

**Testimony for the Record for the Labor, Health and Human Services, Education and  
Related Agencies Subcommittee of the House Committee on Appropriations  
Submitted by Christopher Bositis, MD  
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Lawrence, Massachusetts  
Co-Chair of the national Ryan White Medical Providers Coalition**

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Chairwoman DeLauro, Ranking Member Cole, and members of the Subcommittee, my name is Dr. Christopher Bositis and I serve as Clinical Director for HIV and Viral Hepatitis programs at the Greater Lawrence Family Health Center (GLFHC) in Lawrence, Massachusetts. I am pleased to submit testimony on behalf of the Ryan White Medical Providers Coalition (RWMPC). 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) at the Health Resources and Services Administration (HRSA). I want to thank the Subcommittee for increasing funding in FY21 for both the Ryan White Program and the Bureau of Primary Health Care at HRSA by funding the bipartisan Ending the HIV Epidemic (ETE) initiative. Supporting the ETE initiative will help target jurisdictions scale up their ability to end the HIV epidemic by increasing access to HIV testing, prevention, care, and treatment services critical to reducing HIV transmission. However, **expanding the Ryan White Program even further now would help jurisdictions nationwide address ending the HIV epidemic.** To achieve this expansion, I request for FY22 **\$225.1 million (a 10% or \$24 million increase) for Ryan White Part C, which supports approximately 350 HIV medical clinics nationwide.**

Additionally, RWMPC requests additional resources for the ETE initiative to expand access to HIV prevention, care, and treatment, including \$349 million for HRSA's ETE program. This funding would include ***\$212 million for the Ryan White Program to provide additional***

**HIV care and treatment, as well as \$137 million for the Bureau of Primary Health Care to support HIV prevention services, including providing Pre-Exposure Prophylaxis (PrEP), medication to prevent HIV.**

*It is especially important now that increases for Ryan White Part C or for the ETE initiative be new, additional funding and not a repurposing of current resources.* The additional pressure that the COVID-19 pandemic has placed on public health infrastructure and medical facilities, including Ryan White clinics, is significant and limited resources cannot be further stretched.

**In fact, COVID-19 has demonstrated why our nation needs to strengthen the public health infrastructure and medical clinics serving people living with HIV.** Ryan White clinics have been critical to providing an effective COVID-19 response and many Ryan White medical providers have been pulled in as leaders of the pandemic response in their jurisdictions. This has worked well as these providers are infectious diseases experts who have significant experience caring for vulnerable populations.

**The flexibility of the Ryan White Program and the knowledge and innovation of its medical providers also has allowed Part C clinics to respond to the changing needs of patients and the health care system throughout the transitions and challenges of the COVID-19 pandemic.** Part C clinics have helped people with HIV by sustaining access to health care and medication through telehealth and key services, such as case management and transportation; by enrolling new patients who lost their health insurance as a result of the economic downturn; and by providing PPE, food, and housing security during this emergency.

### *GLFHC in Massachusetts Has Expanded Access to HIV Prevention, Care, & Treatment*

Since 1990, the Greater Lawrence Family Health Center has served as the leading source of HIV primary care in the Merrimack Valley when its HIV program was established with the assistance of Ryan White funding. Since then, the program has grown dramatically and now **serves almost 370 individuals living with HIV, most with complex medical and psychosocial needs. Reflective of the community we serve, 75% are Latinx and 76% live at or below the federal poverty level.** Like other HIV clinics across the US, ours serves an increasingly aging population, with 66% over the age of 45; as a result, the burden of co-morbid illnesses, such as cancer, cardiovascular disease, and metabolic complications, is extremely high. Alarming, **14% lack permanent housing**, and members of our community recently found themselves at the unfortunate intersection of housing instability, the opioid epidemic, and the HIV epidemic, ***leading to one of the largest recent HIV outbreaks in the US, with the CDC identifying nearly 130 new infections in Northeast Massachusetts as a result.*** Clinical and other Ryan White funded staff at GLFHC noted the uptick in new infections early on, and their rapid, coordinated response with the Massachusetts Department of Public Health was critical to identifying the outbreak. GLFHC, like most Ryan White Part C clinics, also receives support from other parts of the Ryan White Program that help us provide medications, additional medical care, and support services, such as case management and transportation, all key to the comprehensive Ryan White care model that produces outstanding outcomes.

