

**Submitted by the Chair of the HIV Medicine Association, Marwan Haddad, MD, MPH
Prepared for the Subcommittee on Labor, Health and Human Services, Education, and
Related Agencies Regarding the Fiscal Year 2023 Appropriations for Federal HIV and
Related Programs**

May 24, 2022

Chairwoman DeLauro, Ranking Member Cole, and members of the Subcommittee, my name is Marwan Haddad, MD, MPH, chair of the HIV Medicine Association (HIVMA), and I serve as the medical director of the Center for Key Populations at the Community Health Center Inc. (CHCI) in Middletown, Connecticut, one of the largest Federally Qualified Health Centers in the country. I am pleased to submit testimony on behalf of HIVMA. HIVMA represents nearly 5,000 physicians, scientists and other health care professionals around the country on the frontlines of the HIV epidemic. Our members provide care and treatment to people with HIV, lead HIV prevention programs and conduct research in communities across the country.

For the FY2023 appropriations process, **we urge you to appropriate funding to support the Ending the HIV Epidemic (EHE) initiative, including: increased funding for the Ryan White HIV/AIDS Program (RWHAP) at the Health Resources and Services Administration (HRSA) across all parts, increased funding for the Centers for Disease Control and Prevention's (CDC's) HIV, hepatitis and sexually transmitted infections (STI) prevention programs, and increased investments in HIV research supported by the National Institutes of Health (NIH).**

The funding requests in our testimony largely reflect the consensus of the Federal AIDS Policy Partnership (FAPP), a coalition of HIV organizations from across the country. For a chart of current and historical funding levels and coalition requests for each program, please see [FAPP's FY2023 Appropriations for Federal HIV/AIDS Programs](#).

Ending the HIV Epidemic Initiative – U.S. Department of Health and Human Services:

We recommend funding the EHE initiative at least at the President’s budget request for \$850 million across CDC, HRSA and NIH for FY2023, to be used for expanded access to antiretroviral treatment and pre-exposure prophylaxis (PrEP) to prevent HIV transmissions as well as improved access to routine and critical health services.

National PrEP Program – Centers for Disease Control and Prevention

The President’s budget calls for the creation of a national PrEP program to expand PrEP use and increase racial and ethnic equity in PrEP access. A national PrEP program is needed to dramatically reduce new HIV cases and address significant PrEP access disparities among the Black/African American and Hispanic/Latino populations who have been heavily impacted by HIV. While 1.2 million individuals could benefit from this highly effective prevention intervention, only [25%](#) have been prescribed PrEP. We strongly urge support for a new program to ensure people who are uninsured and underinsured have access to it. **We recommend \$400 million in FY2023 appropriation to the CDC Division of HIV Prevention for a new line within the division’s budget to establish the foundation for National PrEP Program to support access to PrEP medications, laboratory services, essential support services, outreach and education activities and PrEP provider capacity building.**

Health Resources and Services Administration – HIV/AIDS Bureau:

HRSA’s Ryan White HIV/AIDS Program is critical to ensuring that individuals with HIV are linked to care, are retained in care, have medical adherence and achieve viral suppression. **To sustain current services and to ensure more people with HIV benefit from HIV care and treatment, we urge Congress to fund the Ryan White HIV/AIDS Program at \$2.942 billion in FY2023, an increase of \$447.5 million over FY2022. In addition, we strongly recommend**

providing at least \$290 million in EHE funding for the Ryan White Program, a \$165 million increase over FY2022.

HIVMA urges an allocation of \$231 million, a \$25.5 million increase over FY2022, for Ryan White Part C programs. It is critical to ensure that clinics in all jurisdictions nationwide receive additional funding to increase access to HIV care and treatment to help end the domestic HIV epidemic. Approximately half of Part C providers serve rural communities, making the clinics the primary source for delivering HIV care to rural jurisdictions.

