Submitted by Judith Feinberg, MD, FIDSA Chair of the HIV Medicine Association
Prepared for the Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies Regarding the Fiscal Year 2021 Appropriations for Federal HIV and Related Programs
May 22, 2020

Chairman Blunt, Ranking Member Murray, and members of the Subcommittee my name is Dr. Judith Feinberg, Fellow of the Infectious Diseases Society of America, and Chair of the HIV Medicine Association (HIVMA). I am pleased to submit testimony on behalf of HIVMA. HIVMA represents more than 6,000 physicians, scientists and other health care professionals around the country on the frontlines of the HIV epidemic. Our members provide medical care and treatment to people living with HIV in the U.S., lead HIV prevention programs and conduct research that has led to the development of effective HIV prevention and treatment options. Many of them are infectious diseases specialists who are now on the frontlines of their community's coronavirus (COVID-19) response.

For the FY 2021 appropriations process, **we urge you to increase funding for the Ryan White HIV/AIDS Program at the Health Resources and Services and 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 address workforce shortages that affect the 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 these vital programs which support global and domestic health security measures and our public health infrastructure.

The COVID-19 pandemic has dramatically impacted public health programs across the country. Critical programs are at their breaking point as they continue to fight against COVID-19 while simultaneously responding to their existing public health priorities. Many programs have been forced to shift and re-focus their work. Any reduction in federal funding for state and local health departments, community-based organizations and other entities that provide core HIV prevention, diagnosis and treatment services deserve scrutiny and public comment by those of us dealing with these issues firsthand.

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: https://bit.ly/2SNWk7h.

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. Ryan White Program providers are also on the frontlines of the COVID-19 pandemic, and they need increased and sustained funding to meet the current needs of their patients. Ryan White programs effectively engage clients in comprehensive care

and treatment, including increasing access to HIV medication, which has resulted in 87% of clients achieving viral suppression, the goal of HIV treatment that also decreases transmission, compared to just 59% of all people living with HIV nationwide.

Additional funding across the program's parts to help people living with HIV maintain access to care and treatment during the economic downturn, meet the new needs of people who now are without health insurance, and prevent and contain the spread of COVID-19 is crucial. To continue providing comprehensive, life-saving treatment and to bring many more people into care through the Ending the HIV Epidemic Initiative, **we request a $263 million increase over FY20 levels for the Ryan White HIV/AIDS Program for a total of $2.652 billion**.

<u>Policy</u> – Ryan White Program Income:
Successful HIV prevention for individuals at risk for HIV is available now through education, routine HIV screening, and ready access to pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), harm reduction services, and other prevention tools, strategies both known now and yet to be discovered. HIVMA supports the HIV/AIDS Bureau in allowing Ryan White Program grantees to use their program income to reduce new HIV infections and services that improve care and treatment outcomes for people living with HIV, as long as the use of that program income does not reduce access to current or critical HIV care and treatment services provided by the grantee.

HIVMA urges an allocation of $225.1 million, or a $24 million increase over current funding, for Ryan White Part C programs. Part C-funded HIV medical clinics are struggling to meet the demand of increasing patient caseloads. The team-based and patient-centered Ryan White care model has been highly successful at improving clinical outcomes for a population with complex healthcare needs. Persons with HIV who receive Ryan White services are more likely to be prescribed HIV treatment and to be virally suppressed, which also limits transmission to others. Between 2010 and 2018, the viral suppression rate for all Ryan White clients increased from 70% to 87%.[i] We also know that the annual health care costs for persons who are diagnosed late and/or do not have reliable access to care and treatment are nearly 2.5 times greater than that of healthier persons with HIV.[ii] Increased Ryan White Part C funding also is urgently needed to meet the increasing demand for treatment for substance use disorders and mental health at Ryan White clinics.