GLFHC also provides Pre-Exposure Prophylaxis (PrEP) services across the clinic. This critical HIV prevention tool is integrated at GLFHC as part of prevention and primary care services. However, more support for the PrEP program, including for PrEP navigators and lab tests, is needed to scale up these services to meet patient needs.

As noted above, the opioid epidemic continues to hit Massachusetts and other parts of the U.S. hard. GLFHC patients struggle with HIV, substance use disorder, and related infectious diseases, such as hepatitis C. In response, we have implemented a local syringe services program and rapidly expanded our substance use disorder treatment program.

**Ryan White Part C Clinics are Effective Medical Homes and Public Health Programs**

Ryan White Part C directly funds approximately **350 community health centers and clinics** that provide comprehensive HIV medical care **nationwide**, serving more than **300,000 patients each year**. These clinics are the primary method for delivering HIV care to **rural jurisdictions - approximately half of all Part C providers serve rural communities**. The program's comprehensive services engage and keep people in HIV care and treatment. This is critical, because HIV disease is infectious, so identifying, engaging, and retaining individuals living with HIV in effective care and treatment **saves lives and benefits public health by stopping HIV transmission when individuals are virally suppressed**.

In 2019, **more than 88% of Ryan White patients were virally suppressed – an almost 27% increase in the program-wide viral suppression rate since 2010**. In 2021, **88% of GLFHC patients have been virally suppressed in spite of the complex challenges the COVID-19 pandemic has presented**. The Ryan White Part C program's comprehensive services engage and keep people in HIV care and treatment. For example, **95% of HIV patients are on antiretroviral therapy at GLFHC**. Early, reliable access to HIV care and treatment helps patients with HIV live **healthy and productive lives** and is more **cost effective**.

**Part C Clinics Are on the Frontlines of the Opioid Epidemic and Provide SUD Treatment**

**Ryan White clinics serve a significant number of individuals living with both substance use disorder and HIV**. Part C clinics are able to deliver a range of medical and

support services, including overdose prevention and harm reduction services, needed to prevent, intervene, and treat substance use disorder as well as related infectious diseases, including HIV, hepatitis C, and sexually-transmitted infections. **The experience and expertise of Ryan White Part C medical providers should be leveraged to effectively respond to the opioid epidemic and overdose crisis and to help rapidly expand access to urgently needed SUD services.**

***Funding for Prevention and Harm Reduction at CDC and Research at NIH Is Critical***

While my testimony has focused on HRSA programs, the ability to effectively respond to the syndemics of HIV, substance use disorder, and related infectious diseases such as hepatitis C; sexually transmitted infections; and skin, soft tissue, and endovascular infections depends on CDC funding to enhance surveillance and prevention activities, and on NIH to continue to improve the tools to prevent and treat HIV and SUD and to learn how to effectively implement them. We request ***\$371 million for CDC to provide surveillance, response, and other HIV prevention services as part of the ETE initiative***, as well as ***\$120 million for CDC to address the infectious diseases consequences of the opioid epidemic, including by supporting and expanding access to syringe services programs, harm reduction, and overdose prevention***. Finally, we support ***continued robust funding for NIH***. This funding supports discoveries that will help to end the HIV, hepatitis C, and opioid epidemics and that have informed the treatment and prevention of COVID-19.

Thank you for your time and consideration of these requests, and please don't hesitate to contact me or Jenny Collier, Convener of the Ryan White Medical Providers Coalition, at [jcollier@colliercollective.org](mailto:jcollier@colliercollective.org) if you have any questions or need additional information.