

Give and take

House subcommittee approves major increase in ADAP funding, but pares the request for prevention programs

by Bob Roehr

Some AIDS programs have hit the financial jackpot via budgetary markups on Capitol Hill.

On July 15, the House Appropriations Committee's panel on labor and education approved an \$80 billion spending bill which includes about \$1.8 billion for AIDS treatment and prevention next year—7 percent more than President Clinton wanted.

The nearly \$2 billion includes \$1.17 billion for the Ryan White AIDS Health Services treatment program—\$132 million more than Clinton recommended.

The bill includes \$299 million for the AIDS Drug Assistance Program, a 79 percent increase over fiscal 1997.

ADAP in part provides new life-prolonging drugs to people with HIV and AIDS.

correlation between a sustained federal investment in AIDS research, prevention, housing and care and the dramatic drop in AIDS deaths [recently] announced at our State of AIDS Forum," he says.

Zingale estimates the increase "could allow overburdened, cash-strapped ADAPs to continue to provide medications to over 80,000 Americans living with HIV and AIDS."

The bill also includes a 4.6 percent increase for AIDS research at the National Institutes of Health and a 4 percent increase for emergency assistance grants to cities hardest hit by the epidemic.

"The subcommittee did the right thing by substantially increasing funding to the AIDS Drug Assistance Program, something we have been calling for," says Seth Kilbourn, the Human Rights



AIDS Action Council Executive Director Daniel Zingale

"It's rare in this atmosphere to get what you ask for—to the penny—and have the chair say, 'You deserve it,'" says Bill Arnold, co-chair of the ADAP working group, which argued for the increase.

Lawmakers, however, removed more than \$12 million from the president's request for AIDS prevention programs, allotting about \$622 million.

According to subcommittee chair Rep. John Edward Porter (R-Ill.), members chose to place greater emphasis on treatment because of the high cost of new AIDS drugs that are prolonging the lives of people with the disease.

Arnold says Porter deserves a big pat on the back. "We owe [him] big time. Sticking his neck out on something like this was not particularly easy, especially in the context of the balanced budget amendment. And of course the administration didn't do a fucking thing," says Arnold, noting the Clinton administration's refusal to support the ADAP increase.

Daniel Zingale, executive director of the AIDS Action Council, says he is elated with the results.

"Fortunately many of our elected officials—especially Representative Porter—understand the

Campaign's senior policy analyst for health. "Several recent reports have spotlighted the need to increase funding for these programs because many are facing cash shortfalls at a time when they're also expecting demand to rise. This is a clear sign that these members of Congress understand the importance of getting the new drugs, primary care and other services to people who might not otherwise be able to afford them."

He adds, "We also welcome the increase for NIH research, but we're concerned that the subcommittee did not set adequate levels for HIV prevention programs conducted by the Centers for Disease Control and Prevention and for early intervention programs."

These early intervention programs include outpatient care services for rural and underserved urban areas.

AIDS lobbyists, however, say they are pleased that no amendments were offered which would have restricted the administration's ability to lift the ban on federal funding for needle-exchange programs.

The bill is one of 13 spending measures to fund federal programs in the fiscal year beginning Oct. 1.

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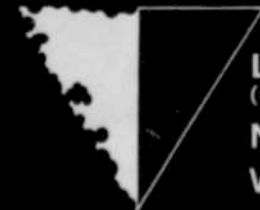
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