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
FY2020 Department of Health and Human Services Appropriations

April 8, 2019

Dear Chairwoman DeLauro 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 and hepatitis programs in the FY2020 Labor, Health and Human Services, Education, and Related Agencies appropriation measure. We thank you for your continued support and respectfully request $291 million for the Administration’s Ending the HIV Epidemic Plan, to be distributed among several HHS programs. We further request $1.012 billion for the CDC’s HIV Prevention Programs; $2.535 billion for the HRSA’s Ryan White HIV/AIDS Program; $105 million for the Minority HIV/AIDS Fund; $160 million for SAMHSA’s Minority AIDS Initiative Program; $3.502 billion for HIV/AIDS Research at the NIH; $58 million for opioid related infectious disease programs at the CDC and $134 million for CDC’s Viral Hepatitis Programs. (Note: as detailed below some of these requests encompass funding for the Ending the HIV Epidemic initiative.)

**HIV in the United States**

Over 1.2 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 we have made great progress since the height of the epidemic, over the past five years the number of new HIV diagnoses have remained stagnant at around 40,000 per year. HIV continues to disproportionately impact certain populations, including gay and bisexual men, the African American community, people living in the South, people who inject drugs, and the transgender community. The AIDS Institute believes that the United States has the treatment and prevention tools necessary to end the
epidemic, but doing so will require increased federal investments in the public health infrastructure that serves people living with and at risk of HIV. The vast majority of the discretionary programs supporting domestic HIV efforts are funded through this Subcommittee.

**Ending the HIV Epidemic: A Plan for America**

This year we have a unique opportunity to begin to make significant progress towards the goal of ending the HIV epidemic because of the Administration’s new initiative entitled “Ending the HIV Epidemic: A Plan for America.” This plan sets a bold but achievable goal of reducing HIV infections by 75 percent in the next five years and 90 percent by 2030. The plan builds on the existing infrastructure serving people with and at risk of HIV with innovated and intensified testing, treatment and prevention programs. The AIDS Institute strongly supports this plan and urges your Subcommittee to adopt the $291 million in first year funding proposed in the President’s Budget.

Of this funding, $140 million would be for the CDC Division of HIV/AIDS Prevention to do targeted testing, connection to treatment, and robust surveillance; $70 million would be for the Ryan White HIV/AIDS Program to increase access to high-quality HIV care and treatment; $50 million would be for HRSA’s Community Health Center program to provide prevention services, emphasizing PrEP; $6 million would be for NIH’s Centers for AIDS Research to provide best practices to guide the plan; and finally, $25 million would be for the Indian Health Service to provide HIV prevention, treatment, education, and hepatitis C (HCV) elimination in Indian Country. This coordinated, targeted and robust plan will be community driven – incorporating voices of those who could benefit most from prevention and treatment tools. The AIDS Institute urges your Subcommittee to fund this request and ensure that these are new funds are not at the cost of other programs.

**CDC HIV Prevention**

CDC’s Division of HIV/AIDS Prevention focuses resources on those populations and communities most affected by investing in high-impact prevention. The CDC has reported that half
of people who test positive for HIV have been living with HIV more than three years, proving that increasing access to testing is important to end the epidemic. 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 PrEP. We urge the Subcommittee to fund CDC’s HIV Prevention program at $1.012 billion, which includes $50 million for school-based HIV prevention efforts and $140 million for the Ending the HIV Epidemic Plan.

**The Ryan White HIV/AIDS Program**

The Ryan White HIV/AIDS Program provides medications, medical care, and essential coverage completion services to almost half of all people living with HIV in the United States, 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 86 percent of clients achieve viral suppression. Science has proven that if a person achieves viral suppression, they cannot transmit HIV to another person, making the Ryan White Program a key tool in preventing new HIV infections. The AIDS Drug Assistance Program, provides people access to lifesaving medications by helping clients 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.

The AIDS Institute requests that the Subcommittee fund the Ryan White HIV/AIDS Program at a total of $2.5355 billion in FY2020, 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; Ending the HIV Epidemic Plan at $70 million.
**Minority AIDS Initiative**

As racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS, it is critical that the Subcommittee continue to fund the Minority HIV/AIDS Fund and Minority AIDS programs at SAMHSA. We urge the Subcommittee to appropriate $105 million for the Minority HIV/AIDS Fund; and $160 million for SAMHSA’s Minority AIDS Initiative Program.

**HIV/AIDS Research**

HIV/AIDS research at the NIH is the major source for developing novel tools to treat and prevent HIV, as well as implement new techniques to get these tools to the communities most impacted. The AIDS Institute requests that your Subcommittee support $3.052 billion in funding for HIV/AIDS Research at the NIH, which is consistent with NIH’s FY2020 HIV/AIDS Professional Judgment Budget. Unfortunately, the President’s FY2020 Budget proposed a $424 million cut to NIH HIV/AIDS research, and we urge you to reject this cut. We also urge you to ensure that the $6 million proposed to the Centers for AIDS Research for the Ending the HIV Epidemic Plan be new funding and not at the cost of other HIV research programs at NIH.

**Viral Hepatitis in the U.S**

The CDC estimates there was a 350 percent increase in new infections of HCV between 2010 and 2016. At least seventy percent of new HCV infections are a result of injection drug use. Hepatitis B (HBV) infections are also increasing, with approximately 20,000 new cases occurring in 2016. There are an estimated 1.2 million people in the United States living with HBV and 2.4 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. We now have a highly-effective cure for HCV, but it only works if people are tested, diagnosed, and referred for treatment.

**Infectious Disease Impact of the Opioid Crisis**

The recent explosion of opioid use has created tremendous risk for HCV and HIV outbreaks and increasing infection rates among new groups and undoing progress toward curbing
transmissions. The systems built 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.

The SUPPORT Act of 2018 (115-H.R.6), which passed last year, authorizes funding (Sec. 7141) to enhance the nation’s response to preventing and treating infectious diseases commonly associated with injection drug use and authorizes CDC to expand surveillance for those diseases, including viral hepatitis and HIV. The AIDS Institute supports the Administration’s proposed $58 million for CDC’s opioid-related infectious disease elimination efforts. This would allow CDC to work collaboratively with state and local health departments to improve knowledge of the full scope of the burden of these infectious diseases.

One of our nation’s most effective tools in fighting opioid-related infectious diseases is syringe service programs. We urge your Subcommittee to remove all restrictions on federal funding for syringe service programs, including for the purchase of sterile syringes.

**CDC Viral Hepatitis Prevention**

Despite the large increase in the number of cases, the CDC’s Viral Hepatitis program funding is only $39 million, nowhere near the estimated $316 million a December 2016 CDC professional judgment budget describes as being necessary for a national program focused on decreasing mortality and reducing the spread of the disease. Unfortunately, the President’s FY2020 Budget maintains funding at the $39 million FY2019 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.