

April 5, 2021

The Honorable Patty Murray
Chairwoman
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Senate Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Senate Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
House Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
House Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Dear Chairwoman Murray, Ranking Member Blunt, Chairwoman DeLauro, and Ranking Member Cole:

We are writing on behalf of the HIV Medicine Association (HIVMA) and its Ryan White Medical Providers Coalition (RWMP) to urge you to increase funding for the Ryan White HIV/AIDS Program and related HIV programs in the FY22 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill. Fully funding these programs is critical to ending the domestic HIV epidemic. We also ask you to address critical HIV workforce shortages by passing the HIV Epidemic Loan-Repayment Program (HELP) Act.

We have the tools to end HIV as an epidemic in the United States. The Ryan White Program annually provides medical care and support to more than 560,000 individuals living with HIV and has played an essential role in stabilizing the epidemic by engaging and keeping people in care. This is critical, because HIV disease is infectious, so identifying, engaging, and retaining individuals in care saves lives *and* benefits public health by stopping HIV transmission when individuals are virally suppressed (treatment of a person with HIV prevents transmission to others). Over the past two years, the Ending the HIV Epidemic Initiative has directed new resources to heavily impacted areas with the goal of reducing new HIV infections by 90% by 2030. Addressing HIV transmission in the context of the opioid epidemic also is critical to meeting the goal of ending the domestic HIV epidemic. FY22 funding requests for new, additional funding (*not a repurposing of current resources*) to help achieve these goals include:

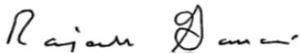
- **\$225.1 million for Part C of the Ryan White Program** to support approximately 350 HIV medical clinics across the nation that provide comprehensive and effective HIV care and treatment to more than 300,000 patients annually.

- **\$349 million for HRSA’s Ending the HIV Epidemic Initiative**, including **\$212 million** for the Ryan White Program to provide additional HIV care and treatment, as well as **\$137 million** for the Bureau of Primary Health Care to provide HIV prevention services, including Pre-Exposure Prophylaxis (PrEP) (medication that prevents HIV infection).
- **\$120 million for CDC to address the infectious diseases consequences of the opioid epidemic**. This funding would ensure access to harm reduction services next year as the nation continues to battle the opioid epidemic and the impacts of other substance user disorders, including surging overdose deaths and rising incidence of HIV, viral hepatitis, sexually transmitted infections and other infectious diseases.

Additionally, it is critical to expand the HIV workforce as people living with HIV achieve better health outcomes when they are managed by expert HIV clinicians, but the number of HIV clinicians entering the field falls well short of the demand. The HELP Act would incentivize and support qualified clinicians to enter the HIV workforce by authorizing a new program that would provide up to \$250,000 in educational loan repayment for physicians, nurse practitioners, physician assistants, clinical pharmacists, and dentists in exchange for up to five years of service at Ryan White-funded clinical sites and in health profession shortage areas. The HELP Act is essential to ending the HIV epidemic in the U.S. by reversing worker shortages and diversifying the HIV workforce to improve health outcomes and address HIV-related health inequities and disparities.

Thank you for your time and consideration of these important requests and for strengthening our nation’s ability to end the U.S. HIV epidemic. If you have questions or need additional information, please do not hesitate to contact Jenny Collier, convener of the RWMPC at jcollier@colliercollective.org or Andrea Weddle, executive director of HIVMA at aweddle@hivma.org.

Sincerely,



Rajesh T. Gandhi, MD, FIDSA
Chair, HIVMA



Kathleen McManus, MD
Co-chair RWMPC