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 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 by increasing funding for domestic HIV programs by over $300 million. This funding will allow jurisdictions across the United States to begin planning 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, and we request significant new funding for viral hepatitis programs in order to combat the skyrocketing cases of viral hepatitis in the country. Finally, we urge you to provide immediate supplemental funding for HIV and hepatitis programs in order to mitigate the impact COVID-19 has on people living with and at risk of HIV and hepatitis.

**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) now available in addition to 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, although we are concerned that the disruption of in-person outreach and care caused by COVID-19 may result in HIV outbreaks. 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 to implementation, directing resources to areas at most need.

We urge you to fund year two of the EHE Initiative at the administration’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 also integral for 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**

Over the past decade, there has been a resurgence of viral hepatitis in the United States, largely driven by the opioid epidemic. CDC data modeling suggests that approximately 3.2 million people are currently living with HBV or HCV. However, because of insufficient funding for testing and surveillance, only about half of those individuals are aware of their infection. Annual diagnoses have increased substantially, with a more than 400 percent increase in new infections of HCV from 2010 to 2018. The CDC estimates that over 70 percent of the approximately 44,000 new cases identified in 2018 alone were the result of injection drug use. Despite the availability of a highly effective vaccine for HAV and HBV, there have been recent HAV outbreaks in multiple states across the country, and an increase in HBV cases nationwide, which are also related to the opioid epidemic. Despite the availability of a cure for HCV, some 2.4 million people are currently living with the disease. Left untreated, HBV and HCV can cause liver damage, cirrhosis, and liver cancer. The federal government must invest in testing, surveillance, and linkage to treatment in order to staunch the viral hepatitis epidemics.

**Infectious Disease Impact of the Opioid Crisis**

The clear link between viral hepatitis, HIV, and opioid use indicate that there should be better coordination between programs designed to combat opioid use and to address the HIV and viral hepatitis epidemics.

Starting in FY2019, Congress allocated new funds to enhance the nation’s efforts to prevent and treat infectious diseases commonly associated with injection drug use. That legislation also authorizes CDC to expand surveillance for those diseases, which includes viral hepatitis and HIV. The AIDS Institute supports the administration’s proposed $58 million for CDC’s infectious diseases and opioid epidemic efforts. This new funding would allow CDC to work collaboratively with state and local health departments to improve knowledge of the full scope and burden of these infectious diseases.

**CDC Viral Hepatitis Program**

Despite the large increase in the number of cases, the CDC’s Viral Hepatitis program is only funded at $39 million in FY2020, which is a far cry from the $393 million the CDC estimated it would need for a national program focused on decreasing mortality and reducing the spread of the disease.\(^1\) Unfortunately, the administration did not request an increase in its FY2021 budget proposal. We cannot begin to address the rise in viral hepatitis and combat the impact of the opioid crisis without a significant increase in funding commensurate with the importance of eradicating the epidemic. The AIDS Institute recommends $134 million for CDC viral hepatitis prevention activities.

\(^1\) Centers for Disease Control and Prevention’s Pathway to Eliminating Hepatitis B and Hepatitis C and Professional Judgment Budget, Fiscal Year 2018-Fiscal Year 2027
Syringe Service Programs

Syringe service programs (SSPs) are an important tool in the fight to end the opioid, HIV, and viral hepatitis epidemics because they have been proven to reduce the incidence of new HIV and viral hepatitis among people who inject drugs: The presence of SSPs has been associated with a 50 percent decline in new HIV and viral hepatitis incidence. When these SSPs are combined with medication-assisted treatment, there is a two-thirds 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, Congress must remove the restrictions on the use of federal funds for the purchase of sterile syringes. 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.

HIV, Hepatitis, and the Impact of COVID-19

The COVID-19 pandemic has significantly impacted the public health infrastructure in the United States. Public health programs have had to reckon with scarce resources, reassigned staff, and disruption of in-person outreach and provision of services in order to protect their staff and clients from the spread of COVID-19. Experts in HIV and viral hepatitis are worried that these disruptions are resulting in new HIV and hepatitis outbreaks because people are not able to access effective preventive services during the pandemic. We urge your Subcommittee to provide supplemental funding for these programs immediately to enable them to grapple more effectively with these challenges and minimize the damage to people in vulnerable communities and to our nation’s effort to eliminate these epidemics.

We urge you to provide $500 million in supplemental funding for the Ryan White HIV/AIDS Program to meet the pressing needs of Ryan White clients during the COVID-19 pandemic. Ryan White programs have been simultaneously shifting their service delivery model to incorporate telehealth services, increase case management, cover new costs for their existing clients, and ensure that they have the capacity to care for the many new clients they are likely to see as a result of the economic downturn. Demand for Ryan White services, including the AIDS Drug and Assistance Program (ADAP), will increase in the next year because millions of people have lost their jobs and their job-based health insurance; additional funding is needed immediately to ensure continued access to care and uninterrupted HIV treatment.

HIV prevention programs across the United States have had to reduce or suspend in-person testing, reassign staff to COVID-19 response, suspend PrEP initiations, and transition to telehealth prevention models. In order for these programs to continue to provide HIV prevention services, and to reach the goals of the Ending the HIV Epidemic Initiative, we urge your Subcommittee to provide $100 million in supplemental funding to the CDC’s Division of HIV/AIDS Prevention, so that HIV prevention programs can expand the infrastructure needed to provide telehealth prevention services including at-home testing, and backfill gaps in programming that have occurred because resources and personnel have been reassigned to COVID-19 response.