

APRIL 2007

# Support FY2008 CDC HIV Prevention Funding

<b>FY 2008 Recommendation:</b>	<b>\$744,600,000</b>
<b>FY 2008 President's Budget:</b>	<b>\$744,600,000</b>
<b>FY 2007 Appropriation:</b>	<b>\$651,600,000</b>

**FY2007 CDC Testing Initiative** – The Centers for Disease Control and Prevention (CDC) has identified \$45 million from their FY2007 budget to support the implementation of the President's testing initiative and other elements of CDC's "Heightened National Response to the HIV/AIDS Crisis Among African Americans." The majority of these funds will be awarded competitively to health departments reporting the greatest number of AIDS cases among African Americans. These one-time funds will be used for testing, including rapid testing, in clinical settings such as emergency rooms, community health centers, and STD and TB clinics. The funds will also be used to support partner counseling and referral services, linkage to medical care and prevention services, outreach testing, social marketing and public-private partnerships in support of testing initiatives.

**1.) Maintain the Program** – Of the requested \$93 million, the first \$54 should be directed to continue and expand CDC's FY07 testing initiative in FY2008 as part of the "Heightened National Response." It is critical that testing and related prevention activities continue to identify the approximately 250,000 Americans who do not know their status and that the initiative be expanded beyond the initial jurisdictions funded in FY2007. It is also important that the focus of the initiative remain on racial and ethnic communities heavily impacted by HIV/AIDS. Of all AIDS cases diagnosed in 2005, 72 percent were among racial/ethnic minority groups - 49 percent were Black, 21 percent were Hispanic, 1 percent were Asian/Pacific Islander and less than 1 percent were American Indian/Alaska Native. State and local health departments are uniquely able to conduct these

activities because of the expertise, statutory authority, and confidentiality protection of existing public health disease surveillance and reporting systems.

**2.) Restore Cuts** – Of the \$93 million, the next \$29 million in new funding should be directed to restore the \$26 million cut from the HIV prevention cooperative agreements with state and local health departments since FY2003 and \$3 million in cuts to community-based organizations (CBOs). These funds will enable health departments and their community-based partners to shore-up prevention programs including effective behavioral interventions directed at high risk individuals and to increase the integration of HIV, STD and hepatitis programs. The long term cost of HIV/AIDS care for those found to be positive through a testing-only approach is not sustainable in the long run. Behavioral and medical approaches must complement one other.

**3.) Support Core HIV/AIDS Surveillance** – Of the \$93 million, \$10 million should be directed to the core surveillance cooperative agreements with health departments that have been flat funded for a decade, significantly eroding these systems over time. HIV/AIDS surveillance activities are critical in order to monitor the HIV/AIDS epidemic and provide data for targeting the delivery of HIV prevention, care, and treatment services.

**4.) Block Funding for Grants for which No States are Eligible** – No funds in the Labor-HHS-Education bill should be used to carry out the Early Diagnosis Grant Program in Section 209 of the *Ryan White Treatment Modernization Act of 2006*. Funds should not be directed to fund this provision as it directs scarce prevention resources to grants for which no states are currently eligible. Additionally, states should not be forced to change their testing laws, regulations, and/or programs to be eligible for increased prevention funding.



## NOTES