

**Submitted by Chair of the HIV Medicine Association, Marwan Haddad, MD, MPH
Prepared for the Subcommittee on LHHS, Education and Related Agencies Committee on
Appropriations, United States Senate, for HHS & Federal HIV and Related Programs.**

May 11, 2022

Chairwoman Murray, Ranking Member Blunt and members of the Subcommittee, my name is Marwan Haddad, MD, MPH, chair 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.

For the FY2023 appropriations process, we urge you to appropriate funding to support the Ending the HIV Epidemic (EHE) initiative, including: increased funding for the Ryan White HIV/AIDS Program (RWHAP) at the Health Resources and Services Administration (HRSA) across all parts, increased funding for the Centers for Disease Control and Prevention's (CDC's) HIV, hepatitis and sexually transmitted infections (STI) prevention programs, and increased investments in HIV research supported by National Institutes of Health (NIH).

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. For a chart of current and historical funding levels and coalition requests for each program, please see [FAPP's FY2023 Appropriations for Federal HIV/AIDS Programs](#).

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

We urge the Senate subcommittee to build on the inroads made by the EHE initiative, now in its fourth year and strengthened by the federal [National HIV/AIDS Strategy](#) (2022-2025). **We recommend funding the EHE initiative at least at the President's budget request for \$850 million across CDC, HRSA and NIH for FY2023, to be used for expanded access to antiretroviral treatment and pre-exposure prophylaxis (PrEP) to prevent HIV transmissions as well as improved access to routine and critical health services.**

National PrEP Program – U.S. Department of Health and Human Services:

The President's budget calls for the creation of a national PrEP program to expand PrEP use and promote racial and ethnic equity in PrEP access. This much needed new program would provide access to PrEP at no cost for uninsured and underinsured individuals, as well as support and expand PrEP programs across a variety of agencies.

A national PrEP program is needed to dramatically reduce new HIV cases and address significant PrEP access disparities among populations the HIV epidemic has heavily impacted. While 1.2 million individuals could benefit from this prevention drug, only [25%](#) have been prescribed PrEP. The numbers drop even further for Black and Latinx individuals, to [8%](#) and

[14%](#). HIVMA supports a program to scale up access to PrEP medication.

Health Resources and Services Administration – HIV/AIDS Bureau:

HRSA’s Ryan White HIV/AIDS Program is critical to ensuring that individuals with HIV are linked to care, are retained in care, have medical adherence and achieve viral suppression. RWHAP has been critical to our HIV response by supporting care and treatment for people with HIV without another source of coverage. In 2020, the viral suppression among RWHAP clients reached a record high of [89.4%](#) as compared to 65.5% among all people diagnosed with HIV in the U.S. Sustaining an undetectable viral load in people with HIV is important to their health and to stop HIV transmissions. This is one of the many reasons RWHAP is a critical component of the EHE initiative in decreasing racial and ethnic, age-based and regional disparities. **To sustain current services and to ensure more people with HIV benefit from HIV care and treatment, we urge Congress to fund the Ryan White HIV/AIDS Program at \$2.942 billion in FY2023, an increase of \$447.5 million over FY2022. In addition, we strongly recommend providing at least \$290 million in EHE funding for the Ryan White Program, a \$165 million increase over FY2022.**

HIVMA urges an allocation of \$231 million, a \$25.5 million increase over FY2022, for Ryan White Part C programs. It is critical to ensure that clinics in all jurisdictions nationwide receive additional funding to increase access to HIV care and treatment to help end the domestic HIV epidemic. Approximately half of Part C providers serve rural communities, making the clinics the primary source for delivering HIV care to rural jurisdictions.

Part C of the Ryan White Program directly funds approximately 350 community health centers and HIV clinics, providing medical care to more than 300,000 people each [year](#). 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 to prevent, intervene and treat substance use disorders as well as related infectious diseases, including HIV, viral hepatitis and STIs.

CHCI’s Ryan White-Funded Clinic in Connecticut Is Leading on Expanding Access to HIV Prevention, Care & Treatment

The Center for Key Populations (CKP) at Community Health Center Inc. (CHCI) has received funding through the Ryan White Cares Act for more than 23 years, making us a leading source of HIV primary care in the state of Connecticut. Each year CHCI has increased the number of HIV patients served, the number of services offered and the number of HIV tests conducted based on the needs of the communities we serve.

