

# Ryan White Medical Providers Coalition

**Record Testimony for the U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies regarding the Ryan White HIV/AIDS Program at the HIV/AIDS Bureau in the Health Resources and Services Administration Submitted by Ernie-Paul Barrette, MD, FACP from St. Louis, Missouri on behalf of the Ryan White Medical Providers Coalition of the HIV Medicine Association**

My name is Dr. Ernie-Paul Barrette, and I am the Medical Director of the Primary Care Medicine Clinic at Barnes Jewish Hospital, and in July, I will become the Director of the Ryan White HIV/AIDS clinic at Washington University in St. Louis, Missouri. I write to submit testimony on behalf of the Ryan White Medical Providers Coalition (RWMPC) of the HIV Medicine Association (HIVMA), of which I am a member.

RWMPC is a national coalition of medical providers and administrators who work in healthcare agencies supported by the Ryan White HIV/AIDS Program funded by the HIV/AIDS Bureau (HAB) in the Health Resources and Services Administration (HRSA). I thank the Subcommittee for funding the Ryan White Program, and in particular the Part C program which supports direct HIV medical care and treatment, in FY17 with \$201.1 million. And while I am very grateful for this support, I am disappointed that Congress cut the Part C Program by \$4 million in FY17, because there is great need for HIV medical care and treatment in St. Louis and throughout our nation. And while I understand that budgets are tight, **I request \$225.1 million in FY18 -- a \$24 million increase -- including restoration of the \$4 million cut to the Ryan White Part C program in FY17.**

While I know that this would be a great deal of funding, *it is in fact well below the estimated need.* The Ryan White clinic at Washington University is the largest HIV clinic in the St. Louis region, which accounts for 51 percent of newly diagnosed cases in the state. *In 2016, the Ryan White clinic at Washington University experienced a 2.1 percent increase in HIV patients, serving over 1800 patients that year. Unfortunately, our Ryan White Part C funding has remained flat since 2013, and during that time our patient load has increased by 6 percent.* Since becoming a Ryan White Part C grantee in 2007, our clinic has experienced *an 80 percent increase in HIV/AIDS patients* served per year, indicating the great need for these HIV medical care services in the St. Louis region. **The FY17 cut to our Part C funding this year may jeopardize the level of care we are able to provide to patients.**

For example, Part C funding at our clinic supports nurses who are an integral part of our clinical team. Without full Part C funding this year, it is very possible we will have to cut back our nursing staff, and this would make it less feasible to serve so many patients. Ryan White clinical care uses a team approach, involving a variety of medical and other professionals who manage the comprehensive range of patient HIV care needs, from primary HIV care, to mental health and substance use treatment, lab services, medication adherence, dental care, and support services needed to remain in care, such as transportation. Reducing our nursing staff would make it much less likely that we would be able to manage the large and increasing volume of patients and their complex medical needs. Additionally, the Part C clinic has aggressively re-engaged individuals

living with HIV who have been lost from care, and are working hard to link newly diagnosed patients to HIV care and treatment. These populations are more likely to be uninsured and thus will rely primarily on medical services supported by the Ryan White Part C program. Given the pressures to expand and maintain access to HIV care and treatment to improve both individual and public health outcomes in St. Louis and nationwide, **I urge members of the Subcommittee to restore the \$4 million cut to the Ryan White Part C program and fully fund Part C in FY18 at \$225.1 million.**

Washington University has been a major provider of HIV primary care and supportive services for people living with HIV/AIDS since the late 1980s, and has completed 10 successful years as the Ryan White Part C grantee for the City of St. Louis and its six surrounding counties (St. Louis, Franklin, Jefferson, Lincoln, St. Charles, and Warren). A comprehensive range of services is available for HIV/AIDS patients at the Washington University Infectious Diseases Clinic, where the Ryan White Part C program is operated in coordination with its sister program, Project ARK, the region's Ryan White Part D grantee since 1995.

Washington University also has had the distinct honor of being selected three times as a HRSA Special Projects of National Significance (SPNS) grantee (1994-1999; 2010-2012; 2016-present). Our SPNS projects have focused on creating a comprehensive model of care for women living with HIV/AIDS (1994-1999); integrating hepatitis C treatment within HIV clinical care for persons with HIV/HCV co-infection (2010-2012); and using technology to improve engagement and retention in care among youth and young adults living with HIV (2016-present). Unfortunately, the FY18 Trump Administration budget proposes to cut this important program that helps to identify innovative, replicable models of care to improve the treatment of HIV nationwide. ***I urge members of the Subcommittee to fully fund the SPNS program in FY18 at \$25 million.***

***Additionally, I urge Subcommittee members to fully fund the AIDS Education and Training Centers (Part F) in FY18 at \$33.6 million.*** Unfortunately, the Trump Administration budget also proposes to eliminate this program, which provides continuing education, training, and technical assistance on HIV care and treatment issues to Ryan White Program providers, including clinicians and AIDS Service Organizations. Ensuring that HIV clinics, AIDS Service Organizations, and the HIV workforce overall are highly trained is a key factor to reducing HIV/AIDS nationwide and ultimately achieving an AIDS-free generation.