CHCI's Ryan White-Funded Clinic in Connecticut Is Leading on Expanding Access to HIV Prevention, Care & Treatment:

The Center for Key Populations (CKP) at Community Health Center Inc. (CHCI) has received funding through the Ryan White HIV/AIDS program for more than 23 years, making us a leading source of HIV primary care in the state of Connecticut. Each year CHCI has increased the number of people with HIV served, the number of services offered and the number of HIV tests conducted.

The needs of both established and newly diagnosed patients with HIV are growing more complex, especially as the population ages. In 2021, even as HIV prevention methods became more available, CHCI saw an increase greater than previously experienced in the number of patients living with HIV who accessed services at our sites. Of all new patients enrolled in care at CHCI in 2021, 71% self-reported as racial and ethnic minorities and 56% reported food and housing insecurity as major barriers to achieving optimal health care. Additionally, 88% had at least one clinical comorbidity and 62% reported unmet mental health needs at the time of intake. Among Ryan White Program patients at CHCI, 60% reported experiencing stigma or discrimination based on their gender identity, sexual orientation or HIV status in the last year. Of CHCI's Ryan White Program patients -- 59% have substance use disorders, with 10%

considering those needs urgent or severe. CHCI, like most Ryan White Part C programs, also receives funding from other parts of the Ryan White Program, and these help us provide support services that were particularly important in retaining patients in care and supporting medication adherence. These services included home medical monitoring equipment, transportation, case management, patient navigation, home-delivered meals and groceries, and check-in phone calls. These key components of care are unique to the Ryan White Program care model and contribute to optimal health care outcomes for all patients.

The support services provided by Ryan White funding were pivotal in maintaining stability and transitioning care efficiently during the COVID-19 pandemic. The infrastructure developed over 23 years of funding gave Ryan White patients the additional support they needed to sustain healthy outcomes and stay engaged in care during the pandemic. These services are integral to the quality of life of patients and helps them maintain undetectable viral loads to keep them healthy and to prevent HIV transmission.

Centers for Disease Control and Prevention – National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention:

From CDC’s leadership role in responding to the COVID-19 pandemic to its ongoing efforts to address persistent public health epidemics and threats, such as HIV, STIs and viral hepatitis, CDC is a critical national and global expert resource and response center. To meaningfully address these epidemics and the co-occurring crisis of substance use disorder – especially injection drug use – **we request a \$731.9 million overall increase above FY2022 levels for a total of \$2.077 billion.** Additionally, we request:

- **For the Division of HIV/AIDS Prevention (DHAP), we request a total of \$1.233 billion, which is a \$246 million increase over FY2022 levels.**

- **The appropriation of \$150 million for CDC to fund surveillance and programming, a \$132 million increase above FY2022, to monitor and prevent injection-related infectious diseases as well as expand access to syringe services programs, harm reduction and overdose prevention.**
- **For the Division of Viral Hepatitis (DVH), we request a total of \$140 million, which is a \$99 million increase over FY2022 levels; and**
- **For the Division of STD Prevention (DSTDP), we request a total of \$329.2 million, which is a \$164.9 million increase over FY2022 levels.**

National Institutes of Health – Office of AIDS Research:

The historical response to the COVID-19 pandemic over the last two years exemplifies the value of the nation’s longstanding commitment to NIH. Decades of medical research supported by NIH are the foundation for diagnostic, treatment and preventive interventions available today, and building on this research will be vital in finding a cure and vaccine for HIV. **To advance these and other scientific discoveries, we ask that at least \$3.875 billion be allocated for HIV research in FY2023, an increase of \$681 million over FY2022.**

Conclusion:

Thank you for considering this request to support lifesaving investments in domestic HIV programs in the FY2023 (LHHS) appropriations bill. Fully funding these programs will ensure progress in ending the HIV epidemic. HIVMA looks forward to working with Congress to ensure that the resources necessary to make significant progress in preventing HIV and improving the health and well-being of people with HIV are provided. Please contact me or HIVMA’s senior policy and advocacy manager, Jose A. Rodriguez, at JRodriguez@hivma.org or (703) 299-0200 with questions.