Summit on Black Lives

Black America's Response to the HIV/AIDS Epidemic

April 27, 2017

President Donald J. Trump
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Trump,

We the 44 undersigned organizations have joined together to formally request that the Administration and Congress address the urgent needs of African Americans living with and at risk for HIV infection by supporting robust investment in important federal HIV/AIDS programs.

From the onset of the disease in the early 1980s, HIV has severely and disproportionately impacted African Americans. Representing only about 12% of the U.S. population, African Americans account for more new HIV diagnoses (45%), people estimated to be living with HIV disease (40%) and HIV-related deaths (44%) than any other racial/ethnic group in the U.S. according to the Centers for Disease Control and Prevention (CDC). Among African Americans, Black gay, and bisexual men, women (cisgender and transgender), and youth have been the hardest hit by the HIV epidemic. According to disturbing data released by the CDC in February, among all African Americans with HIV in 2013, only 54% were receiving continuous medical care, and of those getting care, less than half had achieved viral suppression. In addition, Southern states account for an estimated 44% of all people living with an HIV/AIDS (PLWHA) diagnosis in the U.S., despite having only about one-third (37%) of the overall U.S. population.[1] This reality is specifically devastating to African Americans in the South, accounting for 54% of new HIV diagnoses in 2014.[2] The disproportionate impact and lack of culturally competent health care resources and education creates broad, systemic, socio-economic impacts on Black people living with HIV/AIDS (PLWHA), restricting their ability to live their healthiest lives and thrive. Your leadership is needed to turn around these disproportionate impacts, and to ensure high quality HIV health care is available and utilized effectively by our community.

As our nation engages in a critically important debate on the future, structure, and funding for the health care system of the United States, both public and private, we offer you the essential perspectives on the impact of proposed legislative actions and federal budget decisions on health care providers, and most importantly, those who serve Black PLWHA and those at risk for acquiring HIV. The federal government has produced a robust federal response to the epidemic, but the results have been unevenly distributed across our nation, resulting in persistent health disparities in the African American community as described above. We ask you to pick up the mantel of public health leadership and end the HIV/AIDS epidemic, both domestically and globally on your watch, building on the bipartisan investments and sound policy recommendations of past administrations. We the 44 undersigned organizations have joined together to petition the Administration and Congress to address the urgent needs of African Americans living with and at risk for HIV infection.

Summit on Black Lives: Black America's Response to the HIV/AIDS Epidemic **Background**

On February 2-4, 2017, African American HIV/AIDS health care providers, health policy experts and HIV community advocates from across the U.S. traveled to Washington, DC to strategize and develop a comprehensive public health policy agenda focusing on the health policy and social determinants concerns that must be addressed to end the HIV/AIDS epidemic. The Summit was convened by the National Black Justice Coalition (NBJC)—in collaboration with

[1] CDC: http://www.cdc.gov/hiv/library/reports/surveillance/
[2] CDC: https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf

the National Black Gay Men's Advocacy Coalition, SisterLove, the National Black Women's HIV/AIDS Network, and the Global Network of Black People Working in HIV. The meeting served as the first of a series of strategy sessions for Black leaders, under this umbrella, to create comprehensive solutions to eradicate the HIV/AIDS epidemic among African Americans. The *Summit on Black Lives: Black America's Response to the HIV/AIDS Epidemic* is a yearlong endeavor to ultimately produce a robust action plan to address and provide solutions to the current state of the epidemic and its impact on Black lives. The following public policy recommendations, federal funding requests, and next steps to strengthen our nation's response to the HIV/AIDS epidemic is the first part of this action plan to benefit African Americans and is fully supported by the undersigned organizations.

Ensuring Access to Affordable, Comprehensive, High Quality Benefits Health Insurance for Black Americans Living with HIV/AIDS

As Congress and the Administration engage in a policy debate on how to improve and expand access to affordable, high quality medications, and medical care for Americans, we ask that key elements of meaningful health insurance that provide access to quality health services be considered and prioritized.

