

Testimony of Ernie-Paul Barrette, MD
Medical Director of the HIV Clinic for the Washington University School of Medicine and
Member of the Ryan White Medical Providers Coalition
for the Labor, Health and Human Services, Education and Related Agencies Subcommittee
of the Senate Committee on Appropriations
regarding the Ryan White HIV/AIDS Program at the HIV/AIDS Bureau and HIV
Prevention Services through the Bureau of Primary Care at the Health Resources and
Services Administration and Related Programs at the Centers for Disease Control and
Prevention at the Department of Health and Human Services
May 22, 2020

Chairman Blunt, Ranking Member Murray, and members of the Subcommittee my name is Dr. Ernie-Paul Barrette, and I serve as Medical Director of the HIV Clinic for the Washington University School of Medicine, in St. Louis, Missouri, the largest providers of medical care for patients with HIV/AIDS in Missouri. I am pleased to submit testimony on behalf of the Ryan White Medical Providers Coalition (RWMPC), a national coalition of medical providers and administrators who work in healthcare clinics supported by the Ryan White HIV/AIDS Program in the HIV/AIDS Bureau (HAB) at the Health Resources and Services Administration (HRSA).

I want to thank the Subcommittee for increasing funding in FY20 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, **increasing support for the Ryan White Program now would help jurisdictions nationwide continue to address ending the HIV epidemic while also meeting the new challenges COVID-19 presents.** For FY21, RWMPC requests **\$225.1 million (a 10% or \$24 million increase) for Ryan White Part C**, which supports approximately 350 HIV medical clinics nationwide. RWMPC also requests **\$500 million across the parts of the Ryan White Program in the next COVID-19 response bill** to respond to a range of urgent patient and provider needs during the COVID-19 pandemic.

Additionally, RWMPC supports the Administration's FY21 request for additional resources for the ETE initiative to expand access to HIV prevention, care, and treatment. RWMPC continues to support the FY21 ETE proposal that includes \$302 million for HRSA, including **\$165 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 any FY21 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 epidemic is placing on the public health infrastructure and medical facilities, including Ryan White clinics, is significant and limited resources cannot be further stretched. As of May 14, 2020, the Barnes Jewish Children's hospital network (of which my institution is a member) has completed 21,667 COVID-19 tests with 2,596 positives (12%). Almost 30% of the COVID-19 positive patients were admitted and discharged home. COVID-19 is a critical reason to strengthen the public health infrastructure and medical

clinics serving people living with HIV. Ryan White clinics are being pulled into wider COVID-19 response as experts in infectious diseases, while caring for vulnerable patients.

Finally, as successful HIV prevention for individuals at risk for HIV is available now through education, routine HIV screening, and ready access to PrEP, post-exposure prophylaxis (PEP), harm reduction services, and other prevention tools, both known and yet to be discovered, ***RWMPC supports HRSA/HAB to allow Ryan White Program grantees to use their program income to reduce new HIV infections and for 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.***

How the Ryan White Program is Responding to the COVID-19 Pandemic

Ryan White Program providers and community-based organizations nationwide are on the frontlines of the COVID-19 pandemic, and they need additional funding **both in FY21 and in the next COVID-19 response bill** to meet the pressing current needs of their patients and clients. Ryan White clients are both vulnerable to the dangers of COVID-19 infection given their HIV status as well as low income – in 2018, more than 61% of Ryan White Program clients were living at or below 100% of the Federal Poverty Level. The health and economic dangers of COVID-19 impact every aspect of patients' lives. Ryan White clinics nationwide have shifted care to telehealth to protect patients during the pandemic but providing access to phones with sufficient minutes for patients and telehealth equipment for providers and clinics has been an immediate cost that clinics must support. Additionally, clinics are providing significantly more case management services to support a growing number of patients who are experiencing increased or new impoverishment from the dramatic economic downturn over the last 2-3 months. Ryan White programs are covering new costs, including medications (prescription as well as over-the-counter medications to help treat COVID-19), behavioral health services, and access to basic necessities, such as food and shelter that is appropriate during COVID-19.

As infectious diseases experts, Ryan White program teams are on the frontlines of both the HIV and COVID-19 pandemics, often doing multiple jobs at once now, and they need safety and protection, including PPE and mental health support, as well as the security that their team will continue to be employed during this dramatic economic disruption. Changes in program income based on the move to serve patients via telehealth, the loss of insurance coverage, and other budget cuts in the wake of COVID-19 make the need for federal resources more critical than ever. Additional funding across the program's parts is needed to help people living with HIV stay in care and on treatment; 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. Without this additional support, the Ryan White Program will fail to meet the immediate needs of its patients and clients while losing ground on responding effectively to COVID-19 and HIV.