We also recommend funding the administration's request of $716 million in funding for the Ending the HIV Epidemic initiative – more than double the 2020 request. The EHE Initiative will focus on 48 counties, the District of Columbia, San Juan, P.R., and seven rural states where the incidence of new HIV infections are the highest. Last year, those jurisdictions developed community-specific plans to combat HIV that addresses the unique needs of each jurisdiction. The funds appropriated last year will allow those plans to be scaled up.

<u>Health Resources and Services Administration</u> – <u>Bureau of Primary Health Care</u>:
We recommend appropriating $87 million in new funding for HRSA's Community Health Center program for the End the HIV Epidemic initiative. Community health centers, especially those already funded by the Ryan White Program, are critical entry points for people with limited resources or without other access to care to get tested and initiate PrEP. 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.[iii] Scaling up PrEP among the most affected populations in the EHE areas is critical to ending the HIV epidemic. Without a vaccine on the horizon, PrEP for HIV is our most effective prevention tool.

Centers for Disease Control and Prevention – National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention:
CDC serves as the command center for the nation's public health defense system against emerging and reemerging infectious diseases. From aiding in the surveillance, detection and prevention of the current COVID-19 outbreak to playing a lead role in the control of Ebola in West Africa and the Democratic Republic of the Congo to pandemic flu preparedness, CDC is both a national and global expert resource and response center, coordinating communications and action and serving as the laboratory reference center. To meaningfully address the HIV, viral hepatitis and STD epidemics, as well as the co-occurring crisis of substance use disorder—especially injection drug use-- **we request a $647 million overall increase above FY20 levels for a total of $1.921 billion.**

For the Division of HIV/AIDS Prevention (DHAP), we request a total of $1.293 billion, which is a $365 million increase over FY20 levels. DHAP conducts our national HIV surveillance and funds state and local health departments and communities to conduct evidence-based HIV prevention activities. As HIV prevention and surveillance staff are shifted to work on the COVID-19 response, it is important that the HIV prevention infrastructure is not impacted. CDC's national surveillance system is a key tool in identifying people and regions most impacted by the HIV epidemic, and tailoring prevention efforts to meet the needs of those populations and prevent HIV transmission clusters. CDC's high impact prevention strategies work, but with flat funding, we cannot reach all the people at risk for HIV. **We also recommend appropriating the $371 million requested by the administration for the Ending the HIV Epidemic initiative**, which will allow CDC to focus on efforts to scale up HIV testing, implement PrEP programs, and immediately link people newly diagnosed with HIV to care to preserve their health and prevent further spread.

Additionally, **we urge the appropriation of the requested $58 million for the CDC to fund surveillance and programming to monitor and prevent opioid-related infectious diseases**. Funding for CDC's Infectious Diseases and Opioid Epidemic programming increases prevention, testing and linkage to care efforts to combat the increase in new HIV and viral hepatitis B and C infections and the massive increase in life-threatening bacterial infections such as endocarditis that affects heart function, all of which have spiked in areas impacted by the opioid crisis. The COVID-19 pandemic already has resulted in increased drug overdoses, homelessness, and unemployment, worsening the underlying conditions in regions already hard-hit by the drug epidemic.

Policy – Syringe Services Programs (SSP): The FY2020 appropriations bill continued a harmful policy rider that restricts the use of federal funds for the purchase of sterile syringes, which negatively impacts the ability of state and local public health groups from expanding SSPs. SSPs have been shown to limit HIV and hepatitis C infections and to increase the number

of people who enter treatment for substance use disorder, while at the same time decreasing drug-related crime. HIVMA is opposed to restrictions on federal funding that ban SSPs from purchasing sterile syringes.

