

Faith on the 
Fast Track to
STOP AIDS

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FOR IMMEDIATE RELEASE

Contact: Rev. Michael Schuenemeyer

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Email: schuenem@ucc.org

Phone: 216-736-3217

USCA Faith Coalition Call to Action

www.USCAFaith.org

The United States Conference on AIDS (USCA) Faith Coalition is a diverse group of faith leaders engaged in the HIV and AIDS response. This Coalition is committed to working together, both with each other and the broader HIV response, to achieve the goals of the U.S. National AIDS Strategy and the Global AIDS Strategy to end HIV as a public health threat by 2030. Participants at the 2017 USCA Faith Pre-Conference, meeting on September 6, 2017, are calling for action now in order not to miss this window of opportunity to end AIDS.

The federal budget reflects the moral values of the nation. The Trump Administration's proposed budget, titled, "[America First: A Budget Blueprint to Make America Great Again](#)", will have a disproportionate impact on people living with HIV (PLWH). Advocates worry that the budget ignores the importance of non-medical services that increase the availability or accessibility and effectiveness of HIV treatment, by linking people to care and supporting their retention in care. Trump's budget proposal includes devastating cuts across the board, resulting in reallocation of funds from the poor, the elderly, and the sick to the wealthiest Americans.

Specifically, the proposed budget includes a 16.6% cut in funding for the prevention of HIV/AIDS, viral hepatitis, sexually transmitted disease, and tuberculosis at the Centers for Disease Control and Prevention (CDC) with reduced funding of the Ryan White HIV/AIDS Program (a cut of \$59 million). The Ryan White Program has essentially been flat funded since the early 2000s, even though the number of people accessing Ryan White services has nearly doubled, and the value of the funding has decreased due to inflation. The Ryan White HIV/AIDS Program would become even more critical if people living with HIV lose subsidized marketplace insurance or Medicaid (40% of PLWH) if the Affordable Care Act is repealed and replaced by the American Health Care Act of the House, or the Better Care Reconciliation Act of the Senate.

As a proactive response to the concerns of people living with HIV - advocates, the HIV workforce, and the Faith community are raising awareness around the potential impact of the proposed budget and congressional healthcare bills. Now is the time to act; it's time to lift our voices and rally together to strengthen our fight to end the HIV/AIDS epidemic - by demanding that our Congressional Representatives vote against President Trump's proposed budget or any other healthcare bill that leaves fewer people insured than the Affordable Care Act.

Through this budget proposal and the health care bills presented by Congress, President Trump's priorities are clear – stabilize the market on the backs of the poor and sick, while offering tax breaks for the wealthiest among us. The proposed massive cuts to vital programs supporting people living with HIV cannot happen, nor can we afford to take healthcare away from PLWH who rely on their medical coverage to sustain life.

Take Action!

Contact your Congressional Representatives and Senators and urge them to::

1. Reject proposed budget cuts to agencies, including the CDC, the National Institutes of Health, the Minority AIDS Initiative, the Health Resources and Services Administration (HRSA), Planned Parenthood, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Housing and Urban Development (HUD) and any other federally funded social services that impact people living with HIV;
2. Urge the Trump Administration to fund cost sharing reductions to lower marketplace insurance rates;
3. Stabilize the insurance marketplace by:
 - A. Maintaining or lengthening the current open enrollment period;
 - B. Maintaining current special enrollment periods (SEP) and verification standards;
 - C. Rejecting continuous coverage requirements as a pre-condition for SEP;
 - D. Abandoning the proposed reinterpretation of guaranteed availability,
 - i. allow issuers to instead recoup unpaid premiums through an installment plan while maintaining enrollment;
 - E. Opposing the proposed expansion of the de minimis actuarial value variations;
 - F. Rejecting the proposal to move HHS network evaluation oversight to state regulators, when feasible, and to private accreditation bodies when not;
 - G. Urging Secretary Price to not reduce the Essential Community Provider (ECP) network percentage to 20 percent;
4. Reject proposed budget cuts to Medicaid and instead increase current funding levels;

Reevaluate current federal granting requirements which discourage Faith Based Organizations (FBO), Community Based Organizations (CBO) and AIDS Service Organizations (ASO) from pursuing federal funding and develop culturally competent cooperative agreements that enable and empower these service organizations to leverage the resources and capacity they possess and access the resources and capacity they need in order to provide vitally needed HIV & AIDS services, including assistance with infrastructure development and strengthening fiduciary capacity.

5. Urge the Trump administration to staff the Office of National AIDS Policy and to continue to implement the U.S. National AIDS Strategy to achieve its 2020 goals.
6. Review and repeal current HIV Criminalization laws to reflect the current HIV science.
7. Continue the strong leadership role of the U.S. in global HIV and AIDS response, including the provision of adequate funding for the President's Emergency Plan for AIDS Relief (PEPFAR) and ongoing support for the Global Fund at our fullest capacity.

Likewise, as people of faith we encourage faith communities to:

1. Draw on the sacred texts and traditions of faith that support the ethic of "do no harm" and engage in activities that reduce and eliminate HIV-related stigma and discrimination experienced by key populations affected by the HIV epidemic;
2. Establish a U.S. cohort of the international network of religious leaders who are living with, or personally affected by HIV (INERELA+);
3. Promote programs and foster partnerships that address the social determinants of health, including food security, nutrition, housing, employment, education, racial disparities and other related factors.
4. Seek opportunities for partnership between faith, academia, science and other sectors of the HIV response, especially to support and advocate for biomedical HIV prevention and treatment for PLWH.
5. Provide opportunities for faith leaders and members of faith communities to learn about HIV, know their HIV status, and become involved in the HIV response.