



## Testimony for the Record

### House Appropriations Subcommittee on Labor, HHS, Education, and Related Agencies

#### Fiscal Year 2022 Appropriations for HIV and Hepatitis Programs

**Carl Schmid, Executive Director, HIV+HEP Policy Institute**

On behalf of the **HIV+Hepatitis Policy Institute**, we respectfully submit this testimony in support of increased funding for domestic HIV and hepatitis programs in the FY 2022 Labor, HHS spending bill. **HIV+Hep** is a leading HIV and hepatitis policy organization promoting quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.

On June 5<sup>th</sup> we will commemorate the 40<sup>th</sup> anniversary of the CDC's initial public pronouncement of what we now know to be HIV. Since then, the U.S. has made great advances in HIV prevention, care, and treatment, but much work remains. Since 2013, new diagnoses have plateaued at about 38,000 per year. HIV continues to disproportionately impact Black and Latino gay men, Black women, people who inject drugs, and who live in the South. Recently, the Department of Health and Human Services released updated strategic plans to guide our nation in responding to the HIV and hepatitis epidemics, including for the first time ever, calling for the elimination of viral hepatitis. In each of the plans, the need to address the syndemics of HIV and hepatitis is prioritized.

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As our country continues to respond and recover from the COVID-19 pandemic, which has impacted HIV and hepatitis services, we know we have the science to end two other infectious diseases that have been impacting our country for decades: HIV and hepatitis C. While there still is no cure or vaccine for HIV, we have preventive tools along with treatments that suppress the virus and together can bring the number of new infections down to a point that we can end HIV. For hepatitis C, there are curative treatments. However, federal leadership and funding for our public health system are necessary to ramp up efforts to address these two epidemics. The programs and funding increases detailed below are pivotal to our nation's ability to end both HIV and hepatitis.

### **Ending the HIV Epidemic in the U.S.**

Over the past two years, Congress has appropriated over \$400 million in new funding for the *Ending the HIV Epidemic in the U.S.* initiative, which sets the goal of reducing new HIV infections by 75% by 2025, and 90% by 2030. Priority jurisdictions have used initial funding to develop ending HIV plans with the help of community partners that build on existing HIV programs and utilize new innovations and strategies. Even while battling COVID, the Ryan White HIV/AIDS Program reports that in these priority jurisdictions, with the additional funding, they were able to bring nearly 6,300 new clients into the program and re-engage an additional 3,600 between March and August of 2020. In the community health centers funded by the EHE Initiative, they were able to increase pre-exposure prophylaxis (PrEP) uptake from 19,000 in 2020 to nearly 63,000 people within 11 months. While we do not have full details of President Biden's FY22 budget, we know his initial budget calls for an increase of \$267 million to end HIV. **Since this falls short of what was proposed last year and what is needed, we urge the**

**Congress to do better and significantly increase funding for the *Ending the HIV Epidemic in the U.S. Initiative* for FY2022 so that this important work can be properly ramped up.** In

particular we ask for increased funding for the following programs:

- *CDC Division of HIV/AIDS Prevention* for testing, linkage to care, and prevention services, including PrEP (+\$196 m);
- *HRSA Ryan White HIV/AIDS Program* to expand comprehensive treatment for people living with HIV (+\$107 m); and
- *HRSA Community Health Centers* to increase clinical access to prevention services, particularly PrEP (at least +\$34.7 m).

The success of the EHE initiative rests upon our underlying public health prevention, care, and treatment programs at CDC and HRSA. Congress must ensure that these are adequately funded to provide services in all areas of the country.

#### **The Ryan White HIV/AIDS Program at the Health Resources and Services**

**Administration** provides medical care, medications, and essential coverage completion services to over 567,000 low-income, uninsured, and/or underinsured individuals with HIV. For over 30 years, the Ryan White program has pioneered innovative models of care which has resulted in 88 percent of Ryan White clients achieving viral suppression, a critical marker for decreasing new infections in the U.S. Currently Ryan White Programs, and particularly the AIDS Drug Assistance Programs (ADAPs), are facing increased demand as people have lost health coverage and incomes due to the economic impact of COVID-19, and state and local budgets have become increasingly stressed. Without increased funding some ADAPs may be forced to institute wait lists for medications or other cost containment measures. We urge Congress to

fund the Ryan White HIV/AIDS Program at a total of \$2.768 billion in FY2022, an increase of \$345 million over FY2021 including an increase of \$68 million for ADAPs for total funding of \$968.3 million.

In addition, **HIV+Hep** opposes any efforts through the appropriations process to alter the intent of the program to use Ryan White-derived funds for activities outside the scope of the original intent of current legislative language.

A holistic response to the HIV epidemic depends on fully funding other priority programs including **CDC's Division of School and Adolescent Health**, the **Minority HIV/AIDS Initiative**, **AIDS Research at the NIH**, **Title X Family Planning Program**, and **Teen Pregnancy Prevention Program (TPPP)**.

### **Viral Hepatitis**

We respectfully request that you provide increased funding for viral hepatitis programs at the CDC. The CDC estimates that more than 4.5 million people in the United States live with hepatitis B (HBV) or hepatitis C (HCV), with nearly half unaware they are living with the disease. The opioid epidemic has significantly increased the number of viral hepatitis cases in the United States, with available data suggesting that more than 70 percent of new HCV infections are among people who inject drugs. There are curative treatments available for HCV, but individuals must have access to screening and linkage to care programs to be able to take advantage of these medications.

### **CDC Division of Viral Hepatitis**

The viral hepatitis programs at the CDC are severely underfunded, receiving only \$39.5 million—far short of what is needed to build and strengthen our public health response and to

eventually end hepatitis. States' ability to conduct enhanced HCV surveillance activities is severely hampered by a lack of funding. Additional resources would allow the CDC to enhance testing and screening programs, link people to treatment, conduct additional provider education, and increase services related to hepatitis outbreaks and injection drug use. **We urge you to provide the CDC Division of Viral Hepatitis with \$134 million, an increase of \$94.5 million over FY 2021 enacted levels.**

### **CDC's Eliminating Opioid-Related Infectious Diseases Program**

This CDC program focuses on addressing the infectious disease consequences of injection drug use due to the opioid crisis. Providing support for this program is another key step in preventing new cases of viral hepatitis and HIV and putting the country on the path towards elimination. **We urge the committee to fund this program to eliminate opioid-related infectious diseases at no less than \$120 million, an increase of \$107 million.**

### **Syringe Service Programs (SSPs)**

We also ask that the committee support ending any prohibition on the use of federal funds to purchase sterile needles or syringes for SSPs. A wealth of scientific evidence has shown that SSPs reduce the spread of infectious diseases, such as HIV and hepatitis. Full federal funding for these programs will only serve to make the programs stronger and more effective.

In conclusion, we urge the committee to continue its investment in our nation's public health infrastructure specifically as it relates to addressing the ongoing HIV and HCV epidemics. Fortunately, we have the tools available to end both these epidemics; however, we must provide the necessary resources to achieve these goals.