Chairwoman DeLauro, Ranking Member Cole, and members of the Subcommittee, my name is Dr. Marwan Haddad, MD, MPH, Chair-elect of the HIV Medicine Association (HIVMA) and I serve as the Medical Director of the Center for Key Populations at the Community Health Center, Inc. (CHCI), in Middletown, Connecticut, one of the largest Federally Qualified Health Centers in the country. I am pleased to submit testimony on behalf of HIVMA. HIVMA represents nearly 5,000 physicians, scientists, and other health care professionals around the country on the frontlines of the HIV epidemic. Our members provide care and treatment to people with HIV, lead HIV prevention programs, and conduct research in communities across the country. Many of them have been on the frontlines of their community's coronavirus (COVID-19) response.

For the FY2022 appropriations process, we urge you to increase funding for the Ryan White HIV/AIDS Program at the Health Resources and Services Administration (HRSA); increase funding for the Centers for Disease Control and Prevention's (CDC) HIV, hepatitis and STD prevention programs; increase investments in HIV research supported by the National Institutes of Health (NIH); appropriate additional funding to support the "Ending the HIV Epidemic" (EHE) Initiative and its implementation of the EHE initiative as well as the response to the COVID-19 pandemic. As the United States responds to the global COVID-19 pandemic, it is paramount to provide robust funding for public health, including these vital programs which support global and domestic health security measures.
and our public health infrastructure.

The funding requests in our testimony largely reflect the consensus of the Federal AIDS Policy Partnership, a coalition of HIV organizations from across the country. For a chart of current and historical funding levels, along with coalition requests for each program, please click here.

**Ending the HIV Epidemic Initiative – U.S. Department of Health and Human Services:**

Over the last two years, on a bipartisan basis, Congress has appropriated funding for the EHE Initiative, which sets the goal of reducing new HIV infections by 50% by 2025, and 90% by 2030. **We recommend funding the EHE initiative at least at the President's budget request for $670 million in support of ending HIV as an epidemic to be used for expanded access to antiretroviral treatment and pre-exposure prophylaxis (PrEP) to prevent HIV transmissions as well as for improved access to routine and critical health services.**

**Health Resources and Services Administration – HIV/AIDS Bureau:**

HRSA's Ryan White HIV/AIDS Program provides medical care and treatment services to over half a million people living with HIV. Over three-quarters of Ryan White clients are racial and ethnic minorities, and nearly two-thirds are under the federal poverty level. To continue providing comprehensive, life-saving treatment and to bring many more people into care through the EHE Initiative, **we urge Congress to fund the Ryan White HIV/AIDS Program at a total of $2.768 billion in FY2022, an increase of $345 million over FY2021. We strongly recommend providing at least $222 million in EHE funding for the Ryan White Program.**

**HIVMA urges an allocation of $225.1 million, or a $24 million increase over current funding, for Ryan White Part C programs.** The flexibility of the Ryan White Program and its providers' expertise has also allowed Part C clinics to respond to the changing needs of patients
and the health care system throughout the COVID-19 pandemic. Ryan White clinics serve a significant number of individuals living with both substance use disorder and HIV, delivering a range of medical and support services, including overdose prevention and harm reduction services, that are needed to prevent, intervene, and treat substance use disorder as well as related infectious diseases, including HIV, hepatitis C (HCV), and sexually-transmitted infections (STI).

**Health Resources and Services Administration – Bureau of Primary Health Care:**

We recommend appropriating $137 million in new funding for HRSA’s Community Health Center program for the EHE initiative. In those community health centers funded by the EHE Initiative, they were able to increase PrEP uptake from 19,000 in 2020 to nearly 50,000 people in early 2021. CDC estimates only 10% of those who could benefit from PrEP have had it prescribed to them, and those who need it most—black and Latino gay and bisexual men at high risk—are prescribed it at a much lower rate. Scaling up PrEP among the most affected populations is critical to reducing health disparities and ending HIV as an epidemic.

**Centers for Disease Control and Prevention – National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention:**

From the CDC’s leadership role in responding to the COVID-19 pandemic to its ongoing efforts to address persistent public health epidemics and threats, such as HIV, STIs, and viral hepatitis, the CDC is a critical national and global expert resource and response center. To meaningfully address these epidemics and the co-occurring crisis of substance use disorder—especially injection drug use—we request a $731 million overall increase above FY2021 levels for a total of $1.314 billion.

For the Division of HIV/AIDS Prevention (DHAP), we request a total of $1.293 billion, which is a $328 million increase over FY2021 levels. DHAP conducts our national HIV
surveillance and funds state and local health departments and communities to conduct evidence-based HIV prevention activities. CDC's national surveillance system is critical to monitoring populations and regions impacted by the HIV epidemic and identifying outbreaks. The data are vital to allow CDC to tailor prevention efforts to meet the needs of those populations and prevent HIV transmission clusters. **We also strongly recommend appropriating, at a minimum, the $371 million requested by the Administration for the EHE initiative**, allowing the CDC to scale up HIV testing to ensure early diagnosis and care linkage and PrEP programs to prevent new infections.

Additionally, **we urge the appropriation of the requested $120 million for the CDC to fund surveillance and programming to monitor and prevent opioid-related infectious diseases as well as expand access to syringe services programs, harm reduction, and overdose prevention.** Funding for CDC's Infectious Diseases and Opioid Epidemic programming increases prevention, testing, and linkage to care efforts necessary to respond to increases in serious infections linked to substance use, including HIV, hepatitis B and C, and life-threatening bacterial infections such as endocarditis.

**For the Division of Viral Hepatitis (DVH), we request a total of $134.0 million, which is a $94.5 million increase over FY2021 levels. We have the tools to prevent this growing epidemic, including the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021 – 2025), but increased funding is urgently needed to expand testing and screening, prevention, and surveillance to reduce new infections, and to put the U.S. on the path to eliminate hepatitis as a public health threat.**

**For the Division of STD Prevention (DSTDP), we request a total of $272.9 million, which is a $91.1 million increase over FY2021 levels.** For the sixth year in a row, the CDC
reports dramatic increases in STIs in the U.S. These historic increases have created a public health emergency with devastating long-term health consequences, including infertility, cancer, HIV transmission, and infant and newborn deaths.

**National Institutes of Health – Office of AIDS Research:**

In order to advance discoveries important to end HIV epidemic as an epidemic, including improved HIV prevention modalities and treatment options and ultimately a cure and a vaccine, we ask that at least $3.854 billion be allocated for HIV research in FY2022, an increase of $769 million. The return on investment in HIV research extends beyond HIV and includes contributing to the record-breaking timelines for the development of COVID-19 vaccines.

**Indian Health Service – Eliminating HIV and HCV in Indian Country:**

Between 2011 and 2015, there was a 38% increase in new HIV diagnoses among the American Indian/Alaska Native population overall, and a rise of 58% among AI/AN gay and bisexual men. We urge for the Indian Health Service component of the EHE Initiative to be funded at $27 million.

**Conclusion:**

The current pandemic highlights the importance of preparing for infectious diseases outbreaks by fully funding programs that support public health services, infrastructure and workforce so that we are better prepared for the next pandemic. With congressional support, we can be better prepared for preventing future outbreaks and pandemics and get on track to end HIV as an epidemic. Thank you for your time and consideration of these important requests and for strengthening our nation's ability to end the domestic HIV epidemic. Please contact me or HIVMA's Senior Policy & Advocacy Manager, Jose A. Rodriguez at JRodriguez@hivma.org if you have any questions or need additional information.