The HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA) represents more than 5,000 physicians, scientists and other health care professionals who practice on the frontlines of the HIV/AIDS pandemic. Our members provide medical care and treatment to people with HIV/AIDS in the U.S. and globally, lead HIV prevention programs and conduct research that has led to the development of effective HIV prevention and treatment options. As you work on the FY2017 appropriations process, we urge you to invest in the medical research supported by the National Institutes of Health (NIH), sustain robust funding for the Ryan White Program at the Health Resources and Services and Administration (HRSA) and support adequate funding for the Centers for Disease Control and Prevention’s (CDC) HIV and STD prevention programs.

Early access to effective HIV treatment helps patients with HIV live healthy and productive lives and is cost effective.\(^1\) Treatment not only saves the lives of individuals with HIV but directly benefits public health by reducing HIV transmission risk to near zero.\(^2\) However, despite our remarkable progress in HIV prevention, diagnosis and treatment, the HIV/AIDS epidemic is far from over. HIV/AIDS continues to pose a serious disease burden and public health threat in the United States with more than 1.2 million people living with HIV infection. Almost 1 in 8 (12.8%) individuals living with HIV are not aware of their HIV infection and there are an estimated 50,000 new infections occurring annually in the U.S. In our country, HIV infection disproportionately impacts racial and ethnic minority communities and low income people who depend on public services for their life-saving health care and treatment. The rate of new HIV infection in African Americans is 8 times that of whites.\(^3\) Globally, there are more than 35.3 million people living with HIV, the great majority of them in Sub-Saharan Africa.

The funding requests in our testimony largely reflect the consensus of the Federal AIDS Policy Partnership (FAPP), a coalition of HIV organizations from across the country, and are estimated to be the amounts necessary to mount an effective response to the domestic HIV epidemic and meet the need in communities across the country.

**NIH – Office of AIDS Research (OAR):** HIVMA strongly supports an overall FY2017 budget request level of at least $34.5 billion for the NIH, and urges that at least $3.45 billion be allocated to the NIH Office of AIDS Research. This level of funding is vital to sustain the pace of research that will improve the health and quality of life for millions of people in the U.S. and in the developing world. Flat funding of HIV/AIDS research since FY2015 threatens to slow progress toward a vaccine and a cure, erode our capacity to sustain our nation’s historic worldwide leadership in HIV/AIDS research and innovation, and discourage the next generation of scientists from entering the field.

Our past investment in HIV/AIDS research paid off in dramatic reductions in mortality from AIDS of nearly 80 percent in the U.S. and in other countries where treatment is available. This research also helped reduce the mother to child HIV transmission rate from 25 percent to less than 1 percent in the U.S. and to very low levels in other countries where treatment is available. Sustained investments in NIH funding are also essential to train the next generation of scientists and prepare them to make tomorrow’s HIV discoveries.
The NIH-Wide Strategic Plan\textsuperscript{4} identifies criteria for setting the NIH’s research priorities, including consideration of the value of permanently eradicating a disease – noting that biomedical research stands at another such pivotal moment today: the very real possibility of entirely eliminating HIV/AIDS. The plan also notes that such an investment makes good economic sense: every new case of HIV diagnosed in the United States translates into a lifetime cost of approximately $350,000 for treatment with antiretroviral drugs. Getting to zero new cases of HIV/AIDS would save our nation an estimated $17.5 billion annually.\textsuperscript{5} Congress should ensure our nation does not delay vital HIV/AIDS research progress.

