Testimony for the Labor, Health and Human Services, Education and Related Agencies Subcommittee of the Senate Committee on Appropriations
Submitted regarding HRSA, BPHC, CDC, SAMHSA and NIH Programs
by Judith Feinberg, MD, FACP, FIDSA
on behalf of the Ryan White Medical Providers Coalition

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My name is Dr. Judith Feinberg MD, FACP, FIDSA, Professor of both Medicine and Infectious Diseases and Professor of Behavioral Medicine and Psychiatry at the West Virginia University School of Medicine. I previously served as the inaugural E.B. Flink Vice Chair of Medicine for Research and am a past chair of the national HIV Medicine Association. I am pleased to submit testimony on behalf of the Ryan White Medical Providers Coalition (RWMPC), 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 am writing to address FY27 funding and organizational requests for HIV and other infectious diseases treatment and prevention programs at the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH), as well as programs for the prevention of infectious diseases through substance use at CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Thank you for maintaining funding for HIV programs in the final FY26 appropriations bill. The Ryan White Medical Providers Coalition urges Congress to increase funding for HIV programs in FY27 to ensure continued access to HIV prevention, treatment, care and research that has been critical to dramatically improving health outcomes while reducing costs. People living with and vulnerable to HIV as well as states, localities, and clinics providing HIV care nationwide are operating with fewer resources resulting from Medicaid cuts, reduced insurance coverage from lost federal premium support, state budget cuts, and increased costs. Ensuring that people living with and vulnerable to HIV nationwide maintain access to care will depend more on the federal discretionary programs listed above -increasing funding for these programs in FY27 is paramount.

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program is critical to ensuring that individuals with HIV have access to the care and treatment needed to stay healthy and stop HIV transmission. The program serves more than 600,000 clients in communities across the nation, and the demand for services is rising. **91.4% of Ryan White Program patients are virally suppressed in comparison to the 67.2% viral suppression rate of *all* people diagnosed with HIV in the U.S.** This is not only crucial to individual health, but studies have shown that people living with HIV who have achieved viral suppression cannot transmit HIV. We call this "U=U": "Undetectable is Untransmittable." The Ryan White Program helps people nationwide gain and maintain access to comprehensive, effective and cost-efficient HIV care and treatment. ***Increasing funding for***

all parts of the Ryan White Program in FY27 to $3.024 billion would help ensure continued access to life-saving and cost-effective HIV care and treatment.

As the payer of last resort, the Ryan White Program is absorbing people who have lost access to ACA insurance subsidies and who are losing access to Medicaid. **Ryan White Part C** funds **354 community health centers and clinics** that provide comprehensive HIV medical care**,** likely serving an estimated **300,000 or more 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.*** Increasing FY27 funding for Part C to ensure access to HIV medical care nationwide is essential at a time when other payer resources are shrinking.

The Ryan White Part B AIDS Drug Assistance Program (ADAP) also is experiencing increased pressure from higher insurance and health care costs, limiting the ability of the program to serve as many people as in previous years. Approximately 40% of state ADAP programs are reporting the need to implement cost containment measures that are reducing access to life saving medication and care for people living with HIV. This shortfall in ADAP support is increasing pressure on all other parts of the Ryan White Program. Increased ADAP funding in FY27 is critical to ensure that thousands of individuals living with HIV do not lose access to medication and/or fall out of care.

We also urge Congress to increase FY27 funding for Part F of the Ryan White Program, which supports dental services; implementation research that helps to connect and engage people in HIV care and treatment; and clinical assessment services and training provided by the AIDS Education and Training Centers that help ensure timely and cost-efficient access to effective HIV care and treatment, especially in rural communities.

In FY27, RWMPC requests the following funding for each vital part of the Ryan White Program:

- **HRSA, RWP Part A – $751.4 million**
- **HRSA, RWP Part B – $1.595 billion**
- **HRSA, RWP Part C – $231 million**
- **HRSA, RWP Part D – $85 million**
- **HRSA, RWP Part F – $110 million**
- **EHE - $358.6 million**

West Virginia University's Positive Health Clinic, opened in 2004, has expanded access to HIV care, and treatment. Serving the majority of the state's counties (33 of 55), this clinic has been the leading source of HIV primary care in northern West Virginia since 1988 and is a Ryan White Part C and Part D grant recipient. This program, in active collaboration with the Shenandoah Community Center in the Eastern Panhandle, r**emains the largest HIV provider in the state and now serves over 500 individuals living with HIV,** most with complex medical and psychosocial needs. More than half (53%) of our clients live below the 250% poverty line. Like other HIV clinics across the country, ours serves an increasingly aging population with a high burden of comorbid illnesses such as cancer, cardiovascular disease, and metabolic complications.