Washington University in Missouri Is Leading the Way

Washington University's Ryan White-funded clinic has served as the leading source of HIV primary care in Missouri for over 30 years. Each year our Ryan White clinic serves more patients with more complex needs. In 2019, the HIV Clinic at Washington University served 2,095 patients, a 3% increase over 2018 in its number of patients living with HIV. Over the past

fourteen years the clinic has seen a 109% increase in patients living with HIV. Additionally, approximately 1 in 8 patients were fully uninsured and relied heavily on the Ryan White Program to fund their care, and a significant portion experienced housing insecurity. I expect the number of patients relying on the Ryan White Program for support to increase this year as a result of the significant economic downturn.

Washington University, like most Ryan White Part C clinics, receives support from several parts of the Ryan White Program - including parts A, B, C and D - that provide medications and services, including additional medical care, dental services, mental health services, peer health coaches, case management, and transportation – all key components of the comprehensive Ryan White care model that produces outstanding outcomes. In 2019, we started a new program called Rapid Start in which newly diagnosed patients are seen quickly and offered treatment at their first appointment. This program has significantly decreased the time it takes for most patients to achieve viral suppression or HIV treatment success. Additionally, Washington University provides dedicated services for women who are pregnant and for patients reentering care after being out of care for over a year. Both services include nurses and social workers that accompany patients to appointments and do home visits during these critical times.

Washington University also provides Pre-Exposure Prophylaxis (PrEP) services. This critical HIV prevention tool is integrated as part of prevention and primary care delivery. However, more support for the PrEP program is needed to scale up these services to meet patient and community needs, since Ryan White Program funding (including program income) currently is not permitted to support these key prevention services for individuals who are HIV negative.

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 2018, over **87% of Ryan White patients were virally suppressed – a 25% increase in the program-wide viral suppression rate since 2010**. *Washington University aligns with this national average – in 2019, 87% of Washington University patients were virally suppressed.* Also, **90% of HIV patients remain in care at Washington University** – a critical fact since HIV disease is infectious, so identifying, engaging, and retaining persons living with HIV in effective care and treatment is an essential public health outcome.

Ryan White Clinics Are Saving Lives and Reducing Costs

Early access to HIV care and treatment helps patients with HIV live **healthy and productive lives** and is **cost effective**. A study from the University of Alabama at Birmingham's Ryan White clinic found that patients treated at later stages of HIV disease required **2.6 times more health care dollars** than those receiving earlier treatment meeting federal HIV treatment guidelines.

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 (SUD) and HIV. Part C clinics are able to deliver a range of medical and support services needed to prevent and treat substance use disorder as well as related infectious diseases, including HIV, HCV, and sexually-transmitted infections. The Washington University HIV Clinic has been a leader in expanding HIV testing to identify cases; has improved linkage-to-care services; and has used social media to improve engagement, retention, and medical outcomes among youth and young adult patients.

However, the opioid epidemic continues to hit Missouri and other parts of the U.S. hard. Washington University patients struggle not only with HIV, but also with SUD and related infectious diseases, such as hepatitis C, with Missouri experiencing a dramatic increase in hepatitis C cases.¹ The Washington University HIV Clinic started a hepatitis C clinic in order to treat this infection earlier. Additionally, as a result of the increased need for SUD treatment and overdose prevention services, the Ryan White clinic now offers Medication Assisted Treatment (MAT) with buprenorphine and naltrexone and access to naloxone (which reverses drug overdoses). Finally, the clinic received a CDC grant to treat opioid use disorder in HIV negative patients with complicated infections. We work to blend all of these services in order to keep our high-risk patients HIV free. **The experience and expertise of Ryan White clinics should be supported to effectively respond to the opioid epidemic and more rapidly expand access to SUD services. This is especially important now during the COVID-19 pandemic when we are seeing increased risk for and anecdotal evidence of rising drug overdoses.**

Increased Funding for Prevention at CDC and Research at NIH Also Is Critical

The ability to effectively respond to the syndemics of HIV, substance use disorder, and related infectious diseases such as HCV; 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 support the Administration's FY21 request for ***\$371 million for CDC to provide surveillance, response, and other HIV prevention services as part of the ETE initiative, and the Administration's FY21 request for \$58 million for CDC to address the infectious diseases consequences of the opioid epidemic.*** We also request ***\$58 million through CDC's opioid and infectious diseases program in the next COVID-19 response package*** to support access to harm reduction services, including syringe services programs, that prevent overdose and infectious diseases transmission and connect individuals to SUD treatment and medical care. Finally, we support ***continued robust funding for NIH.*** This funding supports discoveries that will help end the HIV, HCV, and opioid epidemics.

Conclusion

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 if you have any questions or need additional information.

¹ Missouri Department of Health and Senior Services. Online at: <https://health.mo.gov/data/hivstdaids/pdf/HepCKnownRisksFactSheets.pdf>