

United States Senate Committee on Appropriations Subcommittee on Labor, Health and Human Services, and Education (LHHS)

Written Testimony for Fiscal Year 2020 for the U.S. Dept. of Health and Human Services, National Institutes of Health (NIH), National Institute for Allergy and Infectious Diseases (NIAID) and Office of AIDS Research (OAR)

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Prepared by the Research Working Group of the Federal AIDS Policy Partnership

On behalf of the Federal AIDS Policy Partnership's Research Working Group, we thank Chairman Senator Graham, Ranking Member Senator Leahy and members of the Committee, for the opportunity to submit testimony to the Senate LHHS Subcommittee on Fiscal Year 2020 (FY 2020) Appropriations for the National Institutes of Health (NIH) in regards to protecting, strengthening, and expanding our nation's HIV/AIDS research agenda. The Research Work Group (RWG) of the Federal AIDS Policy Partnership (FAPP) is a coalition of more than 60 national and local HIV/AIDS research advocates, patient, clinicians and scientists from across the country. Our goal is to advance and support U.S. leadership to accelerate progress in the field of HIV/AIDS research. The FAPP RWG urges the subcommittee to build on the momentum of the House LHHS subcommittee request of \$149 million increase for HIV research by recommending a FY 2020 budget request level of at least \$41.6 billion for the NIH, and ask that at least \$3.450 billion be allocated for HIV research at the NIH in FY 2020.

Public investments in health research via NIH have paid enormous dividends in the health and wellbeing of people in the U.S. and around the world, particularly for people living with, or vulnerable to, HIV. NIH funded AIDS research has supported innovative basic science for better drug therapies, evidence-based behavioral and biomedical prevention interventions which have saved and improved the lives of millions. NIH funding has contributed to over 210 approvals for a range of novel therapeutics between 2010 through 2016, with new antinfectives for HIV and HCV receiving the second largest fraction of those approvals. Additionally, NIH support was crucial in the development of pre-exposure prophylaxis (PrEP), a significant and groundbreaking HIV prevention tool that is upwards of 99% effective in preventing sexual transmission.

These developments were made possible through the U.S. government's strong support for NIH's HIV research portfolio, and hold great promise for significantly reducing HIV infection rates and providing more effective treatments for those living with HIV/AIDS in the coming decade. Despite such advances, there remain 1.1 million HIV people living with HIV in the U.S. in 2015. Each year this number increases. In 2017, 38,739 people in the U.S. received an HIV diagnosis. HIV research advances at the NIH hold the potential to end the AIDS epidemic, as well as update prevention approaches and improve outcomes along the treatment cascade – a cornerstone of the Trump Administration's recently announced initiative to End the HIV Epidemic in the U.S.. The FY 2020 President's Budget has proposed *Ending the HIV Epidemic: A Plan for America* to reduce new infections by 75 percent in the next five years and by 90

percent in the next ten years, averting more than 250,000 HIV infections in that span. Yet, the administration's FY 2020 budget proposal ignores these significant contributions made by NIH and the need for a strong HIV/AIDS research agenda in the End the HIV Epidemic initiative with deep cuts in funding made to the Office of AIDS Research (OAR) that places current studies, including for a vaccine and a cure for HIV, in peril.

The FY 2020 President's Budget request for the NIH HIV research program at OAR is \$2,621.2 million, a decrease of \$423.9 million or 13.9 percent compared to the FY 2019 levels. The proposal includes substantial cuts (see table below) to HIV research into prevention, cure and HIV aging research. In particular, our nation's research agenda in pursuit of a cure for HIV is under significant threat in the budget proposal, despite being the smallest part of the overall OAR budget. Scientific progress on cure and vaccine research remains steady and iterative, and cutting research funding at this juncture will only lengthen the time horizons or completely impede these studies from realizing the potential of these investments. To truly achieve an end to the HIV epidemic, we need a vaccine and cure alongside our current slate of therapeutics and prevention modalities. More importantly, investment in these critical areas is necessary to "finish the job" and cap the incredible progress that has been made to date thanks to federal government spending on HIV/AIDS research. In sum, these cuts would do harm to the HIV research agenda and the health of people living with HIV. We urge the subcommittee to reject these cuts.

