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March 31, 2023

To: The Honorable Senator Melissa Wiklund,
Members of the Senate Health and Human Services Committee

Re: Support for SF2995 – Addressing the HIV Epidemic in Minnesota

Dear Members of the Senate Human Services Committee,

We write to applaud your investment in HIV prevention and care programs that directly address the health inequities of communities experiencing the greatest rates of HIV. The funding level of \$10,000,000 over the biennium for HIV Care and \$4,500,000 for HIV Prevention is a strong and necessary first step. Unfortunately, this number falls below the Governor's recommendation and far below the House Human Services Omnibus bill of \$12,100,000 in fiscal year 2024 and \$12,100,000 in fiscal year 2025 in appropriations to the Commissioner of Human Services for grants to community-based HIV/AIDS support services.

Minnesota is experiencing three unprecedented HIV outbreaks. We would expect to see the overall number of new cases decrease because there are medications to treat people with HIV and prevent people who are negative from becoming infected. People who identify as American Indian/Alaskan Native (AI/AN), Black, and Latin o/Latinx are disproportionately impacted by HIV due to a combination of historical, current, and intergenerational trauma; structural and individual racism; and discrimination that all influence the social determinants of health. These trends are reflected in HIV infections, with BIPOC people comprising 17% of Minnesota's population but accounting for 60% of new HIV diagnoses

DHS currently receives both state and federal funding for HIV programmatic activities and external grants. Since 2002, MDH has also received HIV rebate revenue generated through the federal 340B rebate program via an interagency agreement with DHS. However, MDH learned in October 2022 that the amount of rebate revenue we will receive from DHS would decrease by nearly 60% beginning January 1, 2023, which subsequently results in a decrease of grants being awarded to community-based organizations and clinics to implement HIV prevention interventions.

Even before the loss of rebate funds, the level of state and federal funding has been insufficient to support the staff and interventions required to end the current outbreaks, prevent future outbreaks, address ongoing HIV health inequities, and achieve and maintain the legislatively mandated outcomes. This request replaces the lost rebate revenue.

Given the overwhelming data, we strongly recommend that Minnesota include increased investment to support HIV prevention programs that directly address the health inequities of communities experiencing the greatest rates of HIV. We have the tools to end HIV in Minnesota. This bill is a transformative step forward in preventing new infections, and ensuring that all people living with HIV,



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can live long and healthy lives! We ask that you continue aligning these proposed funding levels at the House Human Services Omnibus amount.

Sincerely,

Matt Toburen, Executive Director, **Aliveness Project**

Jeremy Hanson Willis, CEO, **Rainbow Health**

Charlene Leach, Executive Director, **African American AIDS Task Force**

Val Smith, Executive Director, **Youth and AIDS Project**

Sharon Day, Executive Director, **Indigenous Peoples Task Force**

Phoebe Trepp, Executive Director, **Clare Housing**

Mary McCarthy, Executive Director, **Rural AIDS Action Network**

Sue Purchase, Executive Director, **Harm Reduction Sisters**

Audrey Harrell, Executive Director, **Hope House**