



Testimony for the Record
Senate Appropriations Subcommittee on Labor, HHS, Education, and Related Agencies
Fiscal Year 2022 Appropriations for HIV and Hepatitis Programs
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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. The **HIV+Hepatitis Policy Institute** 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.

This June 5th our nation commemorated the 40th anniversary of AIDS. Over the last four decades the U.S. has made great advances in HIV prevention, care, and treatment; but much work remains. While between 2015 and 2019 the U.S. saw slight decreases in the number of new HIV infections, disparities continue to exist, and some populations saw increases in infections. HIV continues to disproportionately impact Black and Latino gay men, Black women, people who inject drugs, and who live in the South. The Centers for Disease Control and Prevention (CDC) reports that over half of all new HIV infections in 2019 were 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.

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 is 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 percent by 2025, and 90 percent by 2030. Priority jurisdictions have used initial funding to develop ending HIV plans with the help of community partners that build on existing

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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.

We are pleased that President Biden has proposed to increase funding for the *Ending the HIV Epidemic* initiative by \$267 million as part of his FY22 budget. Additionally, the Biden administration has proposed increases in other domestic HIV programs. **Since many of these increases fall 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 (+\$50 m)

The success of the EHE initiative rests upon our underlying public health prevention, care, and treatment programs at the 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.

The **CDC Division of HIV Prevention** funds state and local public health departments and community-based organizations to implement and enhance targeted, tailored, and high-impact prevention programs aimed at addressing racial and geographic health disparities. This includes HIV testing, condom distribution programs, and other HIV awareness campaigns. CDC also funds our national surveillance system which is critical to identifying new HIV clusters and outbreaks and provides the data necessary to tailor resources and programming. Funding from the CDC also allows communities to focus on increasing access to and use of PrEP, which is critical to ending the HIV epidemic. Recent CDC data show that in 2019, nearly 285,000 or 23 percent of people eligible for PrEP were prescribed it, up from 3 percent in 2015. While this increase is moving in the right direction, some of the communities most in need of PrEP are not receiving it and we must continue building programs to provide outreach to communities and education about PrEP.

A holistic response to the HIV epidemic also depends on fully funding other priority programs at HHS, including the **CDC's Division of School and Adolescent Health and STI Prevention**, the **Minority HIV/AIDS Initiative**, **AIDS Research at the NIH**, the **Title X Family Planning Program**, and the **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 several 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. The number of acute hepatitis C cases reported in the U.S. has increased every year since 2012. CDC recently reported an increase of 63 percent in acute hepatitis C cases between 2015 and 2019, with 67 percent of the cases in 2019 associated with injection drug use.

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 increased rates of injection drug use due to the opioid crisis. Providing full 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.

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