### **Ryan White Part C Programs Support Comprehensive, Expert, and Effective HIV Care**

**Ryan White Part C directly funds comprehensive and effective HIV care and treatment** – services that are responsible for the dramatic decrease in AIDS-related mortality and morbidity over the last decade. The Ryan White Part C Program has supported the development of expert HIV care and treatment programs that ***achieve key outcomes that improve both individual and public health by helping prevent the transmission of HIV.*** In 2011, a ground-breaking clinical trial – **named the “scientific breakthrough of the year” by *Science* magazine** – found that HIV treatment not only saves the lives of people living with HIV, ***but also reduces HIV transmission risk to near zero – proving that HIV treatment is also HIV prevention.***

**Ryan White Part C directly funds 346 community health centers and clinics that provide comprehensive medical care in 49 states, Puerto Rico and the District of Columbia.** The program targets the most vulnerable communities, including people of color, women, and low-income populations. Ryan White Part C clinics provide treatment and care to more than **300,000 people each year**. Ryan White Part C clinics often are the only means by which many persons receive HIV testing and care. ***Part C also is the primary method for delivering HIV care to rural communities - approximately half of Part C providers serve rural communities.***

The comprehensive, HIV care model that is supported by the Ryan White Program has been highly successful at achieving positive clinical outcomes with a complex patient population.<sup>1</sup> In a convenience sample of eight Ryan White-funded Part C programs ranging from the rural South to the Bronx, ***retention in care rates ranged from 87 to 97 percent***. However, estimates from the Centers for Disease Control and Prevention (CDC) show that only 40 percent of all people living with HIV are engaged in care nationally.<sup>2</sup> Once in care, patients served at Ryan White clinics do very well— ***more than 83% of Ryan White patients achieved viral suppression in 2015***. The Ryan White Part C clinic at Washington is ***beating this national average – in 2016, our patients had an 86% viral suppression rate, and 81% were retained in care.***

### **Investing in Ryan White Part C Programs Saves Both Lives and Money**

Early and reliable access to HIV care and treatment both helps patients with HIV live relatively ***healthy and productive lives*** and is more ***cost effective***. One study from the Part C Clinic at the University of Alabama at Birmingham found that patients treated at the later stages of HIV disease required ***2.6 times more health care dollars*** than those receiving earlier treatment meeting federal HIV treatment guidelines. ***On average it costs \$3,501 per person per year to provide the comprehensive outpatient care and treatment available at Part C funded programs.*** The comprehensive services provided often include lab work, STD/TB/Hepatitis screening, ob/gyn care, dental care, mental health and substance abuse treatment, and case management. ***This is a bargain when compared to the high cost of hospital and emergency care visits.***

### **Fully Funding and Maintaining Ryan White Part C Programs Is Essential**

Because of both the inadequacy of insurance coverage for people with complex conditions, such as HIV, and the fact that some individuals will remain uncovered, ***fully funding and maintaining the Ryan White Part C Program is essential to providing comprehensive, expert and effective HIV care nationwide.*** 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, ***it is essential to maintain overall funding levels for the Ryan White Part C***

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<sup>1</sup> See *Improvement in the Health of HIV-Infected Persons in Care: Reducing Disparities* at <http://cid.oxfordjournals.org/content/early/2012/08/24/cid.cis654.full.pdf+html>.

<sup>2</sup> See CDC's *HIV in the United States: The Stages of Care*, <http://www.cdc.gov/nchhstp/newsroom/docs/HIV-Stages-of-Care-Factsheet-508.pdf>, November 2014.

**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.

**Continue to Permit the Use of Federal Funds for Syringe Access Programs that Help to Advance Public Health and Address Drug Use**

RWMPC and HIVMA commend Congress for modifying the ban on federal funding for syringe access programs, and the FY18 Trump Administration budget request for proposing to continue this effective policy. In 2015, 54% of individuals who inject drugs reported using a syringe services program in the past year, compared to only 36% in 2005.<sup>3</sup> While syringe access programs remain technically illegal in St. Louis, injection drug users seek syringe access services over the border in Illinois, and opioid use continues to be a critical problem in our state. In Missouri, hospital utilization for prescription opioid overuse (not the use of illicit opioids, such as heroin) increased 137 percent between 2005 and 2014, with the highest statewide rates of hospital utilization in the St. Louis metropolitan area.<sup>4</sup> In 2014, uninsured patients accounted for 30 percent of all hospital visits for opioid overuse — this was a 10-year, 268 percent increase.<sup>5</sup>

RWMPC and HIVMA are committed to evidence-based public health interventions that both increase access to health care and decrease transmission of HIV, viral hepatitis, and other blood-borne pathogens. Injection drug use is a major transmission route for these infections, and increasing access to syringe access programs through federal funding will help decrease the spread of hepatitis C and HIV, as well as connect individuals to critical health care and support services, including overdose prevention, substance use treatment, and medical care for hepatitis C, HIV, and other life-threatening infections. ***I urge the Subcommittee to maintain appropriations language that allows access to syringe services*** in jurisdictions that are experiencing or are at risk for an increase in hepatitis infections or an HIV outbreak due to injection drug use as a key element of infectious disease prevention and as a way to identify and engage individuals in critical medical care, including substance use treatment.

Thank you your time and consideration of these requests. RWMPC, HIVMA, and I urge you to fully fund the Ryan White Program, including the Ryan White Part C Program, to effectively treat and prevent HIV infection and to optimize individual and public health outcomes, as well as maintain access to federal funding for syringe access programs to help stem the tide of the opioid epidemic and its devastating impact on individuals and families nationwide.

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<sup>3</sup> Centers for Disease Control and Prevention. *VitalSigns: HIV and Injection Drug Use*, November, 2016. Online at: <https://www.cdc.gov/vitalsigns/hiv-drug-use/index.html>

<sup>4</sup> Reidhead, M. (2015, October). Alarming trends in hospital utilization for opioid overuse in Missouri. *HIDI HealthStats*. Missouri Hospital Association. Hospital Industry Data Institute. Online at <http://web.mhanet.com/hidi>

<sup>5</sup> Reidhead, M. (2015, October). Alarming trends in hospital utilization for opioid overuse in Missouri. *HIDI HealthStats*. Missouri Hospital Association. Hospital Industry Data Institute. Online at <http://web.mhanet.com/hidi>