

August 15, 2022



The Honorable Patty Murray, Chair
Senate Committee on Health, Education,
Labor & Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Richard Burr, Ranking Member
Senate Committee on Health, Education,
Labor & Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Frank Pallone, Jr., Chair
House Committee on Energy & Commerce
2322 Rayburn House Office Building
Washington DC 20515

The Honorable Cathy McMorris Rodgers, Ranking Mem.
House Committee on Energy & Commerce
2322 Rayburn House Office Building
Washington DC 20515

The Honorable Barbara Lee, Co-Chair
Congressional HIV/AIDS Caucus
2470 Rayburn House Office Building
Washington, DC 20515

The Honorable Jenniffer González-Colón, Co-Chair
Congressional HIV/AIDS Caucus
2470 Rayburn House Office Building
Washington, DC 20515

RE: HIV COMMUNITY CONCERNS OVER S.4395

Senators Murray & Burr, and Representatives Pallone, McMorris Rogers, Lee & González-Colón,

We, the undersigned patient advocacy organizations, and Ryan White HIV/AIDS Program (RWHAP), Pub.L. 101-381, recipient and sub-recipient service organizations, urge you to ***reject any effort*** to dilute the intent of the RWHAP, or divert program revenues *away from* providing support and services to people living *with* HIV/AIDS (PLWHA). Specifically, we urge a strong rebuke of the Ryan White PrEP Availability Act (S.4395).

Today, the U.S. Centers for Disease Control and Prevention (CDC) estimates 1.2 million people are living with HIV (2019) in the United States with 561,416 people served by the Ryan White HIV/AIDS Program (2020). According to the Health Resources and Services Administration (HRSA), 60.9% of those clients are also living at or below 100% of the Federal Poverty Level (FPL). RWHAP provides a wide range of services, including housing assistance via Housing Opportunities for People with AIDS (HOPWA), medical case management, and non-medical support services, with a significant portion of appropriations going to fund the AIDS Drug Assistance Programs (ADAPs). As you well know, ADAP serves has a lifeline by providing medications for PLWHA who otherwise couldn't afford these life-saving therapies, as well as insurance premium support and co-pay assistance. Yet and still, as evidenced by advocacy efforts requesting additional funding annually, many, many PLWHA remain without sufficient resources to become stable and independent, as the clinics and health departments serving them are also often underfunded and overwhelmed.

The COVID-19 pandemic did not help this precarious situation that disproportionately affects communities of color, as well as many rural communities, especially in the South. As public health staff were diverted to address the pandemic, what resulted were service disruptions with clients falling out of care. The gains achieved in the fight against HIV/AIDS over the last decade were clearly fragile, and the proposed legislation (S.4395) would only compound the challenges.



When reauthorized in 2009, the intent of the Ryan White Program was affirmed; “An Act to amend title XXVI of the Public Health Service act to revise and extend the program for providing **life-saving care for those with HIV/AIDS.**” [Emphasis added]

Since inception in 1990, RWHAP has received strong bipartisan support and exclusively focused on meeting the needs of people living *with* HIV/AIDS. This effort came into even clearer focus as the quality of the anti-retroviral therapies, as well as the medical science, recognized “treatment as prevention” as pillar of hope to ending the HIV epidemic. We know that appropriately treating people living with HIV/AIDS reduces the likelihood of that person transmitting HIV to another person, effectively preventing new infections. This idea later evolved into the “Undetectable Equals Untransmittable” (U=U) awareness movement, highlighting the necessity of ensuring every person living with HIV/AIDS receives both the treatment and the support to stay in care to prevent new HIV diagnoses. Diverting already scarce resources from providing direct supports and services to people living with HIV/AIDS should be viewed with extreme caution.

Nearly every grant provided for under the Ryan White Program requires recipients and subrecipients to both generate program income and reinvest that program income into the services outlined in the specific grant. These program revenues are by and large generated through the 340B Discount Drug Program and, when operating as intended, serve as means of maintaining and extending services to people living with HIV/AIDS. This has been true since RWHAP’s inception.

The reality is S.4395 seeks to divert grant dollars currently exclusively used for serving people living with HIV/AIDS to services for people *not* living with HIV. Simply put, S.4395 would shift these program revenues *from* people living *with* HIV/AIDS to people at risk of acquiring HIV/AIDS. Shifting program revenues *away* from the intended beneficiaries of the program to a broader population dilutes the efficacy of these scarce dollars. The concept itself runs completely contrary to the legislative intent and history of the Ryan White Program. Those backing this bill do not represent the interests of patients, rather they represent the special interests of providers and their administrative officers.

In summary, S.4395 is extremely *ill-advised* for numerous reasons. Amending the Ryan White Program would:

- Open-up the law, (which is *currently unauthorized*) and thus subject it to potentially harmful changes in a hyper-partisan political environment.
- Change the purpose of the law, in that the purpose of the Ryan White Program is serving people *living with* HIV/AIDS.
- Create yet another access barrier for the approximately 400,000 PLWHA who are *not* in care.
- Further isolate PLWHA who are already *disproportionally impacted* by homelessness, hunger, substance use disorder, and undiagnosed and/or untreated mental health conditions.
- Impede Ending the HIV Epidemic's efforts to both increase enrollment and expand services for low-income PLWHA, especially since discretionary funding is already *limited*.

