



THE **AIDS** INSTITUTE

**WRITTEN STATEMENT OF  
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TO THE SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION,  
AND RELATED AGENCIES  
HOUSE COMMITTEE ON APPROPRIATIONS  
MARCH 13, 2013**

Dear Chairman Kingston and Members of the Subcommittee:

The AIDS Institute, a national public policy, research, advocacy, and education organization, is pleased to offer comments in support of critical HIV/AIDS programs as part of the FY2014 Labor, Health and Human Services, Education, and Related Agencies appropriation measure. We thank you for supporting these programs over the years, and hope you will do your best to adequately fund them in the future in order to provide for and protect the health of many Americans.

HIV/AIDS remains one of the world's worst health pandemics. According to the CDC, in the U.S. over 636,000 people have died of AIDS and there are 50,000 new infections each year. A record 1.1 million people in the U.S. are living with HIV. Persons of minority races and ethnicities are disproportionately affected. African Americans, who make up just 12 percent of the population, account for 44 percent of the new infections. HIV/AIDS disproportionately affects low income people; nearly 90 percent of Ryan White Program clients have a household income of less than 200 percent of the Federal Poverty Level.

The U.S. government has played a leading role in fighting HIV/AIDS, both here and abroad. The vast majority of the discretionary programs supporting domestic HIV/AIDS 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 it will certainly 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 if people have access to consistent and affordable health care and medications. Through prevention, care and treatment, and research we now have the ability to actually end AIDS. In 2011, a ground-breaking clinical trial (HPTN 052) – named the scientific breakthrough of the year by *Science* magazine – found that HIV treatment not only saves the lives of people with HIV, but also reduces HIV transmission by more than 96 percent – proving that HIV treatment is also HIV prevention. In order to realize these benefits, people with HIV must be diagnosed through testing, linked to and retained in care and treatment.

We also have a National HIV/AIDS Strategy that sets clear goals and priorities, and brings all the federal agencies addressing HIV together to ensure federal resources are well coordinated.

With all these positive developments it would be a shame to go backwards, but that is what could happen given the sequestration and budget cuts now on the table that will impact the Ryan White Program at HRSA, prevention programs at the CDC, and research at the NIH.

### **The Ryan White Program**

The Ryan White HIV/AIDS Program provides some level of medical care, drug treatment, and support services to approximately 546,000 low-income, uninsured, and underinsured individuals with HIV/AIDS. With people living longer and continued new diagnoses, the demands on the program continue to grow and many needs remain unmet.

According to the CDC, only 37 percent of people living with HIV in the U.S. are retained in HIV care, only 33 percent have been prescribed antiretroviral treatment, and only 25 percent are virally suppressed. As you can see we have a long way to go before we can realize the dream of an AIDS-free generation. With continued funding we can reverse these trends.

The AIDS Drug Assistance Program (ADAP), one component of the Ryan White Program, provides states with funds to pay for medications for over 200,000 people. Over the last couple of years, as more infections were identified due to increased HIV testing and people lost their jobs and health insurance, demand on the program far outpaced its budget. This led to ADAP wait lists of 9,300 people. We are thankful that President Obama and Congress allocated additional funds, which when combined with assistance from pharmaceutical companies reduced the wait lists to less than 100 people today. With sequestration that could all change. This would be different than the recent wait lists states created for patients *wanting* to take medications. Sequestration would reduce funding that could force states to stop paying for medications to over 7,400 people *currently taking* medications. This would be very dangerous as once antiretroviral treatment begins, the drugs must be taken every day without interruption or resistance to medications will occur.

We urge you to do all you can to prevent this and ensure ADAP and the rest of the Ryan White Program receives adequate funding to keep up with the growing demand. According to NASTAD, enrollment in ADAP increased last year by 13,500 people, or 8 percent. With this increased demand for medications comes a corresponding increase in medical care and support services provided by all other parts of the program.

We are looking forward to implementation of the expanded opportunities for health care coverage under the Affordable Care Act (ACA). While it will result in some cost shifting for

medications and primary care, it will never be a substitute for the Ryan White Program. Almost 70 percent of Ryan White Program clients today have some sort of insurance coverage, mostly through traditional Medicaid and Medicare. Their coverage will not change with health reform; the Ryan White Program will be needed as it is today. The Medicaid expansion is a state option and not all states are moving forward with it at this time. As ACA is implemented, benefits will differ from state to state and there will be many gaps that will have to be filled by the Ryan White Program. Plans will not offer all comprehensive essential support services, such as case management, transportation, and nutritional services, that are needed to ensure retention in medical care and adherence to drug treatment. For example, Part D of the Ryan White Program provides family-centered care to women, infants, children, and youth living with HIV/AIDS. This approach of coordinated, comprehensive, and culturally competent care leads to better health outcomes. Therefore, the Ryan White Program, while it may need to change in the future, must continue and must be adequately funded.

### **CDC HIV Prevention**

As a Nation, we must do more to prevent new infections, but we only allocate 3 percent of our HIV/AIDS spending towards prevention. All the care and treatments costs would be saved if we did not have the infections in the first place. Preventing just one infection would save \$355,000 in future lifetime medical costs. Preventing all the new 50,000 cases in just one year would translate into an astounding \$18 billion saved in lifetime medical costs.

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. It is focusing resources on those populations and communities most impacted by HIV and investing in those programs that will

prevent the most number of infections. This means more of its resources will be going to the South and focusing on gay men. One group in particular that needs additional study and resources is young black gay men, who experienced a 38 percent increase in new infections from 2008-2010.

With over 200,000 people living with HIV who are unaware of their infection, the CDC is also focused on increased testing programs. Testing people early and linking them to care and treatment is critical not only for their own health outcomes but also in preventing new infections. It is estimated that sequestration would reduce the annual number of HIV tests by 424,000.

The CDC estimates that in 2010, 26 percent of all new HIV infections occurred among youth ages 13 to 24. Nearly 75 percent of those infections were among young gay men. Clearly, we must do a better job of educating the youth of our Nation, including gay youth, about HIV. To compound matters, the HIV Division of Adolescent and School Health (DASH) lost 25 percent of its budget in FY12. We ask that the Subcommittee restore this \$10 million cut.

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

While we have made great strides in the area of HIV/AIDS, there is still a long way to go. Continued research at the NIH is necessary to learn more about the disease and to develop new treatments and prevention tools. Work continues on vaccine research and we look forward to an eventual cure. Sequestration will mean loss of \$163 million in HIV/AIDS research funding, and 297 HIV/AIDS research grants would go unfunded.

Again, we thank you for your continued support of these critical programs important to so many individuals and communities nationwide. We have made great progress, but we are still far from achieving our goal of an AIDS-free generation. We now have the tools, but we need continued leadership and the necessary resources to realize our goal. Thank you.