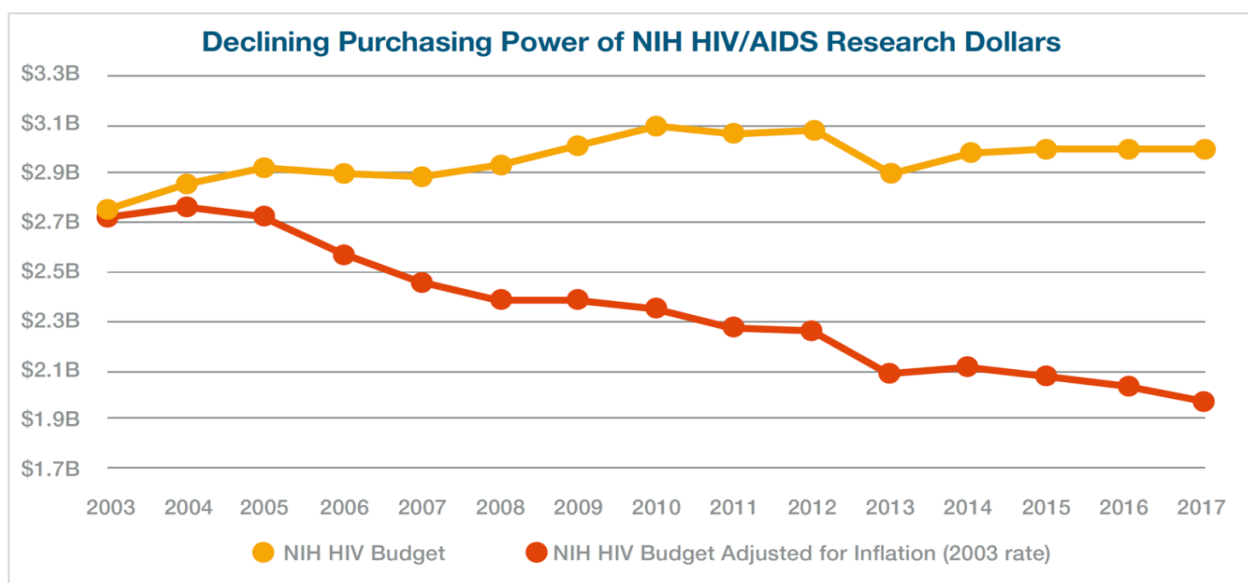
Table: NATIONAL INSTITUTES OF HEALTH Office of AIDS Research
Budget Authority by Activity (Dollars in Thousands)

Overarching Priorities	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual ¹	FY 2019 Enacted Level	FY 2020 President's Budget	FY 2020 +/- FY 2019	FY 2020 President's Budget % Reduction
Reducing Incidence of HIV/AIDS	\$732,003	\$687,495	\$714,553	\$741,203	\$634,517	-\$106,686	-14.4%
Next Generation HIV Therapies	360,085	362,820	364,484	369,680	322,611	-\$47,069	-12.7%
Research Toward a Cure ²	108,337	170,375	175,757	190,735	159,384	-\$31,351	-16.4%
HIV-associated Comorbidities, Coinfections, and Complications	614,090	556,608	517,884	537,435	469,998	-\$67,437	-12.5%
Crosscutting	1,185,546	1,222,763	1,222,703	1,206,008	1,034,679	-\$171,329	-14.2%
Total	\$3,000,061	\$3,000,061	\$2,995,381	\$3,045,061	\$2,621,189	-\$423,872	-13.9%

¹ Reflects effects of Secretary's transfer.

² Beginning in FY 2017, Research Toward a Cure for HIV/AIDS became a separate activity. Dollars for Research Toward a Cure for HIV/AIDS were previously included within other science areas, such as Next Generation Therapies, Crosscutting--Basic Research, and Reducing Incidence of HIV/AIDS. The FY 2016 amount is a comparable budget figure.