\textbf{HRSA – HIV/AIDS Bureau (HAB):} At this critical time in the HIV/AIDS epidemic, when research has confirmed that early access to HIV care and treatment not only saves lives but prevents new infections by reducing the risk of transmission to near zero for patients who are virally suppressed and keeps patients engaged and working, it is essential to maintain overall funding levels for the Ryan White Program. Increasing access to and successful engagement in effective, comprehensive HIV care and treatment is the only way to lead the nation to an AIDS-free generation and reduce the devastating costs of – including lives lost to – HIV infection. The Ryan White Program annually serves more than half a million individuals living with HIV in the U.S., providing the care and treatment that allows them to live close to a normal lifespan. HIVMA urges an allocation of $225.1 million, or a $20 million increase, for Ryan White Part C programs in FY 17. Part C-funded HIV medical clinics currently struggle to meet the demand of increasing patient caseloads. The expert, comprehensive HIV care model or “medical home” that is supported by the Ryan White Program has been highly successful at achieving positive clinical outcomes with a complex patient population. Patients with HIV who receive Ryan White services are more likely to be prescribed HIV treatment and to be virally suppressed.\textsuperscript{6} \textit{We also know that the annual health care costs for HIV patients who are not able to achieve viral suppression (often due to delayed diagnosis and care) are nearly 2.5 times that of healthier HIV patients.}\textsuperscript{7}

While the Affordable Care Act (ACA) provides important new health care coverage options for many patients, most health insurers fail to support the comprehensive care and treatment necessary for many patients to manage HIV infection. High cost sharing, benefit gaps and limited state uptake of the Medicaid expansion, especially in the South, necessitate an essential and ongoing role for the Ryan White Program to avoid life-threatening and costly disruptions in care.

HIVMA does not support the proposal to consolidate Ryan White Part D funding into Part C. Ryan White Part C and D programs both provide comprehensive, effective care and treatment for women, infants, children and youth living with HIV/AIDS. Part D programs have cultivated special expertise for engaging and retaining women, including pregnant women, HIV-exposed infants, and young people in care. The programs provide services tailored to women and young people and in some communities, Part D-funded programs are the main providers of HIV care and treatment.

Additionally, we support the President’s request to increase by $9 million the Special Projects of National Significance in order to increase hepatitis C virus (HCV) testing, and care and treatment for people living with HIV who are co-infected with HCV.

\textbf{CDC - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP):} HIVMA appreciates the much needed increase of $5 million proposed in the President’s FY2017 budget for the CDC’s NCHHSTP, to be directed to \textit{viral hepatitis – however, an increase on the order of $30 million
would more adequately meet the urgent need to ramp up the national response to the burgeoning viral hepatitis epidemic which has been fueled by injection drug use in the wake of the opioid and heroin addiction crisis. We also support sustained funding for HIV and STD prevention and surveillance, plus the Division of Adolescent School Health (DASH). We are also especially concerned about flat funding of CDC’s global HIV programs, and request an increase of at least $3.3 million for a total of $132 million, which includes resources for the agency’s essential role in implementing PEPFAR programs in developing nations.

**Policy Riders – Continue Progress on Federal Funding for Syringe Exchange Programs:**
HIVMA applauds the subcommittee’s work in advancing report language that allows for the judicious use of federal funding for syringe exchange programs (SEPs) as an important prevention and public health intervention. We support the continuation of this policy. SEPs are associated with decreases in HIV and viral hepatitis incidence, and provide an important point of healthcare access, including initiation of HIV and viral hepatitis education, counseling and testing, linkage to care, and entry into substance use treatment. SEPs also benefit community safety by reducing the number of improperly disposed syringes as well as reducing needle stick injuries to law enforcement officers and other first responders.

**Conclusion:** We are at serious risk of losing ground against the HIV pandemic if we fail to prioritize HIV public health, treatment and research programs. HIV remains the leading infectious killer worldwide, and we must fully leverage and invest in HIV prevention, care and treatment and research to save the lives of millions who are infected or at risk of infection here in the U.S. and around the globe, and ultimately to end the HIV/AIDS epidemic.

5 Ibid, p. 32.
7 Based on data from Gilman BH, Green, JC. Understanding the variation in costs among HIV primary care providers. AIDS Care.2008:20;1050–6.