- Recent HHS rulemaking potentially undermines the accessibility and affordability of health insurance by African Americans. The significant reduction in the open enrollment period to 6 weeks from 3 months deters low literacy, young, and healthy individuals, who frequently enroll at the last minute, from accessing health insurance. Targeted and concerted efforts to educate and enroll individuals in African American communities must be enhanced to ensure this change has no negative impact on Black Americans accessing health insurance.
- The weakening of the coverage required for the insurance tiers to allow plans to offer coverage that is 4% less generous than the metal standard will increase out of pocket costs for enrollees. Subsidies must cover this additional cost.
- Preauthorization of health insurance coverage for individuals who attempt to purchase outside of the open enrollment period to ensure they qualify for 'special enrollment requirements' undermines efforts to balance the insurance pools by increasing barriers to 'last minute' deciders, usually young, and healthy individuals. The goal of providing affordable, health insurance for all Americans requires flexibility, and the removal of enrollment barriers.
- Individuals with pre-existing conditions like HIV must have access to community rating which protects against high, differential and unaffordable health insurance premiums based on health condition.
- Existing federal subsidies and tax credits for affordable health insurance should be sustained and new subsidies and tax credits should be established to cover health insurance for middle income families and individuals for whom health insurance is still unaffordable.
- Essential benefits must be required for all health insurance plans to make health insurance coverage meaningful for all Americans. Ambulatory Care, Emergency Services, Hospitalization, Maternity and Newborn Care, Mental Health Services, Prescription Drugs, Rehabilitative Services and Devices, Laboratory Services, Pediatric Services, and Preventive Services, Wellness Services and Chronic Disease Treatment are all critically important to PLWHA.

Maintain Commitment to Ending HIV/AIDS by Providing Robust Funding & Resources for Domestic HIV/AIDS and Related Programs in the Federal Budget

The federal government continues to play a critically important role in leading our nation's response to the HIV/AIDS epidemic. Due to scientific breakthroughs from government sponsored research advances in HIV treatments and preventive methods like pre-exposure prophylaxis, or PrEP, we now have the tools to stop the spread of the virus and ultimately end new HIV infections in our nation and world. However, without federal investments and efforts to provide access to HIV testing, linkage to care and treatment, and other important services that assist PLWHA's ability to stay healthy, we will not be able to end the HIV/AIDS epidemic.

Due to sequestration and other budget constraints in recent years, domestic HIV/AIDS programs and other non-defense discretionary programs have been cut even as new HIV infections continue to climb in certain subpopulations like Black gay and bisexual men and the number of people needing care and treatment increases. Additionally, these HIV/AIDS programs continue to be heavily impacted in recent times due to the routine use of continuing resolutions to fund the federal government. The continuing resolution that our government is currently operating under is providing funding levels to these domestic HIV/AIDS programs well below their 2010 level, after adjusting for inflation. As such, our nation

is providing insufficient funds and resources to these critical programs that save and enhance the lives of PLWHA and those at risk.

The undersigned organizations to this letter support the following domestic HIV/AIDS programs described below and support the funding request from the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), with robust funding for funding the remainder of Fiscal Year (FY) 2017 and the full FY2018 appropriation bills:

(See ABAC funding chart at http://ow.ly/yc3h30aVJN7 for more detailed and historical funding levels for each program.) *[Note: Since the federal government is operating under a continuing resolution and final FY2017 appropriation funding levels are not known, the funding levels in the chart are based on FY2016 amounts. Several HIV/AIDS and related programs were proposed to be cut by the Senate in its FY2017 bill. Those proposed cuts are not reflected below. If any program were to be cut, ABAC's highest priority would be to immediately restore them in FY2018.]*

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program, acting as the federal payer of last resort, provides a comprehensive system of care that includes primary medical care, medications, and essential support services for approximately 533,000 PLWHA who are low-income, uninsured or underinsured. The success and responsiveness of the program is a testament to what strong government and community collaborations achieve, when the proper investments are made, and the proper support is given. The federal program works with states, cities, community-based clinics, and local support service organizations providing a partnership that provides a comprehensive set of services for low-income, uninsured, and underinsured people living with HIV. This program reaches approximately 52% of all people diagnosed with HIV in the United States and 83% of Ryan White clients have achieved viral suppression (versus 55% of people diagnosed with HIV nationwide)[3], which makes it nearly impossible for them to transmit HIV to others while improving their health. In addition Ryan White serves the most vulnerable PLWHA, including racial and ethnic minorities, who make up nearly three-quarters of Ryan White clients.

