THE AIDS INSTITUTE

WRITTEN STATEMENT OF
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TO THE SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES
SENATE COMMITTEE ON APPROPRIATIONS
FY2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROPRIATIONS
JUNE 2, 2017

Dear Chairman Blunt and Members of the Subcommittee:

The AIDS Institute, a national public policy, research, advocacy, and education organization, is pleased to offer testimony in support of domestic HIV/AIDS and hepatitis programs in the FY2018 Labor, Health and Human Services, Education, and Related Agencies appropriation measure. We thank you for your past support, and trust you will do your best to adequately fund these programs in the future to provide for and protect the health of Americans.

CDC Viral Hepatitis Prevention

The CDC estimates that there are 55,000 new hepatitis infections every year, with nearly a threefold increase in new infections between 2010 and 2015 fueled mainly by increases in opioid use. There are an estimated 1.4 million people in the United States living with hepatitis B (HBV) and 3.9 million living with hepatitis C (HCV), yet more than half of them are unaware of their infection. Left untreated, viral hepatitis can cause liver damage, cirrhosis, and liver cancer, one of the fastest growing cancers. Viral hepatitis causes nearly 20,000 deaths each year, which is more than the 60 other notifiable infectious diseases combined.

While new cases and deaths due to viral hepatitis have been on the rise, several recent reports have outlined how viral hepatitis can be eliminated as a public health threat. The CDC's Division of Viral Hepatitis (DVH), the National Academies, the Department of Health and Human Services, and the World Health Organization have all released reports and strategies that identify obstacles to elimination and ways to overcome them. One common theme across each of the reports is that elimination is not possible without a serious commitment to increased resources.

Despite the large increase in the number of cases and the necessary resources to eliminate the disease, the CDC's DVH funding is only $34 million, and is nowhere near the estimated $308 million a December 2016 CDC professional judgment budget describes as being necessary for a national viral hepatitis program focused on decreasing mortality and reducing the spread of the disease. This lack of funding impedes CDC's ability to properly raise public awareness, educate, screen, and treat viral hepatitis. For HCV, treatment leads to a cure in almost all cases. Unfortunately, the President's FY2018 Budget maintains funding near the $34 million level.

Only with increased funding can we provide an adequate level of education, screening, treatment, and the surveillance needed to reduce new infections and eventually eliminate viral hepatitis in the U.S.

HIV/AIDS

A record 1.2 million people in the U.S. are living with HIV, and there are an estimated 37,600 new infections each year. The epidemic disproportionately affects racial and ethnic minority groups. In 2015, African Americans accounted for 45 percent of HIV diagnoses, though they comprise only 12 percent of the U.S. population. HIV greatly affects low income people; over 90 percent of Ryan White Program clients have a household income of less than 250 percent of the Federal Poverty Level.

The U.S. has played a leading role in fighting HIV, both domestically and abroad. The vast majority of the discretionary programs supporting domestic HIV efforts are funded through this Subcommittee. We are keenly aware of current budget constraints and competing interests for limited dollars, but programs that prevent and treat HIV are inherently in the federal interest as they protect the public health against a highly infectious virus. If left unaddressed, insufficient funding for these programs will undoubtedly lead to increased infections, more deaths, and higher health costs.

With the advent of antiretroviral medicines, HIV has turned from a near certain death sentence to a treatable chronic disease for those with access to consistent and affordable health care and medications. HIV treatment not only saves the lives of people with HIV, but also reduces HIV transmission. Therefore, HIV treatment is also HIV prevention. In order to realize these benefits, people with HIV must be diagnosed through testing, and linked to and retained in care and treatment. Diagnosing, treating, and achieving viral suppression for all individuals living with HIV are all necessary to achieve the goals of our National HIV/AIDS Strategy and one day reaching an AIDS-free generation. Federal investments in prevention, care and treatment, and research have allowed us to make great advancements in combatting HIV, and we must continue to support these programs.

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program, acting at the payer of last resort, provides medications, medical care, and essential coverage completion services to approximately 533,000 low-income individuals with HIV, many of whom are uninsured or underinsured. With people living longer and continued new diagnoses, the demands on the program continue to grow. According to the CDC, only 36 percent of people living with HIV in the U.S. have been prescribed antiretroviral treatment and 30 percent are virally suppressed. With continued funding, we can improve these numbers and health outcomes.

The AIDS Drug Assistance Program (ADAP) provides states with funds to pay for medications for about 226,000 people. An increased amount of ADAP funding now is being used to help low-income enrollees afford insurance premiums, deductibles, and high cost-sharing of their medications. We urge you to ensure that ADAP and the rest of the Ryan White Program receive adequate funding to keep up with growing demands. With increased demand for medications comes a corresponding increase in the medical care and support services provided by all other parts of the program.

