

March 10th, 2025

Chair Wiklund
Senate Health and Human Services
95 University Avenue W.
Minnesota Senate Building, Room 2107
St. Paul, MN 55155

RE: SF 1385 – HIV/AIDS support services funding

Dear Senator Dibble, Chair Wiklund and members of the Senate Health and Human Services Committee,

We write to express our strong support for S.F. 1385, which supports critical support services for people diagnosed with HIV/AIDS. Over the last three years, our consortium of HIV service providers has systematically experienced cuts to programs funded by Ryan White rebate dollars. However, the latest \$9 million dollar cut by the Department of Health and Human Services has provided a devastating blow to our community. Over this same time period, the number of individuals living with HIV in Minnesota has increased dramatically, largely as a result of simultaneous, concurrent HIV, hepatitis C and syphilis outbreaks within the Twin Cities and Duluth area as well as increased numbers of individuals seeking refuge within Minnesota due to its long history of providing comprehensive, quality care to all individuals.

Many of the organizations within our consortium are reliant on Ryan White funding to support our service categories and without this critical funding we will not be able to provide the level of support required to both ensure positive health outcomes for individuals living with HIV and mitigate community transmission which has been an ongoing issue unique to our community since 2020.

As a collective, the consortium has a long history of providing critical support to individuals living with HIV, which has directly contributed to the downward trend of new diagnoses within the State, especially between 2014 and 2020. However, amid the COVID-19 pandemic and the concurrent outbreaks, 2023 showed the highest number of new diagnoses over the past 10 years. While the consortium has worked collaboratively in response to the outbreaks, decreased funding levels have directly impeded organizational capacity due to overall decreased staffing and resources available to the community. The uptick in diagnoses will have significant community implications, and continued funding cuts will severely impede the efforts of this consortium to address those impacts.

S.F. 1385 helps mitigate severe negative impacts by restoring critical funding. The aforementioned \$9M cut will limit outbreak responses and disproportionately impact the most marginalized people in our community such as racial and gender minorities, including loss of housing for individuals, access to food and emergency financial services, case management services, in addition to other critical support services. These services not only help individuals stay engaged in care but also adherent to medications, which directly contributes to decreased community transmission. Individuals living with HIV in Minnesota already disproportionately live in poverty and are

un/underinsured, with the burden falling more broadly on communities of color as well as gender and sexual minorities.

Without the support provided by SF 1385, co-occurring social determinants of health will continue to impede individuals from engagement in care, jeopardize the health outcomes of individuals, and cascade negative impact on the broader community. In order to adequately respond to the increased community needs, our consortium needs this critical funding. The health of our community relies on consistent, equitable funding to remove barriers and increased access to care and medications for all individuals living with HIV in the state of Minnesota.

Thank you for bringing this bill forward. We respectfully encourage this committee to support this legislation and look forward to discussing future opportunities to secure critical funding that supports individuals living with HIV in the State of Minnesota.