In recent years, the Ryan White Program has been able to provide care completion services to clients who have public or private insurance. About 80% of all Ryan White Program clients are covered by some form of health care insurance, including about half of clients being covered by Medicaid and/or Medicare.[4] However, public and private insurance programs do not always provide the comprehensive array of services required to meet the needs of individuals living with HIV/AIDS. Services critical to managing HIV, often inadequately covered by insurance, include case management; mental health and substance use services; adult dental services, medical transportation, benefits counseling, and nutritional support services. PLWHA have increasing access to insurance, but still experience cost barriers to full access and utilization of insurance, such as high premiums, deductibles, co-insurance and co-pays.

The Ryan White Program, particularly the AIDS Drug Assistance Program, assist in making insurance affordable for individuals, reducing costs to the program, and improving access to comprehensive and effective medical care and treatment. Many Ryan White Program clients live in states that have not expanded Medicaid and must rely on the Ryan White Program as their primary source of HIV/AIDS care and treatment funding. This is particularly true in the South where a substantial number of the African Americans living with HIV reside.

With a changing and uncertain healthcare landscape, continued funding for the Ryan White Program is critical to ensuring access to healthcare, medications, and essential supportive services.

- We support the continuation of Ryan White and stable funding as the payer of last resort and medical safety net to PLWHA who must sustain continuous care and treatment during any transition process. Ryan White ensures access to lifesaving medications and quality medical care, and supportive services to PLWHA. The program has a proven track record of getting and keeping people in care and virally suppressed, allowing treatment of HIV and viral suppression to become core components of the U.S. HIV prevention strategy to end the HIV epidemic.
- **We urge you to fund the Ryan White HIV/AIDS Program at a total of $2.465 billion in FY2018, an increase of $141.8 million over FY2016, distributed in the following manner: • Part A: $686.7 million • Part B (Care): $437 million • Part B (ADAP): $943.3 million • Part C: $225.1 million • Part D: $85 million • Part F/AETC: $35.5 million • Part F/Dental: $18 million • Part F/SPNS: $34 million**

[3] HRSA: https://hab.hrsa.gov/sites/default/files/hab/data/datareports/2015rwhapdatareport.pdf

[4] Ibid

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities continue to be severely and disproportionately impacted by HIV/AIDS in our nation. Minorities represent the majority of new HIV infections, PLWHA, and deaths among PLWHA. African Americans account for 44% of new HIV infections, and Latinos account for 24%. Asian Americans account for an additional 2% of new infections nationally. Alarmingly, the rate of new infections among African Americans is about 8 times that of whites, and the rate among Latinos is about 3 times that of whites.

Since its inception in 1998, the Minority AIDS Initiative (MAI) has been an indispensable tool in the effort to address unacceptable health disparities in communities of color. The MAI targets funds minority communities to address HIV/AIDS prevention, substance use, mental health services, HIV screening, HIV treatment education, and service outreach. These federal resources follow the epidemic and are coordinated with other health resources used in minority communities devastated by the HIV/AIDS epidemic.

- We support increased investments in MAI to address the persistent HIV disparities in African American and other people of color communities to make targeted improvements in health outcomes in these communities disproportionately impacted by HIV/AIDS.
- **We request that the MAI be funded at $610 million in FY2018, an increase of $183 million. Please note that most of these funds are contained within the budgets of the programs within the Department of Health and Human Services (HHS) described throughout the document.**

Housing Opportunities for People with HIV/AIDS (HOPWA)

The HOPWA program was reauthorized by the 114th Congress with a formula update that targets these scarce resources to communities most in need. It is the only HIV specific federal housing program directed at the needs of PLWHA. Housing is a structural intervention that promotes health and wellness and stabilization for PLWHA. Safe, affordable, housing plays an important role in helping to prevent new HIV infections, assisting in treatment adherence, and reduces HIV-related health complications.

- We strongly support HOPWA and continued investment in targeted HIV housing to historically marginalized communities. The reauthorized HOPWA requires additional targeted funds to prevent homelessness for over 3,000 households that will lose housing support as jurisdictions transition to the new formula.
- **We request that HOPWA be funded at $385 million, an increase of $50 million over FY2016.**

Office of AIDS Research at National Institutes of Health

The Office of AIDS Research (OAR), located within the National Institutes of Health (NIH), Office of the Director, Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), coordinates the scientific, budgetary, legislative, and policy elements of NIH HIV/AIDS research. The NIH represents the largest and most significant public investment in HIV/AIDS research in the world and must be supported with critical investments from the federal government to continue our progress to ending the HIV/AIDS epidemic and disproportionate impact of HIV on the African American population.

