign Operations, Export Financing, and Related Programs; and Labor/Health and Human Services/Education

ABOUT THE PROGRAM:

In his 2003 State of the Union address, President Bush highlighted the need to combat the global AIDS pandemic and unveiled the President's Emergency Plan for AIDS Relief (PEPFAR). The plan authorizes \$15 billion in resources to be spent on the global HIV/AIDS fight over the next five years, including \$10 billion in new resources. Funding started at \$2.4 billion in FY 2004 and ramped up to \$2.9 billion in FY 2005.

According to the Administration, this initiative is intended to:

- prevent 7 million new infections;
- provide antiretroviral drugs to 2 million HIV-infected people; and
- care for 10 million HIV-infected individuals and orphans.

PEPFAR focuses on fifteen key countries in Africa, Asia, and the Caribbean: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia. In each of these countries, the U.S. will work with private groups and willing governments to develop a comprehensive system for AIDS diagnosis, prevention, and treatment. This initiative is coordinated through an ambassador-level position at the Department of State. This coordinator evaluates the federal government's global AIDS programs across all departments and then directs funding to programs believed to have the greatest impact.

Funds for PEPFAR are appropriated to the Department of State. PEPFAR also supports the Global Fund to Fight AIDS, Tuberculosis, and Malaria and programs at the U.S. Agency for International Development and the Centers for Disease Control and Prevention, as described below.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA

The Global Fund to Fight AIDS, Tuberculosis, and Malaria is an innovative funding mechanism designed to attract, manage, and disburse resources through a new public-private partnership. The fund's purpose is to make a sustainable and significant contribution to the reduction of infections, illness, and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis, and malaria in countries in need.

The fund selects proposals to fund through a competitive process based on many different criteria but greatest priority will be given to areas that have the greatest burden of disease, while giving due attention to areas where there are growing epidemics. All country governments make contributions to the fund and grants are approved following the review of proposals by a technical review panel. The U.S. currently chairs the fund's board and has significant input into final grant decisions.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

USAID is currently working intensively in approximately 50 countries, the majority being in Africa. In the past five years through work with host country governments and community groups, USAID provided intensive AIDS education to over 25 million vulnerable men and women, helping them to reduce their risk of HIV infection. To accomplish this task, USAID trained over 180,000 new counselors and educators.

USAID's response to HIV/AIDS worldwide has four main programmatic cornerstones: targeted prevention; expanding care, treatment and support; supporting orphans and vulnerable children; and increasing surveillance capacity to track the epidemic. Nearly 70 percent of USAID's HIV/AIDS program assistance goes to small non-governmental organizations that have direct connections to the poorest of the poor and those most vulnerable to infection.

CDC/GLOBAL AIDS PROGRAM (GAP)

CDC currently has initiatives in 24 countries in Africa, Asia, the Caribbean and South America, with resident staff working in 17 of those countries. The CDC's program works very closely with colleagues at the Health Resources and Services Administration (HRSA) to develop care and treatment programs.

CDC's Global AIDS Program's overall objectives are to:

- reduce HIV transmission through primary prevention of sexual, mother-to child, and blood transmission;
- improve community- and home-based care and treatment of HIV/STDs and opportunistic infections; and
- strengthen the capacity of countries to collect and use surveillance data and to manage national HIV/AIDS programs.

CDC focuses its work in three areas: infrastructure and capacity development, primary prevention, and care and treatment.

REQUESTED INCREASE

NORA requests an additional \$1.7 billion over the President's proposed budget for global HIV/AIDS programs. Such an increase is warranted because the President has pledged \$15 billion over five years for global AIDS programs, of which FY 2006 is year three.

Of the \$3.2 billion requested by the president in FY 2006, \$1.87 billion would be used by the Office of the Global AIDS Coordinator to carry out the focused program of integrating treatment, care and prevention in the 15 countries that are home to approximately 50 percent of the HIV infections in the world. \$300 million is designated to support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Additional resources are required to meet the program's stated five-year goals of:

- preventing 7 million new HIV infections, including HIV transmission between mothers and newborns;
- treating 2 million people living with HIV/AIDS with effective medicines, including anti-retrovirals and antibiotics; and
- caring for 10 million HIV-infected individuals and AIDS orphans

Endnotes

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Acronyms For Federal Departments, Agencies, And Programs

ACF:	Administration for Children and Families
ADAP:	AIDS Drug Assistance Program (CARE Act)
AETC:	AIDS Education and Training Center (CARE Act)
CARE Act:	Ryan White Comprehensive AIDS Resources Emergency Act
CDC:	Centers for Disease Control and Prevention
CHCP:	Consolidated Health Centers Program
CMHS:	Center for Mental Health Services (SAMHSA)
CRTI:	Crisis Response Teams Initiative (OHAP)
CSAP:	Center for Substance Abuse Prevention (SAMHSA)
CSAT:	Center for Substance Abuse Treatment (SAMHSA)
DASH:	Division of Adolescent and School Health (NCCDPHP)
DHAP:	Division of HIV/AIDS Prevention (NCHSTP)
DOE:	Department of Education
DSTD:	Division of STD Prevention (NCHSTP)
DTBE:	Division of TB Elimination (NCHSTP)
EOP:	Executive Office of the President
FDA:	Food and Drug Administration
FYSB:	Family and Youth Services Bureau (ACF)
GAP:	Global AIDS Program (NCHSTP)
HAB:	HIV/AIDS Bureau (HRSA)
HHS:	Department of Health and Human Services
HOPWA:	Housing Opportunities for People with AIDS (HUD)
HRSA:	Health Resources Services Administration (HHS)
HUD:	Department of Housing and Urban Development
MHAI:	Minority HIV/AIDS Initiative (HHS)
NCCDPHP:	National Center for Chronic Disease Prevention and Health Promotion (CDC)
NCHSTP:	National Center for HIV, STD, and TB Prevention (CDC)
NCID:	National Center for Infectious Disease (CDC)

NIH:	National Institutes of Health
OAR:	Office of AIDS Research (NIH)
OCPD:	Office of Community Planning and Development (HUD)
OHAP:	Office of HIV/AIDS Policy (OPHS)
ONAP:	Office of National AIDS Policy (White House)
OPHS:	Office of Public Health and Science (OS)
OS:	Office of the Secretary (HHS)
OSERS:	Office of Special Education and Rehabilitative Services (DOE)
PAIR:	Protection & Advocacy for Individual Rights (RSA)
PATH:	Projects for Assistance in Transition from Homelessness (CMHS)
RHYA:	Runaway and Homeless Youth Act Programs (FYSB)
RSA:	Rehabilitation Services Administration (OSERS)
SAMSHA:	Substance Abuse and Mental Health Services Administration (HHS)
SPNS:	Special Projects of National Significance (CARE Act)
TLP:	Transitional Program for Homeless Youth (RHYA)
TPED:	Targeted Provider Education Demonstration (AETC)
USAID:	U.S. Agency for International Development
VA:	Department of Veterans Affairs
VHA:	Veterans Health Administration (VA)

AIDS Action Council has served as NORA's host and convener since its inception in 1987 and its Board of Directors wholeheartedly supports the contents of this book and the work of NORA – Washington DC's voice on HIV. The following Council members endorse the FY 2005 NORA Appropriations Recommendations and invite you to use this book for your advocacy and education efforts.

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See you on Capitol Hill!!

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