Additionally, 25% of our clients receive care for at least one mental health diagnosis and 19% have comorbid injection drug use that can further complicate engagement and retention in HIV care.

Despite these challenges, our services have outstanding outcomes: *consistently over 90% of our patients are virally suppressed (the intended health outcome that prevents HIV transmission); all have been seen by a medical provider in the last 12 months; and 95% are retained in care from the previous year.* All clients receive medical case management and treatment adherence counseling from a licensed clinician; 96% received health education, including risk reduction. Ryan White funding allows us to provide comprehensive medical and social support services, including antiretroviral therapy (ART), subspecialty medical care, nutrition, and transportation.

HIV Prevention

Strong HIV prevention programs, including Pre-Exposure Prophylaxis (PrEP), will help end the HIV epidemic. ***We request $207.3 million for the Bureau of Primary Health Care EHE initiative*** to support HIV prevention services, including expanded access to PrEP, a 99% effective HIV prevention medication, and related HIV prevention and testing services; and $395 million for the EHE Initiative at CDC to expand access to HIV prevention, including $100 million for a national PrEP initiative to help expand access to PrEP nationwide.

We also request **$1.318 billion for Center for Disease Control's Division of HIV Prevention along with funds to eliminate viral hepatitis ($150 million), STDs ($322.5 million), tuberculosis ($225 million) and $150 million for the Infectious Diseases and the Opioid Epidemic program.** Recently, CDC estimated that 2.2 million individuals could benefit from Pre-Exposure Prophylaxis (PrEP), a highly effective form of HIV prevention available as a pill or a long-acting injection. CDC reported that only 400,000 people received a prescription for PrEP in 2022, far below what is needed. Low PrEP access and uptake is keeping the nation from preventing thousands of new HIV cases each year, which comes with substantial human and financial costs – the lifetime costs associated with each new case of HIV is $500,000 to $1 million. A recent article published in the Journal of Law, Medicine, and Ethics estimated that every 1,000 monthly PrEP prescriptions would cost $80,000. *6,000 monthly prescriptions would cost less than $500,000, the lowest estimate of the lifetime cost of care for just 1 case of HIV.*

Substance Abuse and Mental Health Services Administration

RWMPC requests funding for SAMHSA to fully fund efforts to expand access to substance use disorder and mental health prevention and treatment that help combat infectious disease for people who use drugs. Our FY27 request includes **$160 million for the Minority AIDS Initiative. In West Virginia, we have experienced three HIV outbreaks since 2017** that resulted in CDC Epi-Aid investigations: in the Southern Coalfields (2017), Huntington/Cabell County (2018), and Charleston/Kanawha County (2019). The demographics of those diagnosed reflects the impact of the injection opioid epidemic, with the proportion of people injecting drugs increasing from 14% in 2017 to 99% just two years later. Additionally, **the spread of HIV in West Virginia is increasingly more rural, with over half of WV counties now reporting new HIV diagnoses,** including counties– like Mineral County– that had never had a single case since the beginning of

the AIDS epidemic in the early 1980s. Many jurisdictions throughout the U.S., including West Virginia, with high numbers of new HIV cases have no experienced HIV clinicians, with the most significant care gaps in rural areas.

Bio-Preparedness Workforce Pilot Program

This is also a key driver of the need to support the **Bio-Preparedness Workforce Pilot Program.** We urge the committee to fund pilot program within HRSA to ensure a robust workforce to provide infectious diseases and HIV services in health professional shortage areas and at selected federally funded facilities and clinics, including Ryan White HIV/AIDS clinics. ***We urge you to fund the Bio-Preparedness Workforce Pilot Program at $5 million in FY 2027.***

Research at NIH

Finally, we request continued robust funding for HIV research at NIH. Investments in HIV/AIDS research are essential to ending HIV as an epidemic, improving HIV prevention and treatment, and developing a cure and vaccine. The return on investment in HIV research extends beyond HIV, contributing to improvements that created curative treatment for hepatitis C, the creation of PD-1 inhibitors which is an important new approach to cancer therapy and informed new approaches to treating cardiovascular disease, neurologic conditions such as dementia and premature frailty. HIV and related research grants have been terminated both in the U.S. and worldwide. These studies have provided return on investment by identifying critical findings that have benefited HIV and other diseases. Some grants that were cut include longitudinal data over many years and loss of funding will mean loss of critical data sets and improved understanding of how to prevent and treat HIV and other diseases. **Restoring support for this work is paramount and we urge Congress to fund the Office of AIDS Research at $3.953 billion.**

Conclusion

Thank you for your time and consideration of these critical FY27 funding requests for federal HIV programs. If you have questions, please don't hesitate to contact me or Jenny Collier, RWMPC Convener, at jcollier@colliercollective.org.