- We strongly support robust funding of federal dollars into OAR and NIH in order to support the necessary research efforts to continue to create novel treatments for PLWHA, and critical work on microbicides, vaccines, and a cure for HIV.
- **Consistent with the most recent Trans-NIH AIDS Research By-Pass Budget Estimate for FY2017, we ask that you request $3.225 billion for HIV research at the NIH in FY2018, an increase of $225 million.**

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) is an essential tool in the nation's ability to maintain and control the public health, monitoring diseases around the world and controlling the risks to U.S. to diseases and infections.

CDC- Disease Prevention, Data Collection and Epidemiology

- For 36 years, the CDC has been instrumental in the diagnosis, surveillance and epidemiology of HIV disease in the United States and internationally. CDC provides public health professional staff support and resources for research, epidemiology and surveillance functions internationally, and domestically within U.S. State and Local Public Health systems allowing them to track, test, diagnose, treat, and prevent outbreaks of disease that threaten the public health. The CDC is considered the best disease control and prevention entity in the world, providing

international support to countries attempting to control the spread of pathogens and disease. Behavioral and biomedical research efforts supported by the CDC have resulted in implementing research based, community interventions, and the use of medication that when taken regularly, prevents HIV acquisition through pre-exposure prophylaxis (PrEP). In addition, CDC tracks the trends in the HIV epidemic, identifying the people becoming infected, where they live, how old they are and other characteristics of individuals that may contribute to infection rates including environment, sexual orientation and identity, income, race/ethnicity and gender. This essential information allows localities to respond specifically to the characteristics of its HIV epidemic, ensuring that funds track the epidemic and are spent on the appropriate populations.

- **For FY2018, we request an increase of $67 million over FY2016 for a total of $822.7 million to support the CDC Division of HIV/AIDS Prevention (DHAP) and surveillance activities described above.**

CDC- Division of Adolescent Health (DASH)

- More than one in five new HIV infections is among young people between the ages of 13 and 24.[5] Young people, particularly Black gay, bisexual, and other men who have sex with men, are disproportionately affected by HIV. Specifically, 55% of youth aged 13 to 24 who were newly diagnosed with HIV were Black.[6] As the only federally funded adolescent program working to assist with HIV and other STD prevention efforts within our nation's schools, DASH is a unique source of support for our nation's schools, helping education agencies provide school districts and schools with the tools to implement high-quality, effective, and sustainable programs to reduce HIV, other STDs, unintended pregnancies, stigma around HIV and feelings of isolation among adolescents.
- **We request that the CDC Division of Adolescent and School Health receive a total of $50 million in FY2018, an increase of $16.9 million over FY2016.**

CDC- STD Prevention

- An essential component to our HIV prevention strategy must include appropriate investments in critical STD prevention programs at the CDC. Rates of chlamydia, gonorrhea, and syphilis have surged to a 20 year high; 2015 was the fourth year in a row of double digit increases of syphilis rates and congenital syphilis (syphilis transmitted from a woman to a fetus) have risen four-fold in the last three years. These increases threaten to undo progress made in HIV prevention. The CDC estimates that nearly 20 million new sexually transmitted infections occur every year in the U.S., half of which occur in young people aged 15-24, and account for $16 billion in health care costs. Drug resistant strains of sexually transmitted diseases are becoming more prevalent in the U.S. making treatment and cure for STDs more challenging for our public health systems. U.S. Public Health infrastructure has been continually strained by budget reductions at the federal and state levels. Health Departments across the country cannot appropriately address these growing, and more complex epidemics with decreasing resources.
- **We request an increase of $35 million for a total of $192.3 million for the CDC's Division of STD Prevention in FY2018.**

