

**Statement before the Labor, Health and Human Services, Education and Related Agencies  
Subcommittee of the House Committee on Appropriations  
by Marwan Haddad, MD, MPH, AAHIVS  
Medical Director, Center for Key Populations, Community Health Center, Inc.,  
Middletown, Connecticut  
Member of the national Ryan White Medical Providers Coalition  
Board Member of HIV Medicine Association of the Infectious Diseases Society of America**

April 23, 2018

Chairman Cole, Ranking Member DeLauro, and members of the Subcommittee, thank you for the invitation to testify. My name is Dr. Marwan Haddad, and I serve as Medical Director of the Center for Key Populations at the Community Health Center, Inc. (CHCI), in Middletown, Connecticut, the largest Federally Qualified Health Center in Connecticut. I am pleased to testify on behalf of the Ryan White Medical Providers Coalition (RWMPC) and the HIV Medicine Association of the Infectious Diseases Society of America (HIVMA), of which I am board member. HIVMA represents over 6,000 HIV clinicians and researchers. The RWMPC is a national coalition of medical providers and administrators who work in healthcare agencies supported by the Ryan White HIV/AIDS Program funded by the HIV/AIDS Bureau (HAB) at the Health Resources and Services Administration (HRSA). I thank the Subcommittee for the \$201.1 million provided in FY18 for the Ryan White Part C program. While grateful for this support, **I request \$225.1 million, or a \$24 million increase, for Ryan White Part C in FY19.** Part C clinics are responding to the opioid epidemic and co-occurring substance use disorders in patients living with HIV. **Increased Ryan White Part C funding, and additional non-Ryan White funding for substance use disorder (SUD) treatment and supportive services such as case management, would provide SUD treatment to *both patients living with HIV who also have co-occurring SUD, and individuals who have not yet contracted HIV.*** This strategy of leveraging the experience and expertise of Ryan White Part C clinics nationwide in treating both

infectious diseases and SUD will support the nation in **more rapidly and effectively responding to the opioid epidemic, while also helping prevent the spread of HIV and other infectious diseases, such as hepatitis C, sexually transmitted diseases, and heart infections.**

### ***CHCI in Connecticut Is Leading the Way***

CHCI's Ryan White-funded clinic has served as the leading source of HIV primary care in Connecticut for almost 20 years. Each year our Ryan White clinic serves more patients with more complex needs. **In 2017, CHCI experienced an 8.5% increase in its number of patients living with HIV. Additionally, 9% of our patients were uninsured, 84% had at least one clinical co-morbidity, and a significant portion experienced housing insecurity.** CHCI, like most Ryan White Part C clinics, also receives support from other parts of the Ryan White Program that help us provide medications; additional medical care, such as dental services; and support services, such as case management and transportation – all key components of the comprehensive Ryan White care model that produces outstanding outcomes.

However, the opioid epidemic is hitting Connecticut and other parts of the U.S. hard. CHCI patients struggle not only with HIV, but also with substance use disorder and related infectious diseases, such as hepatitis C. In fact, we have seen a dramatic increase in hepatitis C infections with a majority of the infections occurring in young persons living in non-urban areas who have a history of injection drug use, and who previously used opioids such as oxycodone.<sup>1</sup>

CHCI has worked with local public health departments and AIDS Service Organizations to improve access to syringe services programs for our patients across Connecticut, and we are pleased that Congress continues to make federal funds available to help support these programs.

---

<sup>1</sup> Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis – United States, 2012. Online at: <http://www.cdc.gov/hepatitis/Statistics/2012Surveillance/Commentary.htm>.

Additionally, CHCI is a leader in providing tele-medicine services for the treatment of HIV, hepatitis C, and substance use disorder for individuals throughout Connecticut and across the nation. Since January 2012, CHCI has provided Project ECHO, a provider-based videoconferencing model of care delivery, to educate, train and support clinicians at Ryan White and non-Ryan White clinics in HIV, hepatitis C, and substance use disorder and medication assisted treatment management. **CHCI's Project ECHO clinics have trained hundreds of providers from 33 states, reaching thousands of patients. Funding and reimbursement for telemedicine services need to be increased** in order to expand evidence-based, quality care in both urban and rural communities, especially those who have been most affected and are the most disenfranchised, if we are to achieve an end to the HIV, HCV and opioid epidemics.

