



April 8, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate

The Honorable Nancy Pelosi
Speaker
United States House of Representatives

Dear Leader McConnell and Speaker Pelosi:

The Partnership to End HIV, STDs, and Hepatitis, a coalition of five of the nation's leading organizations focused on ending the HIV, STD, and viral hepatitis epidemics in the United States, is writing to urge you to invest in public health infrastructure and to increase access to care for people who are impacted by the COVID-19 Pandemic. We appreciate the work Congress has accomplished thus far and encourage Congress to continue addressing the many implications of the COVID-19 Pandemic.

It is critical to fund public health infrastructure, with the greatest flexibility possible, during this pandemic, especially with the increasing burden on screening, surveillance, and data systems. As state and local health departments focus solely on COVID-19, important work to prevent other infectious diseases can not happen. Congress should immediately take the following actions:

- 1. Increase funding by \$95 million to CDC's viral hepatitis infrastructure to ensure the critical work on viral hepatitis continues.** Many of the viral hepatitis and other infectious disease programs nationwide have had to shift their staff and efforts to COVID-19 response, leaving a gap in the public health network used to prevent new cases of viral hepatitis via education and vaccination, test and surveil existing cases, and link individuals to treatment. These programs are also important to support COVID-19 response, including infectious disease surveillance and immunization information systems. While swiftly and fully responding to the current COVID-19 pandemic is essential, we must also ensure we are not exacerbating another public health emergency in its wake.
- 2. Increase funding by \$40 million to syringe service programs via CDC's infectious disease and opioid programs.** Many individuals, including those with a substance use disorder or underlying mental health issues, rely on a range of services that address basic needs such as food, transportation, first aid, and shelter. In numerous communities across the country, these services have been disrupted or are at-risk because of COVID-19. This disruption is in part due to closure of "non-essential" services, including syringe service programs (SSPs), which the American Medical Association has recommended be labeled an essential service. SSPs are providing important front-line services, helping relieve burdens on emergency rooms and keeping communities safe. Congress should ensure SSPs have the resources they need to do their work safely.
- 3. Increase funding by \$700 million to CDC's STD prevention program.** State local and tribal Sexually Transmitted Disease (STD) clinics require \$500 million of this funding as this significant service network transitions to coronavirus testing sites. Disease Intervention Specialists (DIS) are key public health professionals on the frontlines of our nation's COVID-19 response. Disease Intervention Specialists under CDC's STD program require \$200 million to



conduct contact tracing. An essential part of the public health STD prevention system, DIS play a critical role in conducting contact tracing to respond to every day outbreaks and public health emergencies.

4. **Increase funding to CDC HIV Prevention by \$100 million.** As HIV Prevention and Surveillance staff are shifted to work on the COVID-19 response, it is important the infrastructure of HIV prevention is not impacted. Data modernization and increased surveillance are both critical to the COVID-19 response as well as the HIV response. HIV Prevention programs will need an investment to set up at home HIV testing programs. In addition, HIV Prevention programs will need to increase data to care efforts in order to ensure that people who have fallen out of care are able to receive HIV treatment.
5. **Increase funding to the Ryan White HIV/AIDS Program by \$500 million.** As noted in the HHS Interim Guidance for COVID-19 and Persons with HIV, people who are living with HIV and are virally suppressed are not at significant risk for complications related to COVID-19. This means that access to care for people living with HIV is more important than ever. Antiretroviral therapy must be continued and the Ryan White Program must be provided with infrastructure funding to scale up telehealth. In addition, the Ryan White Program will face significant burden to all parts of the program due to the economic downturn and changes in employment-sponsored insurance. All parts of the Program, including Part F, must be funded to properly address the issues from the COVID-19 pandemic. There are already funding gaps in Ryan White clinics for staff salaries due to the COVID-19 pandemic and the Ryan White Program will have to cover new costs related to COVID-19 including testing, treatment, and eventually vaccines. We are very appreciative of the \$90 million included in the CARES Act, but substantial further investment is required to serve people living with HIV.
6. **Increase funding by \$65 million to Housing Opportunities for Persons with AIDS (HOPWA) Program.** As the COVID-19 epidemic is worsening and people are losing their jobs, we expect that the need for housing rental assistance to drastically increase. Further, viruses spread quickly among the homeless community and we fear that those living with HIV who are homeless will face dire realities if they are unable to access shelter.
7. **Remove the ban on syringes and other restrictions for using federal funds.** SSPs need the ability to spend federal funds for all aspects of their program, including the purchase of syringes, and to do so without restrictive policies like 1:1 exchange or barriers to accessing take-home kits.

We also urge Congress to include the following provisions to remove barriers and support improved access to care for our most vulnerable populations.:

- COVID-19 Special Enrollment Period for anyone who is uninsured in all ACA Marketplaces
- Early refills in Medicaid and other health coverage programs
- 90-day refills in Medicaid and other health coverage programs
- No copays for telehealth in Medicaid and other health coverage programs
- Ensure flexibility for patients to use mail order pharmacies, including out of state mail order pharmacies and other home delivery methods without increased copays,
- Relax requirements for in-person visits for refills, including allowing visits through telehealth



- Eliminate in-person application and recertification requirements for Medicaid, Ryan White, and other means-tested/income support programs
- Prevent the overcrowding of public institutions. Many correctional institutions are still ill-equipped to properly handle the medical needs of their inmates, especially during a pandemic. We advocate for reduced admissions and the decarceration of those people in jails, prisons, and detention centers who are most vulnerable to COVID-19 and are serving due to non-violent offenses..
- Waive prior authorization, utilization management, and medication-assisted treatment (MAT) restrictions.

In addition, without financial support, non-profits nationwide may not stay open through the pandemic, and the result could be millions of Americans who already have lost so much losing their local safety nets. We strongly urge Congress to provide funding accessible to well-established health-focused non-profits providing services and support to Americans across the country.

These crucial public healthcare programs have the tools and expertise necessary to effectively respond to COVID-19, but due to being underfunded for years resources are stretched thin. Funding these programs sufficiently to support their services is needed now more than ever. Please contact Emily McCloskey at emccloskey@nastad.org with any questions or concerns. Thank you for your leadership during this time.

Sincerely,

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