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Good afternoon. I'm Aaron Richterman, an infectious diseases physician at the University of Pennsylvania, where I care for people living with HIV in West Philadelphia. I'm also a health policy researcher studying how poverty alleviation policy can impact population health. I'm here today in my personal capacity, and the views I share are my own and do not represent the University of Pennsylvania. In both of my roles, I am watching federal policy changes squeeze LGBTQ+ Philadelphians on three fronts at once: the care they can access, the local programs designed to address the structural drivers of poor health, and the research designed to evaluate how we address these drivers.

For most of my career, the systems that get people with HIV their medications have worked imperfectly, but somewhat reliably. That has changed. Pennsylvania's Special Pharmaceutical Benefits Program, which fills the gap for uninsured and underinsured patients, tightened its income eligibility last October from 500% to 350% of the federal poverty line and reduced its formulary. For the first time in my career, I have had legitimate questions about whether I will be able to get individual patients their HIV medications. This is one piece of a broader squeeze. Marketplace premiums have roughly doubled this year. Medicaid is layering on administrative burdens before new work requirements even take effect, and more than 40% of Americans with HIV are insured by Medicaid. For trans patients, gender-affirming care has been newly barred

from coverage as an essential health benefit on ACA plans starting this year, which is just one piece of a concerted effort targeting trans people across the country.

Like many jurisdictions in the US, Philadelphia, despite many people's best efforts, is not meeting its HIV goals. Only 60% of residents living with HIV are virally suppressed, far from the national target of 95%. Now why is that? Roughly 4,000 of the city's approximately 18,000 residents with HIV experience housing instability, and unhoused Philadelphians with HIV are about half as likely to be virally suppressed as those with stable housing. LGBTQ+ Philadelphians, and trans Philadelphians in particular, carry a disproportionate share of this burden. In a recent Department of Public Health survey of trans women in the city, 31% reported unstable housing, 65% lived below the poverty line, and 37% were living with HIV. Housing is not a peripheral concern in HIV care. It is one of the most important determinants of whether HIV treatment works at all.

Philadelphia recognized this and built the right kind of intervention. In 2024, the Department of Public Health launched Arms Around You, which combines housing case management, intensive housing counseling, and rent support for people with HIV experiencing housing instability. I have patients in this program whom I have known for years: patients whose lives have been transformed by it, patients who were only able to fully succeed at managing HIV once they had stable housing through this program. This is what a structural intervention working looks like.

Two recent developments have undermined both the program and the ability to evaluate it. Arms Around You's planned expansion has been halted. A 25% reduction in Pennsylvania's Ryan White funding in 2025 means the program currently serves 80

people — all referred from shelters — while several hundred Philadelphians with HIV remain on the waitlist, and many more are eligible who have not applied for the program. At the same time, the federally funded research that I was leading in collaboration with the health department that was designed to rigorously evaluate Arms Around You and inform its scaling was recently terminated as “DEI.” That grant had been awarded by the National Institutes of Health on the basis of the highest level of scientific peer review in the country. The federal government has, in effect, threatened the funding that would have allowed Arms Around You to grow and shut down the research that would have allowed Philadelphia and other jurisdictions across the country to learn from it.

So, in sum, policy changes are contracting access to care, the programs designed to address the root causes of poor health, and the research designed to learn from it — all aimed disproportionately at LGBTQ+ communities. Philadelphia built Arms Around You because the evidence is clear and the need is here. The federal infrastructure that has supported this work is narrowing in every direction. What the city does now matters more than ever.

Thank you. I welcome your questions.