For the Division of Viral Hepatitis (DVH), we request a total of $134.0 million, which is a $95 million increase over FY20 levels. CDC announced that in 2017 there were over 44,000 recognized new cases of hepatitis C. New hepatitis B and C infections are being driven by injection drug use throughout the country, and especially in regions hardest hit by the opioid epidemic.[iv] We have the tools to prevent this growing epidemic, but only significantly increased funding can provide the needed level of testing, education, screening, surveillance, treatment and on-the-ground syringe service programs needed 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 $240.8 million, which is an $80 million increase over FY20 levels. Data released in October 2019 by the CDC shows that after five years of dramatic increases, combined cases of syphilis, gonorrhea, and chlamydia reached all-time highs in the U.S. Tragically, congenital (mother-to-child) syphilis increased by 40% in one year, leading to a 22% increase in newborn deaths related to congenital syphilis. 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 continue funding 21st-century discoveries that will help us end the HIV epidemic, such as improved HIV prevention modalities and treatment options, **we ask that at least $3.502 billion be allocated for HIV research in FY21, an increase of $426 million.** This level of funding is vital to sustaining the pace of research that will improve the health and quality of life for millions of people in the U.S. and abroad. Flat funding of HIV research from FY2015 to FY 2020 threatens to slow progress toward a vaccine and a cure, erode our capacity to sustain our nation's leadership in HIV research and innovation, and discourage the next generation of scientists from entering the field.

Indian Health Service – Eliminating HIV and Hepatitis C in Indian Country:
Last year, the community and administration requested $25 million to address the disparate impact HIV and hepatitis C have on American Indian/Alaska Native populations through the Indian Health Service. Between 2011 and 2015, there was a 38% increase in new HIV diagnoses among the AI/AN population overall, and a rise of 58% among AI/AN gay and bisexual men. We were disappointed that the $25 million request was not included in the final FY20 funding and hope that this can be remedied in FY21. **This year, we urge you to fund the EHE Initiative work within Indian Health Service at $27 million.**

COVID-19 Response Funding Request
As the Senate examines budget requests and the needs of federal spending programs, immediate supplemental funding for programs negatively affected by COVID-19 is urgently needed. As the impacts of the pandemic spread and accelerate throughout the country, additional funding for the Ryan White Program and the CDC is needed. Investment in the Ryan White program is critical

to ensure that no person living with HIV loses access to services during the COVID-19 pandemic and in the economic aftermath. **To meet these immediate needs, Congress should allocate $500 million in supplemental funding to be divided amongst all parts of the Ryan White Program and at least $100 million toward the CDC's Division of HIV Prevention in the next COVID-19 response package.**

Conclusion:

Thousands of frontline providers, scientists and public health professionals who are working to save lives, contain the spread of disease and inform responses to the threat to health, stability and security worldwide are currently involved on the COVID-19 response. These same professionals who are actively orchestrating the response to COVID-19 are also the same dedicated professionals who are responding to the EHE initiative – from the White House to state and local government— compounding strains on a limited workforce. The current pandemic highlights the importance of preparing for infectious diseases outbreaks by fully funding programs that support public health services and infrastructure so that we are better prepared for the next pandemic.

We are concerned about the long-term impact COVID-19 will have on our nation's health care infrastructure and clinical workforce and the impact this may have on the administration's End the HIV Epidemic initiative. We have the tools to end the HIV epidemic in the U.S. To accomplish this, we must substantially increase funding to support comprehensive prevention and care programs, grow a qualified workforce and create a healthcare system which routinely screens people for HIV and provides access to those living with HIV uninterrupted access to care and treatment. We need to invest in a strong public health infrastructure and protect Americans from public health threats and emergencies. 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 requests. Please contact me or Jose A. Rodriguez, Senior Policy & Advocacy Manager, at Jrodriguez@hivma.org if you have any questions or need additional information.

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[i] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2016.pdf.

[ii] Gilman BH, Green, JC. Understanding the variation in costs among HIV primary care providers. AIDS Care, 2008:20;1050-6. doi: 10.1080/09540120701854626.

[iii] CDC. HIV prevention pill not reaching most Americans who could benefit – especially people of color. https://www.cdc.gov/nchhstp/newsroom/2018/croi-2018-PrEP-press-release.html

[iv] Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report 2016. https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf.