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July 27, 2009

The Honorable Henry Waxman, Chairman
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Charles Rangel, Chairman
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

The Honorable George Miller, Chairman
House Education and Labor Committee
2181 Rayburn House Office Building
Washington, DC 20515

The Honorable Joe Barton, Ranking Member
House Energy & Commerce Committee
2322A Rayburn House Office Building
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The Honorable Dave Camp, Ranking Member
House Ways and Means Committee
1139E Rayburn House Office Building
Washington, DC 20515

The Honorable Howard McKeon, Ranking Member
House Education and Labor Committee
2101 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen and Ranking Members:

On behalf of the National Alliance of State and Territorial AIDS Directors (NASTAD), whose members administer state HIV and viral hepatitis prevention and care programs nationwide, we are writing to express our strong support for the public health prevention and workforce development provisions of the America's Affordable Health Choices Act of 2009. Investing in state and territorial public health systems is a direct investment in the health and wellness of the American people.

HIV/AIDS and viral hepatitis continue to be major public health concerns for our nation. Every nine and a half minutes, someone in the U.S. is infected with HIV and six million Americans are currently infected with hepatitis B and C. Health departments have made progress in responding to these epidemics, but have been unable to turn the tide of new infections due to inadequate resources allocated to our public health infrastructure, capacity and programs. A 21st Century U.S. health system must include universal access to public health services that protect the health of all Americans throughout their lives, including HIV and hepatitis testing and prevention services and treatment, in turn lessening the burden of medical costs for intensive treatment for these chronic infectious diseases.

NASTAD strongly supports the creation of a Prevention and Wellness Trust with dedicated funding that will support state and local public health prevention programs in a concerted approach designed to reduce the number of new infections

and empower individuals to improve and protect their health. The creation of a new grant program to strengthen core public health is long overdue and will affect the ability of health departments to address HIV and hepatitis in their jurisdictions. Additionally, we would like to stress the importance of our nation's public health surveillance systems. Increased resources for implementation and upgrading disease surveillance systems to increase completeness and efficiency are urgently needed. We don't have a national surveillance system for chronic hepatitis B and C, which impacts our ability to prevent and control these expensive, devastating chronic infectious diseases.

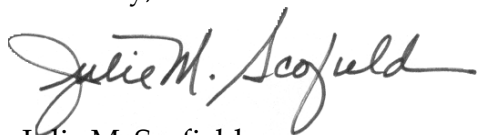
At a time when our nation is facing new public health threats such as the H1N1 novel influenza virus, governmental public health agencies are struggling to carry out their core responsibilities with a workforce that has lost over 11,000 employees in the last year and will likely lose thousands more this year. Many employees within the state HIV/AIDS offices are being called upon to respond to H1N1 which, when coupled with a decreasing public health workforce, compromises the ability of health departments to sustain effective public health interventions. In addition, NASTAD's survey of our state AIDS directors found that in state FY2009 there were 263 unfilled positions within state AIDS programs and 138 positions cut in HIV/AIDS and viral hepatitis programs. The workforce recruitment and retention provisions in Title II Subtitle C will provide a tremendous impetus to attract critically needed public health workers through incentives such as scholarships and loan repayment in return for service in governmental health departments.

We also strongly support capacity building grants to programs that conduct teaching programs targeted at vulnerable populations, including individuals with HIV, for primary care practitioners and dentists. The HIV medical workforce is facing a serious shortage of qualified providers and training programs to help build the pipeline are urgently needed.

There is no vaccine for HIV or hepatitis C. Provision of basic prevention services is the only way to prevent new infections. The cost of HIV treatment and lost productivity is largely borne by the public sector and can reach \$1 million per infection. The projected direct and indirect costs of hepatitis C if left unchecked will be over \$85 billion for the years 2010 through 2019 with more than \$1 billion estimated to be spent each year on hepatitis B-related hospitalizations. A greater investment in prevention programs is needed to decrease these costs, but more importantly, to drastically decrease the number of individuals infected by these viruses.

We look forward to working with your Senate colleagues and you to resolve differences between the House and Senate bills, and to lend our strong support to your efforts towards enactment of one of the most important pieces of legislation of our time.

Sincerely,



Julie M. Scofield
Executive Director