

Support Effective Implementation of the National HIV/AIDS Strategy

Request a Cost and Savings Estimate From the CBO

Deadline to Sign on: Thursday, February 24, 2011

Dear Colleague:

As we balance difficult economic times with the imperative to reduce the federal budget deficit and stimulate economic recovery, Congress must examine every dollar of federal spending to maximize results and strengthen critical safety net programs for those who are most vulnerable. Nowhere is this more essential than in lifesaving HIV/AIDS prevention and care programs.

Please join us in signing on to a letter asking the Congressional Budget Office to develop a cost and savings estimate for implementation of the National HIV/AIDS Strategy, which President Obama released in July 2010, and its associated Agency Operational Plans which were released this week. The Strategy's focus on strategic investments, measureable goals, and cost-effective interventions fits well in the current environment of fiscal austerity.

The President and key federal agencies have already started to take steps toward implementation of the Strategy. Congress has an ongoing responsibility to provide oversight of these activities and to determine where additional funding is needed—or how funding should be redirected—to achieve the Strategy's goals. Full and impartial information from the Congressional Budget Office would provide essential guidance on the implementation of the National HIV/AIDS Strategy.

The [deadline to sign on is Thursday, February 24, 2011.](#)

To sign on to the letter, please contact Robyn Russell with Mike Quigley (robyn.russell@mail.house.gov, 6-7646) or Christos Tsentas with Barbara Lee (christos.tsentas@mail.house.gov, 5-2661).

Sincerely,

Mike Quigley

Member of Congress

Barbara Lee

Member of Congress

Mr. Douglas W. Elmendorf
Director
Congressional Budget Office
Ford House Office Building, 4th Floor
Washington, DC 20515-6925

Dear Mr. Elmendorf:

We, the undersigned, ask the Congressional Budget Office to estimate the costs and savings of implementing the National HIV/AIDS Strategy and its associated Agency Operational Plans. The Strategy—released last June by President Barack Obama after nearly a year of consultation with people living with HIV, health care providers, AIDS advocates and public health experts, among others—offers a blueprint for reducing new HIV cases, improving the lives and health of people with HIV, and reducing health disparities.

Today, an estimated 1.2 million people are living with HIV/AIDS in America. One in five does not know they are infected with the virus, and an estimated 50 percent are not receiving medical care for HIV, often because they are uninsured. The lifetime cost of medical care for a person with HIV is estimated to be over \$300,000. New approaches as outlined in the Strategy and the Operational Plans are required to change the course of the HIV epidemic and reign in future costs.

In an editorial published in the *Journal of Acquired Immune Deficiency Syndrome (JAIDS)*, Dr. David Holtgrave of Johns Hopkins Bloomberg School of Public Health estimates that an additional, five-year investment of \$15 billion is needed to implement the Strategy.¹ These funds could be obtained through a combination of new and redirected appropriations and public/private partnerships. Holtgrave estimates that achieving the prevention targets of the Strategy by 2015 would save nearly \$18 billion in averted public sector medical costs. A recent issue brief from the U.S. Centers for Disease Control and Prevention (CDC) makes a similar point in noting that rapid scale-up of HIV prevention efforts could save the most lives and money.²

We ask you to assess eight points in your analysis:

- What expenditures are needed to meet the Strategy's goals from 2011 to 2015? Please detail investments by functions to achieve the targets described in the Strategy and the Operational Plans.
- What is the projected savings of meeting the Strategy's targets by 2015?
- What is the net cost of implementing the Strategy and the Operational Plans?
- Which programs will likely need additional funding, and how much will they require, to achieve the Strategy's goals and to fully implement the Operational Plans?

¹ Holtgrave, D, On the epidemiologic and economic importance of the National AIDS Strategy for the United States, *JAIDS*, 1 Oct 2010; vol. 55, issue 2, pp 139-142.

² CDC, Projecting possible future courses of the HIV epidemic in the United States, Atlanta, August 2010.

- How will the programmatic and policy reforms proposed by the Strategy and the Operation Plans affect existing and future federal expenditure requirements for HIV/AIDS and related programs?
- How will provisions in the Patient Protection and Affordable Care Act (P.L. 111-148) impact the achievement of the Strategy's goals?
- What is the projected cost of *not* implementing the Strategy?

The Strategy calls for more strategic and evidence-based policy and programming, and thus can achieve important progress against the epidemic. But even with needed policy reforms, increased and more strategic use of resources will be central to success. This will require a disciplined approach to marshal new resources, redirect existing funds (within and beyond HIV budgets), and pool resources so the Strategy can be fully realized.

The National HIV/AIDS Strategy's focus on strategic investments, measurable goals, and cost-effective interventions fits well in the current environment of fiscal austerity. But such an approach will require an up-front investment in order to achieve the long-term savings promised by a more effective and efficient approach to our HIV/AIDS epidemic.

We hope the information you provide will serve as a roadmap to guide our funding decisions as we work to support the implementation of the Strategy and improve the lives of Americans living with and affected by this disease. We respectfully request that you submit your determination as soon as possible to inform the Fiscal Year 2012 budget and appropriations process.

Sincerely,