We collectively favor a better option to meet the needs of people who would benefit from PrEP, and that is additional HIV prevention funding. This approach would allow patient choice in medicines and support for ancillary services, provider education and outreach. Additionally, HIV prevention funding could be directed to communities that are most in need of prevention medicines and services, thereby providing more equitable access. This approach would also use and could strengthen the existing HIV prevention infrastructure.



Thank you in advance for your consideration to this important issue.

Submitted on behalf of the following signatories:

Access Support Network (San Luis Obispo, CA)
Action Wellness (Philadelphia, PA)
ADAP Advocacy Association (Nags Head, NC)
ADAP Educational Initiative (Columbus, OH)
Agape Missions, NFP (Joliet, IL)
AID Upstate (Greenville, SC)
AIDS Alabama (Birmingham, AL)
AIDS Alabama South (Mobile, AL)
AIDS Foundation Chicago (Chicago, IL)
AIDS Legal Referral Panel (San Francisco, CA)
All Under One Roof (Pocatello, ID)
Ambitiously Him & Her King Foundation (Mobile, AL)
Amity Medical Group (Charlotte, NC)
Appalachian Learning Initiative (Morgantown, WV)
Aspirations Wholistic Tutorial Services (Baton Rouge, LA)
Black, Gifted & Whole Foundation (Brooklyn, NY)
Black AIDS Institute (Los Angeles, CA)
Black Ladies in Public Health (Arlington, TX)
CAEAR Coalition (Washington, DC)
Christie's Place (San Diego, CA)
Columbia Cares (Fayetteville, TN)
Community Access National Network – CANN (Slidell, LA)
Counseling Ministry Dot Org (St. Louis, MO)
DAP Health (Palm Springs, CA)
DL Ministry (Gilbert, AZ)
Door to Serenity (Chickasaw, AL)
EMERGE – ATCF (San Francisco, CA)
Equality Federation (Houston, TX)
Family Counseling Center of Mobile, Inc. (Mobile, AL)
Fast-Track Cities Institute (Washington, DC)
GLIDE (San Francisco, CA)
GMHC (New York, NY)
Georgia Equality (Atlanta, GA)
Greater Community AIDS Project of East Central Illinois (Champaign, IL)
HealthHIV (Washington, DC)
Hope in the End (Charlotte, NC)
HIV Caucus Harvey Milk LGBTQ Democratic Club (San Francisco, CA)
HIV Long Term Survivors International Network (San Francisco, CA)
HIV+ Aging Research Project – Palm Springs (Palm Springs, CA)
HIV+ Hepatitis Policy Institute (Washington, DC)
Idaho Coalition For HIV Health and Safety (Pocatello, ID)
Illinois Public Health Association (Springfield, IL)



Signatories continued:

International Association of Providers of AIDS Care (Washington, DC)
Latino Commission on AIDS (Durham, NC)
Latino Community Services, Inc. (Hartford, CT)
LatinX+ (Milford, PA)
Legacy Community Health (Houston, TX)
Let's Kick ASS – AIDS Survivor Syndrome (San Francisco, CA)
Let's Kick ASS Palm Springs – AIDS Survivor Syndrome (Palm Springs, CA)
Liver Coalition of San Diego (San Diego, CA)
MedData Services (Grapevine, TX)
Metropolitan Washington Regional Ryan White Planning Council. Washington, DC (Washington, DC)
Miami Valley Positive for Positives (Dayton, OH)
NASTAD (Washington, DC)
NATAP – National AIDS Treatment Advocacy Project (New York, NY)
NMAC (Washington, DC)
National HIV and Aging Advocacy Network (Washington, DC)
National Working Positive Coalition (New York, NY)
North Carolina AIDS Action Network (Raleigh, NC)
Northeast Ohio Liver Alliance (Cleveland, OH)
Pacientes de SIDA pro Politica Sana (San Juan, PR)
PlusInc (Washington, DC)
Positive Coalition Project (Columbia, SC)
Positive Impact Health Centers (Atlanta, GA)
Positive Iowans Taking Charge (Nashua, IA)
Positive Mind and Body Support Group Network (Vero Beach, FL)
Positive People Network, Inc. (Miami, FL)
Positive Women's Network USA (Houston, TX)
Prevention Access Campaign (PAC) – U=U (Washington, DC)
Prism Health North Texas (Dallas, TX)
Prism United (Mobile, AL)
Program for Wellness Restoration (Houston, TX)
RAD Remedy (Saint Petersburg, FL)
Rainbow Pride of Mobile (Mobile, AL)
Ramsell Corporation (Oakland, CA)
Reconcile Ministries (New Orleans, LA)
SERO Project (Milford, PA)
San Francisco AIDS Foundation (San Francisco, CA)
San Francisco Senior and Disability Action (San Francisco, CA)
Southern AIDS Coalition (Bluffton, SC)
Southern Black Policy and Advocacy Network (Dallas, TX)
The 6:52 Project Foundation, Inc. (Gadsden, AL)
The Afiya Center (Dallas, TX)
The AIDS Institute (Washington, DC)

Signatories continued:



The Reunion Project (Chicago, IL)

The SSOULE Group (Akron, OH)

The S.Y.S.T.E.M. – Share Your Story To Empower Many (Arlington, MD)

The Well Project (Brooklyn, NY)

U.S. People Living with HIV Caucus (Silver Spring, MD)

Vintage Grace LLC (Nashville, TN)