

**SUMMARY RESULTS**  
**State General Revenue Cuts in**  
**HIV/AIDS and Viral Hepatitis Programs**  
**September 2009**

---

**PURPOSE AND DESCRIPTION OF SURVEY**

---

Historically, many state governments contribute general revenue to support HIV and viral hepatitis prevention and treatment programs administered by the state public health department. In 2007 more than one third of HIV prevention funding (\$205 million) administered by health departments in the U.S. came from state and local governments.<sup>1</sup> States also contributed 21 percent (\$328 million) of the national funding for AIDS Drug Assistance Programs in 2008.<sup>2</sup> With reported overall state deficits in FY2009 of \$113.2 billion and anticipated shortages in FY2010 totaling \$142 billion, program cuts for HIV and viral hepatitis present programmatic challenges for state, county and local health departments as well as the communities they serve.<sup>3</sup>

In 2009, NASTAD conducted two surveys of all state HIV and viral hepatitis programs to monitor the impact of state budget cuts on HIV and viral hepatitis programs. Recent experience suggests that cuts are occurring on a rolling basis as state deficit projections are revised throughout the year. The surveys also seek to assess anticipated cuts in the next state fiscal year. The data provided in this summary represents cumulative responses from 42 jurisdictions that responded to a survey in February and a follow up survey in August 2009. This survey is designed only to gather information on state general revenue or state funding decreases to HIV/AIDS programs. Federal funds are not included in the analysis. HIV/AIDS, surveillance and viral hepatitis programs under the purview of the AIDS director are referred to as the "program."

---

**BUDGET**

---

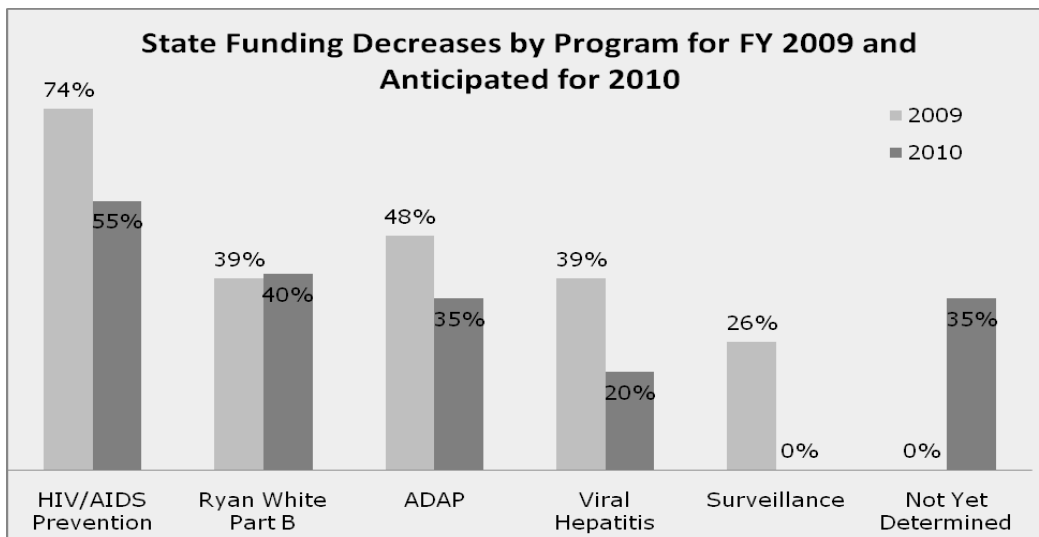
**FY 2009**

- More than **\$167 million**<sup>4</sup> was cut from program budgets; **Forty-five percent** of all jurisdictions received some program reductions;
- **Seventy-four percent (74%)** of programs experienced cuts to HIV prevention activities as a result of state funding cuts;
- ADAP funding was cut by **48 percent** of programs;
- **Seventy percent (70%)** of responding jurisdictions reported that the necessary decreases were realized through reductions in administrative costs at the state level;

- Reductions to contractual awards to some community providers were also identified by **70 percent** of responding programs;
- **Fifty percent (50%)** of programs also indicated elimination of some state programs as a response to budget reductions;
- Program budget decreases ranged from a low of **\$10,000 to a high of \$85 million**; and
- Jurisdictions reported an average decrease in state funding of almost **11 percent** in FY2009.