CDC- Viral Hepatitis Prevention

- There are nearly 55,000 new hepatitis transmissions each year, and the CDC estimates that between 2010 and 2014 the country saw a more than 150 percent increase in new hepatitis infections. Similar to the factors that resulted in the 2015 HIV and hepatitis C (HCV) outbreak in Scott County, Indiana, these new hepatitis infections are largely driven by increases in injection drug use. Of the nearly 5.3 million people living with hepatitis B (HBV) and/or HCV in the U.S., as many as 65 percent are not aware of their infection. HBV and HCV remain the leading causes of liver cancer, one of the most lethal and fastest growing cancers in America. In fact, according to the CDC the number of HCV-related deaths now surpasses the number of deaths associated for all 60 other notifiable infectious diseases combined. Co-infection levels among people living with HIV and HCV is 25 percent and 10 percent among individuals with HIV and HBV. Viral hepatitis is the leading cause of non-AIDS-related deaths in people co-infected with HIV and viral hepatitis. According to CDC surveillance data African Americans have among the highest rates of hepatitis infections and will benefit tremendously from further investment prevention activities directed at these communities.

  The CDC's Division of Viral Hepatitis (DVH) is currently funded at only $34 million for the entire country. This is nowhere near the estimated $308 million CDC estimates is needed for a national viral hepatitis program

[5] CDC: https://www.cdc.gov/hiv/group/age/youth/
[6] CDC: https://www.cdc.gov/hiv/group/age/youth/index.html

focused on decreasing mortality and reducing the spread of the disease. We have the tools to prevent this growing epidemic, but only with significantly increased funding can there be an adequate level of testing, education, screening, treatment and the surveillance needed to reduce new infections and eliminate hepatitis in the U.S.

- **We request an increase of $36 million above the FY2016 level, for a total of $70 million for the CDC's Division of Viral Hepatitis.**

CDC- Enhance the Prevention and Public Health Fund

- The Prevention and Public Health Fund was established to provide expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance healthcare quality. We oppose any efforts to reduce or eliminate this fund as it provides vital support for the preservation and promotion of our nation's public health, including efforts to combat infectious diseases like HIV across government agencies like the CDC.

Protect Access to Affordable and High Quality Public and Private Health Insurance

Current law has resulted in the dramatic increase in health insurance access and utilization for low-income, African Americans, PLWHAs, and other vulnerable and medically underserved populations. For the first time, free preventive health screenings have allowed earlier diagnosis of disease, and increased effective, successful treatment, improving health and reducing costs. The ability for individuals with pre-existing conditions to access affordable health insurance through the federal subsidy program has resulted in thousands of individuals getting proper health care for the first time either through Medicaid expansion, or private insurance marketplaces. The essential benefits, non-discrimination protections, and expansion of access to affordable health insurance, and novel prevention services, are important public policy advances that must not be harmed in new health care legislative proposals.

Retain Essential Health Benefits

The Essential Health Benefits requirement for health insurance to provide preventive and wellness services like HIV/STD screening to the insured without co-pays saves money to the insured and increases early diagnoses of treatable diseases like HIV and HCV. These important preventive benefits guarantees are essential to African Americans, who have historically neglected health screenings and treatment because of cost concerns or competent health care access challenges. The provision is paramount to the health of African American communities, especially PLWHA in our efforts to increase early diagnosis and be retained in care.

Bolster Non-discrimination Protections

The non-discrimination requirements in Health Care Programs and Activities rule, referred to as Section 1557, provides that health insurers and third-party administrators that receive federal funds related to health programs may not discriminate against individuals on the basis of race, color, national origin, age, disability, and sex, including discrimination based on pregnancy, gender identity, and sex stereotyping. We strongly support this important rule along with other health parity language currently in law that has prevented access disparities based on race, sexual orientation, gender identity, disability status, and language proficiency.

- We urge the Administration and its Justice Department to challenge the December 31, 2016 enjoinment of this rule by the US District Court of the Northern District of Texas. The May 2016 Section 1557 nondiscrimination regulations is important to ensuring that LGBT people can access health care free of discrimination.

Bolster and Strengthen Medicare, Medicaid and Retain Core Funding Streams for Health Care to the Underserved

Medicare

Medicare, the federal health insurance program that supports U.S. citizens over the age of 65 and more than 9 million people with disabilities including many with HIV, was expanded by providing lower drug costs, free preventive services, and reductions in the growth of health spending overall.

- Because of life saving drugs, PLWHA and other disabilities are living longer and aging into their senior years, becoming eligible for Medicare. Specifically, African Americans accounted for an estimated 43% of all diagnoses among people aged 50 and over in 2014.[7] As such, the continued expansion and enhanced support for Medicare in federal law is critical.

