Written Testimony of Carl Schmid, Deputy Executive Director, The AIDS Institute
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
House Committee on Appropriations
FY2019 Department of Health and Human Services Appropriations

April 26, 2018

Dear Chairman Cole 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 FY2019 Labor, Health and Human Services, Education, and Related Agencies appropriation measure. We thank you for your continued support and respectfully request $873 million for the CDC’s HIV Prevention Programs; $134 million for CDC’s Viral Hepatitis Programs; $2.465 billion for the HRSA’s Ryan White HIV/AIDS Program; $105 million for the HHS Secretary’s Minority AIDS Initiative Fund; and $160 million for SAMHSA’s Minority AIDS Initiative Program.

**HIV/AIDS in the United States**

Over 1.1 million people in the U.S. are living with HIV, only about half of whom are virally suppressed, and there are an estimated 38,500 new infections each year. While there are decreasing rates of new HIV infections among most populations, increases are occurring in others. In 2016, African Americans accounted for 44 percent of HIV diagnoses, though they comprise only 12 percent of the U.S. population, and between 2010 and 2015, there was a 22 percent increase in new HIV infections among gay and bisexual Hispanic/Latino men. There is also a rise in new HIV infections in certain areas due to the opioid epidemic and injection drug users. The South has been particularly impacted, accounting for 51 percent of estimated infections.

The vast majority of the discretionary programs supporting domestic HIV efforts are funded through this Subcommittee. Programs that prevent and treat HIV are in the federal interest
as they protect the public health against a highly infectious virus. HIV is now a treatable chronic disease for those with access to consistent and affordable health care and medications. HIV treatment also prevents someone from spreading the virus to others if they are virally suppressed. Therefore, HIV treatment is also HIV prevention. Diagnosing, treating, and achieving viral suppression for all individuals living with HIV are critical to achieve the goals of our National HIV/AIDS Strategy and reaching an AIDS-free generation. Sustained federal investments in prevention, care and treatment, and research are necessary if we are to make additional advancements in combatting HIV.

**Viral Hepatitis in the U.S.**

The CDC estimates that there was a 350 percent increase in new infections of hepatitis c (HCV) between 2010 and 2016. Seventy percent of new HCV infections are among people who inject drugs. Hepatitis B (HBV) infections are also increasing, with approximately 20,000 new cases occurring in 2016, an increase from an estimated 18,800 in 2011. There are an estimated 1.4 million people in the United States living with HBV and 3.9 million living with HCV, yet more than half of them are unaware of their infection. Left untreated, viral hepatitis can cause liver damage, cirrhosis, and liver cancer. Viral hepatitis causes nearly 20,000 deaths each year, which is more than the 60 other notifiable infectious diseases combined. We now have a cure for hepatitis C, but to access it, people must first be diagnosed and linked to treatment.

**Infectious Disease Impact of the Opioid Crisis**

The recent explosion of opioid use in the United States has created tremendous risk for HCV and HIV outbreaks and increasing infection rates among new groups and undoing progress toward curbing transmissions. The nation’s infectious disease public health infrastructure is an underutilized resource in our collective response to the opioid epidemic. The systems and programs built over the last two decades to respond to HIV and HCV are well poised to conduct outreach, engagement, and early intervention services with individuals who use drugs. A
comprehensive response to the opioid epidemic must include infectious disease prevention efforts to reduce the infectious disease consequences of the epidemic.

In his FY2019 Budget, the President proposed a new $40 million “Infectious Disease Elimination Initiative” at the CDC, and a new $150 million “Reducing Injection Drug Use, HIV/AIDS, and Hepatitis” program at SAMHSA. While The AIDS Institute is highly supportive of these initiatives, they are coupled with a $40 million reduction to CDC’s HIV Prevention programs and a complete elimination of SAMHSA’s Minority AIDS Initiative program. We urge the Subcommittee to fund these new initiatives but not at the expense of cutting existing programs.

Additionally, both the House and Senate are considering legislation that authorizes $40 million in additional funding for the CDC to address opioid related infectious diseases, including Hepatitis and HIV (“Eliminating Opioid Related Infectious Diseases Act” (H.R. 5353), “Opioid Crisis Response Act of 2018” (S. 2680, Section 512)). The AIDS Institute strongly urges the Subcommittee to fully fund this program at the authorized level if it were to become law.

**CDC Viral Hepatitis Prevention**

Despite the large increase in the number of cases and the estimated level of resources needed to eliminate the disease, the CDC’s Division of Viral Hepatitis funding is only $39 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. Unfortunately, the President’s FY2019 Budget reduces funding to the $34 million FY2017 level. Only with increased funding can we begin to address the rise in viral hepatitis and combat the impact of the opioid crisis. The AIDS Institute recommends $134 million for CDC viral hepatitis activities in order address this epidemic. This will provide an adequate level of education, screening, treatment, and the surveillance needed to reduce new infections and eventually eliminate hepatitis in the U.S.
**CDC HIV Prevention**

The CDC is focusing resources on those populations and communities most impacted by investing in high-impact prevention. With one in seven people living with HIV in the U.S. unaware of their infection, the CDC is also increasing access to HIV tests. There is no single way to prevent HIV, but jurisdictions use a combination of effective evidence-based approaches including testing, linkage to care, education, condoms, syringe service programs, and pre-exposure prophylaxis (PrEP), a once a day pill that effectively prevents HIV infection.

We were extremely disappointed that the President has proposed a $40 million cut to HIV prevention programs. A cut this size would reverse the progress we have made in preventing new infections, and especially strain resources that are needed to fight the infectious disease impacts of the opioid epidemic. We urge the Subcommittee to fund CDC’s HIV Prevention program at $872.7 million, including $50 million for school-based HIV prevention efforts. One in five new HIV infections are among young people between the ages of 13 and 24.

**The Ryan White HIV/AIDS Program**

The Ryan White HIV/AIDS Program, acting as the payer of last resort, provides medications, medical care, and essential coverage completion services to approximately 550,000 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. The Ryan White Program successfully engages individuals in care and treatment, increases access to HIV medications, and helps over 85 percent of clients achieve viral suppression compared to just 49 percent of all HIV-positive individuals nationwide. Part of the Ryan White Program, the AIDS Drug Assistance Program, provides funding for states to assist more than 250,000 people access lifesaving medications by helping enrollees afford insurance premiums, deductibles, and high cost-sharing of their medications, and is an important component in the successful health outcomes for Ryan White clients. With a changing and uncertain healthcare landscape and more
need for comprehensive HIV care as a result of the opioid crisis, increased 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.

In the President’s FY2019 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 HCV. We urge your Subcommittee to reject these proposed cuts as was done in the FY2018 Omnibus.

The AIDS Institute requests that the Subcommittee fund the Ryan White HIV/AIDS Program at a total of $2.465 billion in FY2019, distributed in the following manner:

- Part A at $686.7 million;
- Part B (Care) at $437 million;
- Part B (ADAP) at $943.3 million;
- Part C at $225.1 million;
- Part D at $85 million;
- Part F/AETC at $35.5 million;
- Part F/Dental at $18 million;
- and Part F/SPNS at $34 million.

**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 and 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. SAMHSA’s Minority AIDS programs target highly effected populations and provide prevention, treatment, and recovery support services, along with HIV testing for people at risk of mental illness and/or substance abuse. We urge the Subcommittee to appropriate $105 million for the HHS Secretary’s Minority AIDS Initiative Fund; and $160 million for SAMHSA’s Minority AIDS Initiative Program.