## FY 2010

- **Sixty-four percent (64%)** of programs that responded to the survey anticipate a decrease in state funding in FY2010;
- Only two months into the new state fiscal year, 13 programs already report more than **\$12 million in budget cuts**;
- Decreases to date in program budgets in FY2010 range from **\$10,000 to \$3.2 million**;
- HIV and viral hepatitis programs are trying to mitigate the budget cuts to their community providers as much as possible; most cuts will continue to be taken at the state level where possible;
- Additional reductions to both prevention and care programs are anticipated in FY 2010.



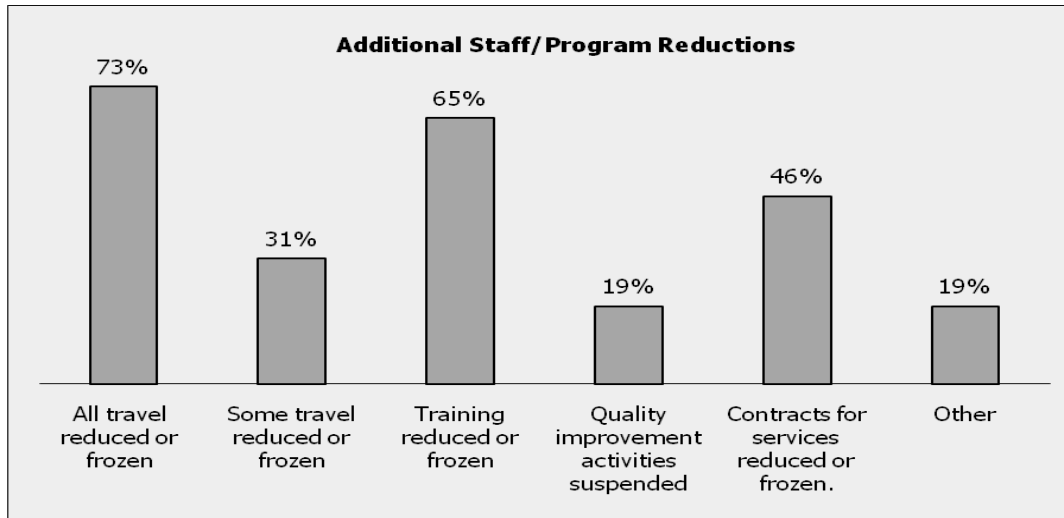

---

## STAFF CAPACITY

---

- Ten states report that **66 positions** within HIV/AIDS and viral hepatitis programs have been eliminated with an **additional 153 positions** currently unfilled.
- As a result of reductions in funding:
  - Twenty (20) states have instituted hiring freezes;
  - Thirteen (13) states have instituted unpaid staff furloughs ranging from 1 to 36 days a year;

- o Additional staff capacity impacts include pay freezes, pay cuts up to 2.5 percent, as well as staff promotion and travel freezes;
- o Many states are unable to confirm if additional staff and budget cuts will be necessary FY2010.
- o Two thirds of the programs responding to the survey also indicate that staff have been either diverted to or required to take on additional tasks related to H1N1 Flu preparedness.



<sup>1</sup>Kaiser Family Foundation and National Alliance of State and Territorial AIDS Directors, "National HIV Prevention Inventory". July 2009. Available at [http://www.nastad.org/Docs/highlight/2009818\\_National%20HIV%20Prevention%20Inventory%20FINAL.pdf](http://www.nastad.org/Docs/highlight/2009818_National%20HIV%20Prevention%20Inventory%20FINAL.pdf)

<sup>2</sup> Kaiser Family Foundation and National Alliance of State and Territorial AIDS Directors, "National ADAP Monitoring Report". April 2009. Available at [http://www.nastad.org/Docs/highlight/200946\\_7861%20SUMMARY.pdf](http://www.nastad.org/Docs/highlight/200946_7861%20SUMMARY.pdf).

<sup>3</sup> National Conference of State Legislatures, "State Budget Update: July 2009". Available at <http://www.ncsl.org/documents/fiscal/StateBudgetUpdateJulyFinal.pdf>

<sup>4</sup>FY 2009 budget cut data represents responses from 42 jurisdictions that completed either the February or August 2009 survey. All other data in this summary was compiled from the 36 jurisdictions responding to the August 2009 survey only. States responding included Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Maryland, Massachusetts, Michigan, Missouri, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Puerto Rico, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.