With the Affordable Care Act (ACA), there are expanded opportunities for health care coverage for some Ryan White clients. This has led to some cost shifting, but is not a substitute for the Ryan White Program. Over eighty percent of all clients already have some sort of coverage; over half through Medicaid and Medicare. Public and private insurance programs do not provide the comprehensive array of services required to meet the needs of individuals living with HIV, which include case management, mental health and substance use services, adult dental services, and transportation, legal, and nutritional services. Since some states have not expanded Medicaid, these benefits differ from state to state. As a result, for many individuals living with HIV, the Ryan White Program is their only source of care and treatment. This approach of coordinated, comprehensive, and culturally competent care leads to better health outcomes resulting in over 83 percent of Ryan White Program clients achieving viral suppression, an increase of over 23 percent since 2010.

In the President's FY2018 Budget Request, the AIDS Education and Training Centers (AETCs) and the Special Projects of National Significance (SPNS) were proposed for elimination. These two programs are integral pieces of the Ryan White HIV/AIDS Program and help to address the unique needs of hard to reach HIV patients, including those who are co-infected with Hepatitis C. We urge your Subcommittee to reject these proposed cuts, as they could prevent Ryan White patients from receiving the complete and competent care needed to reach viral suppression.

Additionally, Ryan White Part C was cut by $4 million in the FY 2017 Omnibus Appropriations bill, therefore, we urge the Subcommittee to restore funding for this important program in FY 2018.

With a changing and uncertain healthcare landscape, continued funding for the Ryan White Program is critically important now and in the future to ensure access to healthcare, medications, and other life-saving services for people with HIV.

CDC HIV Prevention

We have made significant progress in the fight against HIV in the U.S. over the last 30 years. The CDC recently reported that between 2008 and 2014, the number of new HIV infections declined by 18 percent. The prevention of 33,200 cases over these six years has resulted in an estimated cost savings for medical care of $14.9 billion. This provides solid evidence that HIV prevention efforts are working. While there are fewer new infections among heterosexuals, people who inject drugs, and women, other communities continue to experience increases, including gay, bisexual, and other men who have sex with men (MSM), particularly young black and Latino MSM. Geographically, the South has been particularly impacted, accounting for 50 percent of estimated infections but only 37 percent of the U.S. population.

With more people living with HIV than ever before, there are greater chances of HIV transmission. The CDC and its grantees have been doing their best with limited resources to keep the number of infections stable, but that is not good enough. They are focusing resources on those populations and communities most impacted, and investing in those programs that will prevent the most infections. With more than 156,000 people living with HIV in the U.S. unaware of their infection, the CDC is also focused on increased HIV testing programs. By testing patients early, they can be connected to care, which ultimately leads to better health outcomes for the patient and the prevention of transmission to others.

There is no single way to prevent HIV, but jurisdictions use a combination of effective evidence-based approaches including testing, linkage to care, condoms, syringe service programs, and one of the newest tools: pre-exposure prophylaxis (PrEP). PrEP is a FDA approved drug that keeps HIV negative people from becoming infected. The CDC estimates that more than one in five new HIV infections are among young people between the age of 13 and 24; most of whom are young gay men. We must do a better job of educating all youth about HIV. Increasing funding to the HIV Division of Adolescent and School Health (DASH) will help achieve this goal.

We were extremely disappointed that the President has proposed a $149 million, or 19% cut to HIV prevention programs at the CDC. A cut of this size would reverse the progress we have made in preventing new cases of HIV. The CDC's work is especially important as the country continues to battle the opioid crisis. Now is not the time to reverse course, and we urge the Subcommittee to recognize the importance of CDC's HIV prevention work and opposing the cuts proposed by the President.

We support continued federal funding for programs associated with syringe services in jurisdictions that are experiencing or are at risk for significant increases in HIV or hepatitis infections due to injection drug use. We are pleased the President's budget maintains the current appropriations language that allows access to syringe services in jurisdictions that meet this criteria, and we urge the Committee to continue it in FY2018.

HIV/AIDS Research at the National Institutes of Health (NIH)

The NIH has supported innovative basic science for better drug therapies, behavioral and biomedical prevention interventions, and has saved the lives of millions around the world. However, continued research is necessary to learn more about the disease and to develop new treatments and prevention tools. The NIH is currently studying new innovative delivery methods for PrEP, as well as an effective AIDS vaccine.

The President has proposed a nearly $7.2 billion cut to the NIH, including $550 million to AIDS research. Funding for the NIH has enjoyed bipartisan support over in previous budget cycles, and we hope the Subcommittee will reject the President's proposal. If enacted, progress towards new medical breakthroughs in the treatment, prevention and ultimate cure of HIV/AIDS would be set-back.

Minority AIDS Initiative (MAI)

As racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS, it is critical that the Subcommittee reject the President's proposal to completely eliminate the HHS Secretary's Minority AIDS Fund, as well as his proposed reductions to Minority AIDS programs at SAMHSA. The Secretary's MAI Fund supports cross-agency demonstration initiatives to support HIV prevention, care and treatment, and outreach and education activities.

We thank you for your continued support. While we have made great progress, we are far from achieving an AIDS-free generation and eradicating viral hepatitis. We have the tools, but we need continued leadership and the necessary resources – not severe budget cuts. Thank you.