Written Testimony of Rachel Klein, Deputy Executive Director, The AIDS Institute
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
House Committee on Appropriations
FY2021 Department of Health and Human Services Appropriations

March 23, 2020

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 FY2021 Labor, Health and Human Services, Education, and Related Agencies appropriation measure. Last year, you and your colleagues showed incredible leadership and increased funding for domestic HIV programs by over $300 million. This funding will allow jurisdictions across the United States to begin year one of the Ending the HIV Epidemic Initiative (ETE Initiative). We urge you to fully fund the request for year two of the Initiative so that these jurisdictions can transition from planning to implementation. We also request that core public health programs that provide essential HIV prevention and treatment services are adequately funded. Additionally, we request significant new funding for viral hepatitis programs in order to combat the skyrocketing cases of viral hepatitis in the country.

**HIV in the United States**

There are currently over 1.1 million people living with HIV in the United States. Since the height of the epidemic, there have been tremendous advancements in HIV treatment and prevention. A person living with HIV on treatment can expect to live a near full life, and if they achieve an undetectable viral load, are unable to pass HIV on to a partner. The toolbox for HIV prevention is ever expanding, with pre-exposure prophylaxis (PrEP) being the newest tool that couples with traditional prevention techniques like condoms and syringe service programs. Despite these advancements, new cases of HIV have been stagnant at around 39,000 cases a year since 2013. We
believe that we have not made progress because there has not been an increase in resources to expand these effective treatment and prevention tools. Ending the HIV epidemic will require increased federal investments in the public health infrastructure that serves people living with and at risk of HIV.

**Ending the HIV Epidemic Initiative**

In last year’s State of the Union Address, the president announced the Ending the HIV Epidemic Initiative. This initiative has the goal of reducing new HIV infections by 75% in the first five years and 90% by the tenth year. To do so, the Initiative focuses on 57 jurisdictions across the nation that have the highest burden of new infections. We thank your Subcommittee for leading Congressional action last year which resulted in $261 million for the first year of this Initiative. Jurisdictions across the nation have been eagerly developing plans to combat the HIV epidemics that cater to the unique needs of their populations. A significant increase in funding is necessary for year two of the EHE Initiative so that these jurisdictions can transition from planning into implementation, directing resources to areas at most need.

We urge you to fund year two of the EHE Initiative at the president’s requested levels: $371 million for the CDC Division of HIV/AIDS Prevention to do targeted testing, connection to treatment, and robust surveillance; $165 million for the Ryan White HIV/AIDS Program to increase access to high-quality HIV care and treatment; $137 million for HRSA’s Community Health Center program to provide prevention services emphasizing PrEP; $16 million for NIH’s Centers for AIDS Research to provide best practices to guide the plan; and $27 million for the Indian Health Service to provide HIV prevention, treatment, education, and hepatitis C (HCV) elimination in Indian Country.

**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. One in seven people living with HIV in the United States are unaware of their status, and many people newly diagnosed with HIV
have been living with HIV for many years. 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 $1.293 billion, which includes $100 million for school-based HIV prevention efforts and $371 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 (ADAP), 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 $2.652 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 $165 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.

**Viral Hepatitis in the U.S**

New cases of hepatitis A (HAV), hepatitis B (HBV), and hepatitis C (HCV) have been increasing significantly in the United States over the past decade. The CDC estimates there was a 375 percent increase in new infections of HCV between 2010 and 2017, with more than 44,000 new cases with at least seventy percent of them a result of injection drug use. HBV infections are also increasing, with approximately 22,000 new cases occurring in 2017. There is at least 800,000 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. There have been recent HAV outbreaks in multiples states across the country. Left untreated, HBV and HCV can cause liver damage, cirrhosis, and liver cancer. We now have a highly effective vaccine for HAV and HBV and 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 viral hepatitis and HIV outbreaks and increasing infection rates among new groups and undoing progress toward curbing transmissions. The systems built to respond to HIV and viral hepatitis 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.

Starting in FY19, new funding was given 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 infectious diseases and opioid epidemic 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.

**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 $393 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 FY2021 Budget maintains funding at the $39 million FY2020 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.

**Syringe Service Programs**

Syringe service programs (SSPs) are an important tool in the fight to end the opioid epidemic. These programs do not increase drug use and increase public safety by reducing the risk of needlesticks. Additionally, SSPs are a key tool in our nation’s fight against the viral hepatitis and HIV epidemics. The presence of SSPs has been associated with a 50 percent decline in new HIV and viral hepatitis incidences. When these SSPs are combined with medication-assisted treatment, there is a two-third reduction in HIV and HCV transmission. In order to ensure that local jurisdictions have the capacity and flexibility to expand SSPs in areas that could benefit from these services, the restrictions on the use of federal funds for the purchase of sterile syringes must be removed. Sterile syringes are a large part of SSPs budgets and removing this ban will encourage state and local governments to expand these life-saving and effective programs.

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.