Furthermore, since 2003, funding for the NIH HIV research has failed to keep up with our existing research needs - damaging the success rate of approved grants and leaving very little money to fund promising new research – despite increases to the overall NIH budget. The real value of the increases prior to 2003 has been precipitously reduced because of the relatively higher inflation rate for the cost of research and development activities undertaken by NIH. According to the Biomedical Research and Development Price Index - which calculates how much the NIH budget must change each year to maintain purchasing power - between FY 2003 and FY 2017, the NIH budget in constant dollars according to BRDI will have declined by more than a third. The cuts proposed in President's budget only further widens the gap, in which even larger funding increases would be required to make up the value in research dollars lost.



Investment by the NIH has transformed the HIV epidemic from a terrible, untreatable disease to a chronic condition that can be managed through once-a-day drug regimens. Now is the time to increase investment for the NIH to finish the job and end the HIV epidemic through strategic, science-based interventions. Increasing the NIH's HIV research budget yields significant scientific gains, both for HIV and other diseases, produces economic benefits for our nation's workforce, and enhances community engagement in research. NIH funding of HIV/AIDS research provides an example of innovation at work where investment in basic and translational research, working in partnership with industry and community, can move quickly to develop solutions. NIH investments in HIV/AIDS research also add value by seeding ideas later taken up in industry partnerships and creating innovation incubators for important medical advances which have significant health impact. Major advances over the last few years in HIV treatment and prevention demonstrate that adequately resourced NIH programs can transform our lives.

Federal support for HIV/AIDS research has also led to new treatments for other diseases, including cancer, heart disease, Alzheimer's, hepatitis, osteoporosis and a wide range of autoimmune disorders.

Robust funding for NIH overall enables research universities to pursue scientific opportunity, advance public health, and create jobs and economic growth. In every state across the country, the NIH supports research at hospitals, universities, private enterprises and medical schools. This includes the creation of jobs that will be essential to future discovery. Sustained investment is also essential to train the next generation of scientists and prepare them to make tomorrow's HIV discoveries. NIH funding puts approximately 300,000 scientists to work at research institutions across the country. According to NIH, each of its research grants creates or sustains six to eight jobs and NIH supported research grants and technology transfers have resulted in the creation of thousands of new independent private sector companies. Strong, sustained NIH funding is a critical national priority that will foster better health and economic revitalization.

The race to find better treatments and a cure for cancer, Alzheimer's, heart disease, HIV/AIDS, and other diseases, and for controlling global epidemics like AIDS, tuberculosis and malaria, all depend on a robust long-term investment strategy for health research at NIH. There can be no innovation without reliable and adequate research funding. Tomorrow's scientific and medical breakthroughs depend on your vision, leadership and commitment towards robust NIH funding this year. Congress should ensure the nation does not delay vital HIV/AIDS research progress. We must protect HIV/AIDS research funding to sustain research capacity and maintain our worldwide leadership in HIV/AIDS research and innovation.

To that end, we urge the subcommittee to consider a needed increase to the overall FY 2020 budget request level of at least \$41.6 billion for the National Institutes of Health (NIH) consistent with the request of the Ad Hoc Group for Medical Research. We also urge the Senate subcommittee to follow the House LHHS subcommittee to match or exceed their FY 2020 recommendation of \$149 million in increased funding for HIV research. While this increase gets us closer to meeting the recent Trans-NIH AIDS Research By-Pass Budget Estimate for FY 2019, we ask the committee that at least \$3.450 billion be allocated for HIV research at the NIH in FY 2020, an increase of \$450 million. We also urge the subcommittee to consider approaches to ensure HIV research budget receives increases alongside important and intersecting biomedical research at NIH. The FY 2020 President's Budget request includes reallocation of \$6 million in existing Centers for AIDS Research (CFAR) funding to support this initiative. We believe that CFARs are suited well to accomplish this goal, but that funding must be new funding for this initiative to succeed, and will require a significant increase beyond this proposed level. We urge the subcommittee to direct specific and increased CFAR funding for this purpose.

In conclusion, the RWG calls on Congress to continue the bipartisan federal commitment towards combating HIV as well as other chronic and life - threatening illnesses by increasing funding for NIH in FY 2020. A meaningful commitment towards maintaining the U.S. pre-eminence in HIV research and fostering innovation cannot be met without prioritizing the research investment at NIH that will lead to tomorrow's lifesaving vaccines, treatments and cures that are needed to end the HIV epidemic here and abroad. Thank you for the opportunity to provide these written comments.