Medicaid

Medicaid is critically important to the health care access for PLWHA that were granted health care coverage due to the expansion of the Medicaid program. Medicaid is the largest source of insurance coverage for PLWHA, estimated to cover more than 40% of people with HIV in care.[7] Unfortunately, because not all states expanded Medicaid, many people in these states who would have benefitted from access to Medicaid have not, reducing their access to essential health care services. State choices not to expand Medicaid have disproportionately impacted Black PLWHA, as they are overrepresented in states, largely in the South, that have not expanded Medicaid.

To ensure healthcare access to the most marginalized people, including African Americans and PLWHA, the Medicaid expansion funding stream must be retained and improved upon. The Medicaid program is significantly expanded by mandating coverage of certain population groups not previously required—such as low–income, childless adults. Under the plan, nearly all low-income Americans in states that have expanded Medicaid now have access to health care. PLWHA have benefited significantly from this expansion providing health care access for the first time to thousands of individuals living with HIV. For example, the percentage of PLWHA on Medicaid increased from 36% to 42% in 2014.[8]

- We strongly oppose any per capita spending caps or block grants, and likewise oppose the elimination of the ability of States to use the Medicaid expansion provision, with the enhanced federal match. Capping the federal investment in Medicaid would shift costs onto states resulting in health care service reductions, less people insured, and increases in out of pocket costs to very low income individuals that jeopardizes access to lifesaving HIV care and treatment.

Other Federal HIV/AIDS Initiatives, Programs, & Agencies to Support along with Other Important Health Policy Recommendations to Support

National HIV/AIDS Strategy (NHAS) & Other Critical Federal Offices ONAP/PACHAS/OHAIDP/OMH

The National HIV/AIDS Strategy (NHAS) presents our nation with four important goals that are essential to national efforts to end the HIV epidemic at the federal, state, and local levels. These goals embedded in the strategy have made a positive difference for African American communities by directing federal efforts to combat the epidemic to the most impacted demographics within our nation and should be strengthened to continue this progress. Furthermore, NHAS promotes intentional coordination among federal agencies, states, and public and private organizations responding to the epidemic. These four goals are:

- Reduce new HIV infections;
- Increase access to care and improve health outcomes for PLWHA;
- Reduce HIV-related health disparities and health inequities; and
- Achieve a more coordinated national response to the HIV/AIDS epidemic.

In order to effectively build upon these goals, continued leadership in key federal offices must support these foundational goals to end the epidemic during the Trump Administration. These offices include the White House Office of National AIDS Policy (ONAP), within the Domestic Policy Council, which is tasked with coordinating governmental efforts to reduce the number of HIV infections across the U.S. ONAP has been instrumental in ensuring accountability, continuity, and consistency between all sectors of government and the NHAS goals. ONAP also has a liaison and coordinating function to the Office of the Secretary of HHS in the appointment and policy agenda of the Presidential Advisory Council on HIV/AIDS (PACHA). PACHA provides advice, information, and recommendations to the Secretary of HHS regarding programs, policies, and research to promote effective treatment, prevention and cure of HIV and AIDS. Furthermore, we support these critical agencies and federal investments into pre-exposure prophylaxis, or PrEP, which is a new prevention intervention in which HIV-uninfected people take a daily dose of antiretroviral medication to lower their chances of acquiring HIV. In addition, we support the Office of Minority Health (OMH) within HHS dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities like HIV and works directly with many of the offices charged with implementing NHAS.

Teen Pregnancy Prevention Program

- The Teen Pregnancy Prevention Program (TPPP), through the Office of Adolescent Health under the Office of the Assistant Secretary at HHS, provides capacity building support for evidence-based programs, replicates evidence-based programs in communities with greatest needs, and supports innovative interventions to advance adolescent

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[7] Kaiser Family Foundation: http://kff.org/hivaids/fact-sheet/medicaid-and-hiv/

[8] Kaiser Family Foundation: http://kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/

health. The first cohort of awardees for TPPP served nearly half a million young people. The current cohort of grantees is on track to support nearly 1.5 million young people by FY2019 at current funding levels, but could support significantly more young people and communities with additional funding.