**Ryan White Part C Clinics are Effective Medical Homes and Public Health Programs**

Part C directly funds approximately **350 community health centers and clinics** that provide comprehensive HIV medical care **nationwide**, serving more than **300,000 patients each year**. These clinics are the primary method for delivering HIV care to **rural jurisdictions - approximately half of all Part C providers serve rural communities**. Access to Ryan White Part C clinics has helped to dramatically decrease AIDS-related mortality and morbidity over the last decade. However, HIV treatment **also benefits public health by reducing HIV transmission to virtually zero when individuals are virally suppressed**. In 2016, **85% of Ryan White patients were virally suppressed**. CHCI is doing even better than this national average – in 2017, **92% of CHCI patients were virally suppressed**. The Ryan White Part C program's comprehensive services help to engage and keep people in HIV care and treatment. For example, **98% of HIV patients remain in care at CHCI** – a critical fact since HIV disease

is infectious, so identifying, engaging, and retaining persons living with HIV in effective care and treatment is an essential public health outcome.

### **Part C Clinics Are on the Frontlines of the Opioid Epidemic and Provide SUD Treatment**

Ryan White Part C clinics are experienced in effectively responding to the opioid epidemic because many clinics already provide both HIV and substance use disorder (SUD) treatment.

Ryan White Part C clinics deliver a range of medical and support services needed to prevent and treat SUD, as well as related infectious diseases, such as hepatitis C. Part C clinics also are responding to increases in new HIV cases linked to the opioid epidemic by working with community-based providers and public health systems to provide access to needed HIV and SUD prevention, treatment, and support services. **Additional Ryan White funding and non-Ryan White funding for SUD services for Part C clinics would increase access to SUD treatment and comprehensive support services for both individuals living with HIV as well as those without HIV. Such funding would increase access to SUD treatment more rapidly nationwide through the Ryan White Part C clinic network, which would help prevent the spread of HIV and other infectious diseases.**

### **Part C Clinics Are Saving Lives and Reducing Costs**

Early and reliable access to HIV care and treatment helps patients with HIV live **healthy and productive lives** and is more **cost effective**. A study from the Part C clinic at the University of Alabama at Birmingham found that patients treated at later stages of HIV disease required **2.6 times more health care dollars** than those receiving earlier treatment meeting federal HIV treatment guidelines. **These principles also apply when addressing SUDs.** Kaiser Permanente Northern California analyzed the average medical costs during the 18 months pre- and post-SUD

treatment and found that the SUD treatment group had a **35% reduction in inpatient costs, 39% reduction in ER costs, and a 26% reduction in total medical costs**, as compared to a matched control group.<sup>2,3</sup> **Engaging Ryan White Part C clinics to expand access to SUD services will help meet the urgent need for this care nationwide and reduce medical and emergency care costs for people living with SUD and other communicable diseases such as viral hepatitis.**

### **Increased Funding for Prevention at CDC and Research at NIH Also Is Critical**

While my testimony is focused on HRSA's Ryan White Program, the ability to effectively respond to the interconnected HIV and opioid epidemics also depends heavily on CDC funding to enhance surveillance and prevention activities, and on NIH to continue to improve the tools that we have to prevent and treat HIV and SUD and to learn how to effectively implement them. I appreciated the increase of \$5 million in funding for sexually transmitted diseases (STD) and for viral hepatitis for FY18, **but a significant boost in funding of \$303 million is needed for the Division of HIV, Viral Hepatitis, STD and Tuberculosis to scale up activity relative to the size and scope of the epidemics we face.** The \$3 billion increase for NIH for FY18 was a critical investment in supporting the scientific discoveries that will help to end both the HIV and opioid epidemics. **I urge you to sustain and grow NIH funding.**

### **Conclusion**

Thank you for your consideration of these requests, and I am happy to answer any questions.

---

<sup>2</sup> Weisner C. Cost Studies at Northern California Kaiser Permanente. Presentation to County Alcohol & Drug Program Administrators Association of California Sacramento, California. January 28, 2010

<sup>3</sup> Weisner C, Mertens J, Parthasarathy S, et al. Integrating primary medical care with addiction treatment: A randomized controlled trial. *Journal of the American Medical Association*, 2001; 286: 1715-1723.