

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

December 14, 2009

The Honorable Kathleen Sebelius  
Secretary  
United States Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

RE: HRSA Transitional and Emergency Housing policy; HRSA HIV/AIDS Bureau (HAB) Policy Notice 99-02 Amendment 1 (73 Federal Register 10260, February 26, 2008)

Dear Secretary Sebelius:

We are writing to express our concern for the HRSA HIV/AIDS Bureau Policy Notice 99-02, Amendment 1 and the imminent implementation of the cumulative 24-month lifetime cap on the use of Ryan White dollars for housing. Under the policy notice, published in February 2008 with an effective date of March 27, 2008, persons receiving Ryan White housing on that date will lose their housing assistance on March 26, 2010.

For people living with HIV/AIDS, stable housing is central to their ability to manage their disease and critical to achieving improved health outcomes. Housing remains an eligible activity under the 25 percent of Ryan White Treatment Modernization Act dollars not reserved for core medical services. The amount of dollars devoted to housing continues to be an extremely small proportion of total Ryan White funding; however, in those communities which have prioritized housing need, it is critical to improved individual and community health outcomes.

Research proves how powerful stable housing's role is in HIV healthcare as housing status predicts HIV treatment success or failure. For example, compared to stably housed people living with HIV/AIDS, homeless persons experience worse overall physical and mental health, are more likely to be hospitalized and use emergency rooms, have lower CD4 counts and higher viral loads, and are less likely to receive and adhere to antiretroviral therapy.<sup>i</sup>

Housing status is a more significant predictor of health outcomes than individual characteristics such as demographics, drug and alcohol use, and receipt of social services—indicating that housing itself improves the health of people living with HIV/AIDS.<sup>ii</sup> Access to housing enables people living with HIV/AIDS to get into care and stay in care. Over time, housing status is among the strongest predictors of entry into HIV care, primary care visits, continuous care, and care that meets clinical practice

standards.<sup>iii</sup> Receipt of housing assistance has an independent, direct impact on improved medical care.<sup>iv</sup>

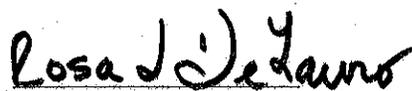
Additional research demonstrating that stable housing results in better health outcomes includes:

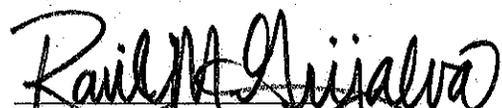
- An observational study of 676 homeless people living with HIV/AIDS identified through the San Francisco AIDS registry found that over a 5-year period, obtaining supportive housing was independently associated with an 80 percent reduction in mortality.<sup>v</sup>
- A random control trial of supportive housing for chronically ill homeless persons showed that people living with HIV/AIDS who received a housing placement were twice as likely at 12 months to have an undetectable viral load as those who did not receive housing.<sup>vi</sup>
- Injection drug users with stable housing were found to be 1.5 times more likely to access highly active antiretroviral therapy than those who lacked housing. Among those on treatment, those with stable housing were almost 3.7 times as likely to achieve viral suppression.<sup>vii</sup>
- Researchers consistently find a significant positive association between improved housing status and better HIV-related health, including CD4, viral load, and co-infection with Hepatitis C or Tuberculosis.<sup>viii</sup>

The available research confirms “that access to adequate housing profoundly affects the health of Americans who are at-risk for or living with HIV.”<sup>ix</sup> Nevertheless, it is well documented that affordable housing options are simply not available. At current funding levels, the federal Housing Opportunities for Persons with AIDS (HOPWA) program serves only about 56,000 households per year. In Connecticut, for example, as of August 2008, over 1,000 men, women and children received housing and support from the 24 AIDS housing programs. During that same time period, over 1,500 were not admitted—90 percent due to a lack of space. In Hawaii, 75 families face homelessness on March 26, 2010 when the 24 month lifetime cap hits.

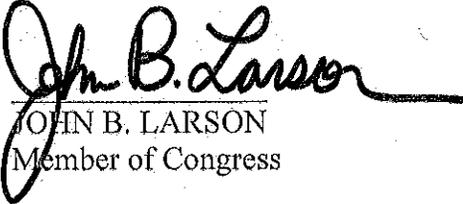
As our economic crisis broadens leaving more people at risk of homelessness, preserving a safety net for the most vulnerable must remain a priority. We urge you to reconsider HRSA HIV/AIDS Bureau (HAB) Policy Notice 99-02 Amendment 1. We look forward to your response.

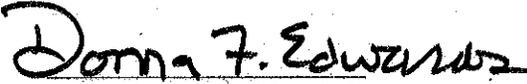
Sincerely,

  
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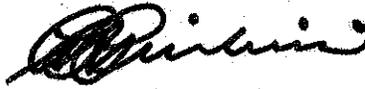
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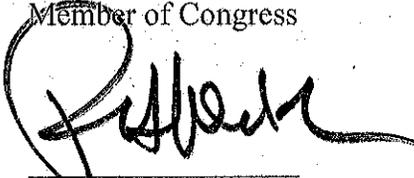
  
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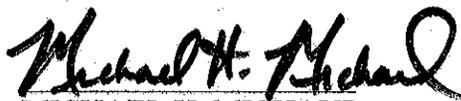
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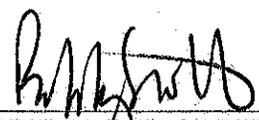
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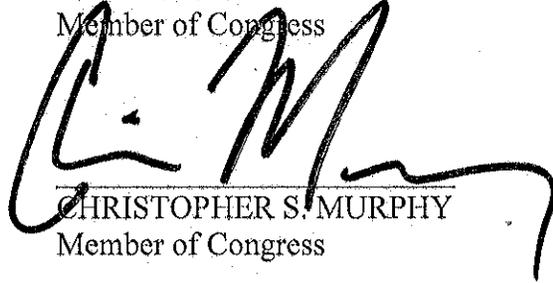
  
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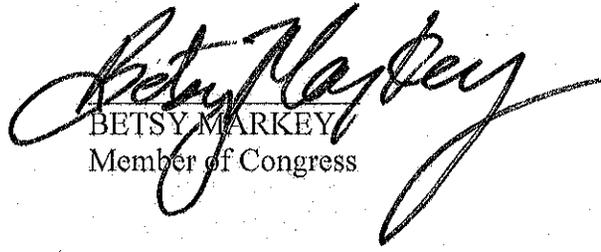
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