- **We request that TPPP be funded at a level of $130 million in FY2018, a $29 million increase over FY2016.**

Eliminate the Federal "Abstinence-Only" Sexual Health Program

- It is imperative that youth receive comprehensive sexual health education that provides information on how to protect their sexual health and equip them with the tools available to support their health. Currently, less than half of high schools teach all 16 critical topics that CDC recommends for inclusion in sexual health education curriculums.[9] In fact, "the percentage of US schools in which students are required to receive instruction on HIV prevention decreased from 64% in 2000 to 41% in 2014."[10] Understanding the role of prophylaxis and sexual delay has been shown to effectively reduce and delay sexual activity, increase condom use, increase testing rates and decrease the number of sexual partners. In addition, quality comprehensive sexuality education provides evidence-based, medically accurate, and age- and developmentally-appropriate sexual health information inclusive of responding to the needs of youth who are survivors of sexual abuse and/or engaged in same-gender relationships.
- We support federal funding requirements for new science based initiatives for adolescents and young people in institutions of higher education, establishes teacher training for K-12 sex educators, and amends current federal laws to enable lesbian, gay, bisexual, transgender, and queer and questioning (LGBTQ)-inclusive education, and allows the provision of condoms and contraception within schools.
- **We request that funding be completely eliminated for failed and incomplete abstinence-only until-marriage "sexual risk avoidance education" program and the Title V "abstinence education" state grant program in FY2018, which would result in an $85 million savings based upon FY2016 funding levels.**

President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)

- We live in a global, highly mobile society and ending the HIV epidemic is a global concern requiring global efforts. While our primary efforts are focused on domestic HIV challenges, we support the continued federal investment in President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) to ensure those infected and affected by HIV and the other key world epidemics, have access to essential, lifesaving medications, and services, especially on the continent of Africa, the epicenter of the global HIV pandemic. These important investments, promote healthy, democratic, stable, and peaceful societies around the world.

Conclusion

The *Summit on Black Lives: Black America's Response to the HIV/AIDS Epidemic* is an ongoing health policy effort to influence policy leaders to address the domestic HIV/AIDS epidemic and its disproportionate impact in the African American community. The organizations signing this letter support and endorse the policy recommendations outlined and urge you to strengthen our national response to the HIV/AIDS epidemic by providing robust federal funding to the domestic HIV/AIDS programs outlined in this document that will undoubtedly positively impact African Americans. We also support efforts on the global stage to sustain and strengthen the President's Emergency Plans for AIDS Relief (PEPFAR) and support the Global Fund. We look forward to working closely with your Administration to finish the job of ending health disparities for African Americans and ending the HIV/AIDS epidemic.

We would like to follow up with you to address our concerns and recommendations. Questions regarding these recommendations can be directed to Isaiah Wilson (iwilson@nbjc.org) with the National Black Justice Coalition. Thank you for your consideration.

Submitted on behalf of the following organizations:

National Black Justice Coalition
National Black Gay Men's Advocacy Coalition
National Black Women's HIV/AIDS Network, Inc.

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[9] CDC: https://www.cdc.gov/hiv/group/age/youth/index.html
[10] CDC: https://www.cdc.gov/hiv/group/age/youth/index.html

SisterLove, Inc.
Global Network of Black People Working in HIV
Black AIDS Institute
National Black Leadership Commission on AIDS, Inc.
AIDS United
NAESM, Inc.
AIDS Foundation of Chicago
Human Rights Campaign
HIV Medicine Association
Young Black Gay Men's Leadership Initiative
San Francisco AIDS Foundation
Sexuality Information and Education Council of the U.S. (SIECUS)
DC Fights Back!
Prevention Access Campaign
Presbyterian AIDS Network (PAN) (PHEWA), PC USA
Project Inform
South Carolina HIV/AIDS Council
Positive Women's Network - USA
The AIDS Institute
ACRIA
Los Angeles LGBT Center
APLA Health
THRIVE SS Inc.
Southern HIV/AIDS Strategy Initiative (SASI)
UCHAPS : Urban Coalition of HIV/AIDS Services
NOBCO National Organization of Black County Officials
Advocates for Youth
National Family Planning & Reproductive Health Association
Center for Black Equity
The Fenway Institute
Treatment Action Group
Southern AIDS Coalition
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Action Committee of Massachusetts
National LGBTQ Task Force Action Fund
National Center for Lesbian Rights
Whitman-Walker Health
Ryan White Medical Providers Coalition
Be PrEPared (Texas Woman's University)
CAEAR Coalition
African American Health Alliance