

**Submitted by HIV Medicine Association Chair
Allison Agwu, MD, ScM, FIDSA, FAAP, Prepared for the Subcommittee on Labor, Health
and Human Services, Education and Related Agencies Regarding the FY 2025
Appropriations for Federal HIV and Related Programs**

May 3, 2024

Chairman Aderholt, Ranking Member DeLauro and members of the Subcommittee, my name is Allison Agwu, MD, ScM, FIDSA, FAAP, chair of the HIV Medicine Association (HIVMA). I am an adult and pediatric infectious disease professor at Johns Hopkins University School of Medicine in Baltimore, Maryland. My clinical care and research priorities focus on addressing health disparities and improving care, treatment strategies and health outcomes, particularly for young people at risk for and/or with HIV. I provide care for patients across the age spectrum, in both the pediatric and adult Ryan White-funded HIV clinics at Johns Hopkins, as the founder and medical director of the Accessing Care Early Clinic and as the program director of the multidisciplinary Pediatric/Adolescent HIV/AIDS Program. I also serve as the project director of JH-Women, Infant Children and Youth Partnership, a Ryan White Part D-funded program aimed at improving care for vulnerable populations in central Maryland.

I am pleased to submit testimony on behalf of HIVMA, which represents nearly 6,000 physicians, scientists and other health care professionals around the country on the front lines of the HIV epidemic. Our members provide care and treatment to people with HIV, lead HIV prevention programs and conduct research in communities nationwide and beyond.

For the FY 2025 appropriations process, we urge continued support for the Ending the HIV Epidemic (EHE) initiative and funding increases for the Ryan White HIV/AIDS Program (RWP) to keep pace with patient demand and inflation. We also strongly urge dedicated funding for a national PrEP program and for the Bio-Preparedness Workforce Pilot Program. Additional funding requests in our testimony largely reflect the consensus of the Federal AIDS Policy Partnership (FAPP), a coalition of HIV organizations nationwide. For a chart of current and historical funding levels and coalition requests for each program, please see FAPP's [FY 2025 Appropriations for Federal HIV/AIDS Programs](#).

Ending the HIV Epidemic Initiative – U.S. Department of Health and Human Services: EHE currently focuses on communities that account for more than half of new HIV diagnoses. In Baltimore, I care for a majority Black patient population that is either at risk for acquiring or living with HIV. Black/African American individuals comprise nearly 45% of the RWP. The program has demonstrated early successes. Nationally, during the initiative's first two years, the Ryan White HIV/AIDS Program brought [nearly 40,000 clients](#) into care. Of those new to care, nearly 80% started HIV treatment and are virally suppressed – meaning HIV is not detected in their body, keeping them healthy and preventing HIV transmission. They do need ongoing HIV treatment, care and support to maintain that viral suppression and optimize their outcomes. **We urge funding the EHE initiative at \$1.04 billion across the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH) and Indian Health Services for FY 2025 to be used for**

expanded access to antiretroviral treatment and PrEP to prevent HIV transmissions as well as improve access to routine and critical health services.

National PrEP Program – Centers for Disease Control and Prevention: A key strategy of the EHE initiative is to improve access and uptake of PrEP (pre-exposure prophylaxis) – a drug that, when taken as prescribed, is 99% effective at preventing HIV. Since the EHE initiative was announced in 2019, [411 community health centers](#) in 29 states have started offering PrEP with EHE funding, including eight community health centers in Maryland. During this time, there has been an [increase nationally in PrEP prescriptions](#) from 23% to 36%. However, the inequities continue, with just 13% of Black people and just 24% of Hispanic/Latino people who could benefit from PrEP having been prescribed it. In Baltimore where I practice, just 18% of those who could benefit from PrEP have been prescribed it; throughout Maryland, just over a quarter of those who could benefit from PrEP have been prescribed it. Despite the known risk of HIV acquisition among Black men who have sex with men (MSM), PrEP initiation and utilization rates among young Black MSM are lower in comparison to white individuals. According to data presented to the Conference on Retroviruses and Opportunistic Infections (CROI 2024), if current HIV diagnosis rates persist, about one in three Black MSM in the United States will be diagnosed with HIV during their lifetime.

