

HIV + HEP

POLICY INSTITUTE

HIV+Hepatitis Policy Institute Outlines FY2021 Appropriation Priorities

The **HIV+Hepatitis Policy Institute** appreciates the work the Senate has been doing over the last several months responding to the COVID-19 pandemic. We thank you for your continued attention to this crisis, particularly as it affects our nation's public health infrastructure. We are very appreciative of the funding included in the CARES Act for the Ryan White HIV/AIDS Program and the Housing Opportunities for People with AIDS (HOPWA) program to address the needs of people living with HIV/AIDS who are also dealing with COVID-19.

The current COVID-19 pandemic and response are a wake-up call to our nation about the importance of addressing infectious diseases and our public health infrastructure. The healthcare workers, community-based organizations, and state and local governments who have been on the frontlines of the COVID-19 response are the same people and organizations that have been responsible for planning and implementing our nation's response to both HIV and hepatitis. Once the current crisis subsides, we must continue to provide resources to shore up our underlying public health infrastructure so that we can end other infectious diseases, such as HIV and hepatitis. In order to provide this necessary funding, the **HIV+Hepatitis Policy Institute** strongly supports funding critical public health programs, including those for HIV and hepatitis, outside of the Budget Control Act spending caps, similar to what has been proposed by the Health Defense Operations fund.

Last year, Congress provided first year funding to begin planning and implementing the historic ***Ending the HIV Epidemic*** initiative that ramps up prevention programs along with treatments that suppress the virus in the 57 target jurisdictions. As detailed in the testimony submitted today by the **HIV+Hepatitis Policy Institute** to the Senate Labor-HHS Appropriations Subcommittee, we must scale up these efforts in the program's second year. We are in full support of the administration's request of a \$450 million increase in FY 2021 for the ***Ending the HIV Epidemic*** initiative. As detailed in the testimony, the funding would be allocated to the CDC HIV Division, HRSA's Community Health Centers and the Ryan White HIV/AIDS Program, the Indian Health Center, and the NIH.

Now that we have therapeutic cures for hepatitis C that work in as little as eight weeks, we can also end hepatitis C, another highly infectious disease that currently impacts 2.4 million people in the United States. Newly released data from the CDC show that in 2018 there were an estimated 50,300 new hepatitis C infections, which represents a three-fold increase in the rate of new infections over the last decade. However, the CDC hepatitis division only receives \$39 million annually to address hepatitis A, B, and C to conduct surveillance, screening, education, linkage to care efforts, and respond to outbreaks throughout the country. As detailed in our testimony, we urge you to invest in hepatitis programs, especially considering the ongoing opioid epidemic, by providing \$134 million—an increase of \$95 million—for the CDC Hepatitis Division, and \$58 million—an increase of \$48 million—as proposed by the president for the CDC's ***Eliminating Opioid Related Infectious Diseases*** program.

Again, thank you for your work in addressing infectious diseases such as HIV and viral hepatitis, and now COVID-19. If you have any questions or comments, please do not hesitate to contact me. Thank you.

Carl Schmid
Executive Director