The needs of both established and newly diagnosed patients with HIV are growing more complex, especially as the population ages. In 2021, even as HIV prevention methods became more available, CHCI experienced an increase in the number of patients living with HIV who accessed services at our sites. Of all new patients enrolled in care at CHCI in 2021, 71% self-reported as racial and ethnic minorities and 56% reported food and housing insecurity as major barriers to achieving optimal health care. Additionally, 4% of all Ryan White patients were uninsured, 87.9% had at least one clinical comorbidity and 62% reported unmet mental health needs at the time of intake. Among Ryan White Program patients at CHCI, 60% reported experiencing stigma or discrimination based on their gender identity, sexual orientation or HIV

status in the last year. As the country resumed “normal” activities after the COVID-19 pandemic, individuals living with HIV reported significant symptoms of isolation that were difficult to overcome.

CHCI’s Ryan White Program eligible patients who are engaged in care are screened for substance use disorders routinely; in 2021, 59% screened positive, with 10% considering those needs urgent or severe. CHCI, like most Ryan White Part C programs, also receives funding from other parts of the Ryan White Program, and these help us provide support services that were particularly important in retaining patients in care and assisting in medication compliance. These services included home medical monitoring equipment, transportation, case management, patient navigation, home-delivered meals, grocery delivery, check-in phone calls and other key components of care unique to the Ryan White Program care model and contribute to optimal health care outcomes for all patients.

The support services provided by Ryan White funding were pivotal in maintaining stability and transitioning care efficiently during the COVID-19 pandemic. The infrastructure developed over 23 years of funding gave Ryan White patients the additional support they needed to sustain healthy outcomes and return to care as soon as possible after the pandemic. These services are integral to the success of patients in maintaining viral load suppression to protect themselves and their communities.

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

We recommend appropriating \$172.3 million in new funding for HRSA’s Community Health Center program for the EHE initiative, a \$50 million increase over FY2022. As part of the EHE initiative, HRSA’s community health center program is focused on expanding HIV prevention services, including outreach, care coordination and access to PrEP services. In 2020 and 2021, EHE resources were distributed to 213 health centers that received Health Center/Ryan White Program funding and/or were located close to a Ryan White Program where no jointly funded health center currently existed in targeted jurisdiction sites. These health centers [reported](#) more than 151,000 patients receiving PrEP services in the first year of the EHE initiative – a significant accomplishment in scaling up PrEP among the most affected populations, 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 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, 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 \$731.9 million overall increase above FY2022 levels for a total of \$2.077 billion.**

For the Division of HIV/AIDS Prevention (DHAP), we request a total of \$1.233 billion, which is a \$246 million increase over FY2022 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. **We also strongly recommend appropriating at least the \$310 million requested by the Administration for the EHE initiative, a \$115 million increase above FY2022, allowing CDC to scale up HIV testing to ensure early diagnosis and linkage to care, and PrEP programs to prevent new infections.**

Additionally, **we urge the appropriation of \$150 million for CDC to fund surveillance and programming, a \$132 million increase above FY2022, to monitor and prevent injection-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 is critical to the national response to the opioid crisis, including expanding support for monitoring and data collection and strengthening national capacity to share information and expand access to effective prevention services, including syringe services programs.

For the Division of Viral Hepatitis (DVH), we request a total of \$140 million, which is a \$99 million increase over FY2022 levels. We have the tools to prevent this growing epidemic, but increased funding is urgently needed to expand testing and screening, prevention and surveillance to put the U.S. on the path to eliminating hepatitis as a public health threat.

For the Division of STD Prevention (DSTDP), we request a total of \$329.2 million, which is a \$164.9 million increase over FY2022 levels. CDC's 2020 STD [Surveillance Report](#) shows syphilis among newborns (i.e., congenital syphilis) increased, with reported cases up nearly 15% from 2019 and 235% from 2016. Increases like these 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:

The historical response to the COVID-19 pandemic over the last two years exemplifies the value of the nation's longstanding commitment to NIH. Decades of medical research supported by NIH are the foundation for diagnostic, treatment and preventive interventions available today, and building on this research will be vital in finding a cure and vaccine for HIV. **To advance these and other scientific discoveries, we ask that at least \$3.875 billion be allocated for HIV research in FY2023, an increase of \$681 million over FY2022.**

Conclusion:

Thank you for considering this request to support lifesaving investments in domestic HIV and infectious diseases programs in the FY2023 (LHHS) appropriations bill. Fully funding these programs will ensure progress in ending the domestic HIV epidemic and help maintain the gains achieved in recent years. HIVMA looks forward to working with Congress to ensure that the resources necessary to make significant progress in preventing HIV and improving the health and well-being of people with HIV are provided. Please contact me or HIVMA's senior policy and advocacy manager, Jose A. Rodriguez, 4040 Wilson Boulevard, Suite 300, Arlington, VA, 22203, at JRodriguez@hivma.org or (703) 299-0200 if you have any questions or need additional information.