This new program would significantly improve PrEP access by supporting PrEP medications, laboratory services, essential support services, outreach and education activities and PrEP provider capacity building. **We urge Congress to provide \$100 million to support PrEP as part of an overall increase of \$175 million for CDC’s EHE initiative, \$395 million in total, to establish the foundation for a national PrEP program.**

Bio-Preparedness Workforce Pilot Program – Health Resources and Services

Administration: The bipartisan EHE initiative will not be successful without growing the workforce that provides infectious diseases (ID) and HIV services. Nearly [80% of counties have no ID physician](#), especially in rural, Southern parts of the U.S. Many of these workforce deserts are in the same locales with high HIV rates. The [Bio-Preparedness Workforce Pilot Program](#) will help to ensure the U.S. has a robust and diverse workforce with the experience and expertise necessary to address infectious diseases such as HIV and viral hepatitis. The pilot program will provide loan repayment that will serve as a significant incentive to enter the ID and HIV workforce and will ensure a more equitable distribution of HIV experts across the country. The loan repayment will be available to health care professionals providing ID services who work in health professional shortage areas, medically underserved areas, certain federal health facilities (e.g., VA facilities) or an RWP clinic. **We urge Congress to fund HRSA’s new Bio-Preparedness Workforce Pilot Program at \$50 million.**

HIV/AIDS Bureau – Health Resources and Services Administration: For more than 30 years, HRSA’s RWP has saved lives and prevented new HIV cases by ensuring that individuals with HIV without other sources of care have access to the care and treatment they need to stay healthy and sustain viral suppression. **We urge Congress to fund the RWP at \$3.082 billion in FY 2025, an increase of \$510.8 million over FY 2024. In addition, we strongly recommend providing at least \$358.6 million in EHE funding for the RWP, a \$193.6 million increase over FY 2024.**

It is critical to ensure that clinics in all jurisdictions nationwide receive additional funding to increase access to HIV care and treatment to keep pace with increased demand and inflation and to help end HIV as an epidemic. Approximately half of RWP clinics receiving Part C funding serve rural communities, making the clinics the primary source for delivering HIV care to rural jurisdictions. **We urge an allocation of \$231 million, a \$22 million increase over FY 2024, for Ryan White Part C programs.**

National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases (STDs) and Tuberculosis Prevention – Centers for Disease Control and Prevention: CDC is a critical national and global expert resource and response center. Yet years of level funding and modest increases can negatively impact CDC's efforts to address persistent public health epidemics and threats, such as HIV, STDs and viral hepatitis. **To meaningfully address these epidemics and the co-occurring crisis of opioid and other substance use disorders, we request a \$774.5 million overall increase above FY 2024 levels for a total of \$2.165 billion.** Additionally, we request the following:

- **For the Division of HIV Prevention, we request a total of \$1.318 billion, a \$304 million increase over FY 2024 levels.**
- **For the CDC to fund surveillance and programming to monitor and prevent injection-related infectious diseases as well as expand access to syringe services programs, harm reduction and overdose prevention, we request the appropriation of \$150 million – a \$127 million increase above FY 2024 for CDC's opioid-related infections program.**
- **For the Division of Viral Hepatitis, we request a total of \$150 million, a \$107 million increase over FY 2024 levels.**
- **For the Division of STD Prevention, we request a total of \$322.5 million, a \$148.2 million increase over FY 2024.**

Office of AIDS Research – National Institutes of Health: 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 \$3.673 billion be allocated for HIV research in FY 2025, an increase of \$479 million over FY 2024.**

National Hepatitis C Elimination Program: HIVMA supports efforts to establish a national hepatitis C elimination program to expand access to testing and treatment and to implement public health strategies to catch/identify, cure and prevent illness. The program seeks to end hepatitis C nationwide by 2030, focusing on high-risk populations. **We urge Congress to establish and fund a national hepatitis C elimination program.**

Conclusion: For nearly two decades as an adult and pediatric infectious diseases specialist, I have witnessed the incredible advances in HIV prevention and treatment made possible by investments in HIV/AIDS research and clinical and public health initiatives. Together, these integrated programs create an effective framework to spearhead progress toward ending HIV as an epidemic.

Thank you for your bipartisan work to address the HIV epidemic in the United States and for considering this request to support lifesaving investments in HIV programs in the FY 2025 (LHHS) appropriations bill. Please contact HIVMA's associate director of public policy and advocacy, Jose A. Rodriguez, at JRodriguez@hivma.org or (703) 299-0200 with questions.